



Pit Stop

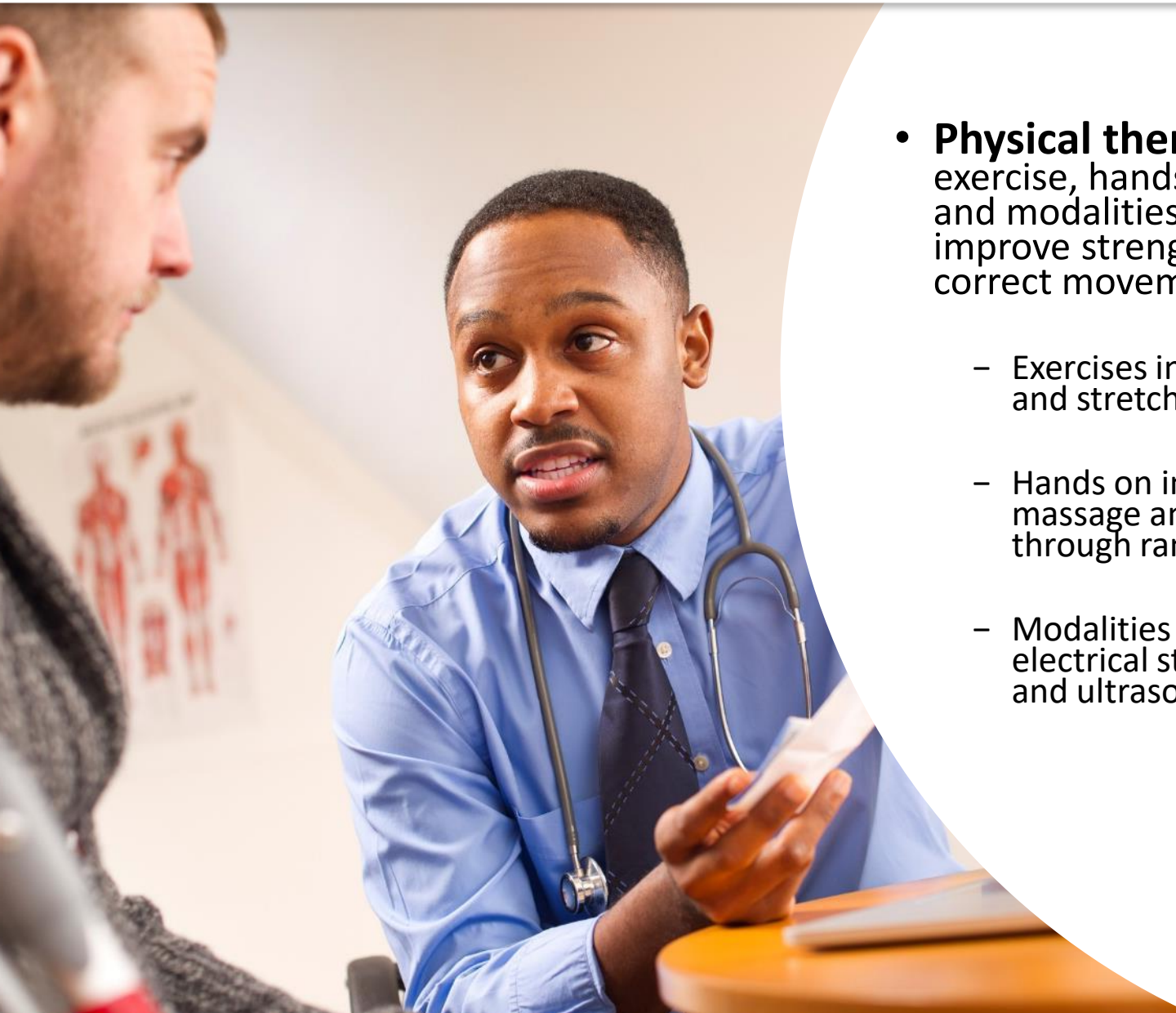
“I didn’t know PT can treat...”

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“I Didn’t Know a Physical Therapist Could Do That!!”

- Physical therapy overview
- Most common diagnoses seen in physical therapy
- Lesser known and specialty conditions we treat
- Specialty treatments and topics
- Questions and Wrap Up





- **Physical therapy** uses specific exercise, hands on techniques, and modalities to reduce pain, improve strength, and restore correct movement and posture.
 - Exercises include strengthening and stretching.
 - Hands on includes therapeutic massage and moving the joint through range of motion.
 - Modalities include heat, ice, electrical stimulation, traction, and ultrasound.

- **Direct Access:**
 - Ability to undergo physical therapy evaluation and treatment without a referral.
 - All 50 states, the District of Columbia, and the US Virgin Islands have some form of direct access but it **differs from state to state.**
 - Supports early PT intervention and in turn better patient outcomes.

- **Are physical therapists qualified to deliver services independent of referral? Absolutely.**
 - Educated at the post-baccalaureate level
 - Extensive education and clinical training in the evaluation and treatment of patients with functional limitations, impairments and disabilities.
 - All accredited entry-level physical therapist education programs currently culminate in a Doctor of Physical Therapy (DPT) degree
 - WWW.APTA.ORG
 - Literature supports PT skill in making appropriate referral

- Sports Screenings & Injury Prevention

- PTs not only **treat** injuries, we **prevent** them!
 - ***Sports screenings*** can identify at-risk youth and provide prophylactic treatment to **reduce injury risk factors**
 - Adults starting a new exercise or training routine may benefit from a screening, too!
 - Rehab interventions reduce incidence of knee injury by 26.9%, and ACL injury by 50.7% (Fink et al., 2015 meta-analysis)
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- You don't have to wait until you are injured to see your PT!

- **Physical Therapy and the Opioid Epidemic**

- CDC released guidelines in March 2016 for prescribing opioids
 - “Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain,”
 - “The contextual evidence review found that many nonpharmacologic therapies, including ***physical therapy***, weight loss for knee osteoarthritis, psychological therapies such as [cognitive behavioral therapy], and certain interventional procedures can ameliorate chronic pain.”
- Physical therapists are movement experts who treat pain through movement.
- Physical therapy plays an important role in interdisciplinary healthcare and it can be a **safe and effective** treatment option for long-term pain management.

- **Manual techniques**

- Physical therapists are taught a variety of manual techniques in PT school and additional Continuing education after graduation. These techniques are used to help improve mobility, promote tissue healing and improve muscle length that is needed for optimal movement in daily activity.
- Some techniques are:
 - Trigger point release
 - Sustained stretching or contract relax with a stretch
 - Specific types of manual work – winding and unwinding of the muscles
 - Joint Mobilization
 - There are also special instruments that can help with myofascial release that therapists can be trained on as well





Common Diagnoses Seen in Physical Therapy

- **Can physical therapists treat Back and Neck Pain? Absolutely!**

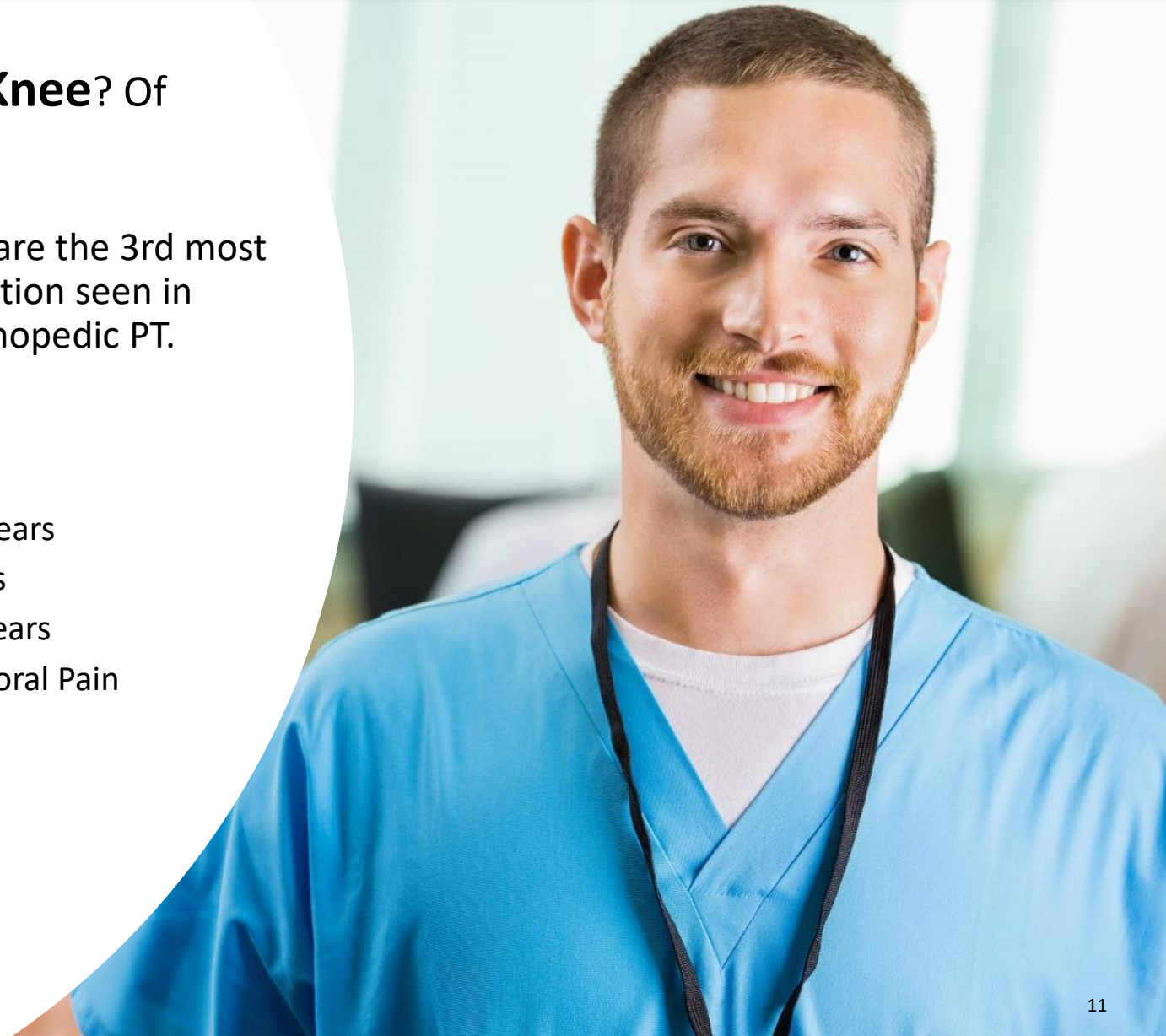
- Goal of physical therapy is to decrease back and neck pain, increase function, and teach patients how to prevent pain in the future.
- Physical Therapists can treat patients with:
 - General Back and Neck Pain
 - Strain/Sprain
 - Arthritis
 - Herniated Disc
 - Myofascial Pain



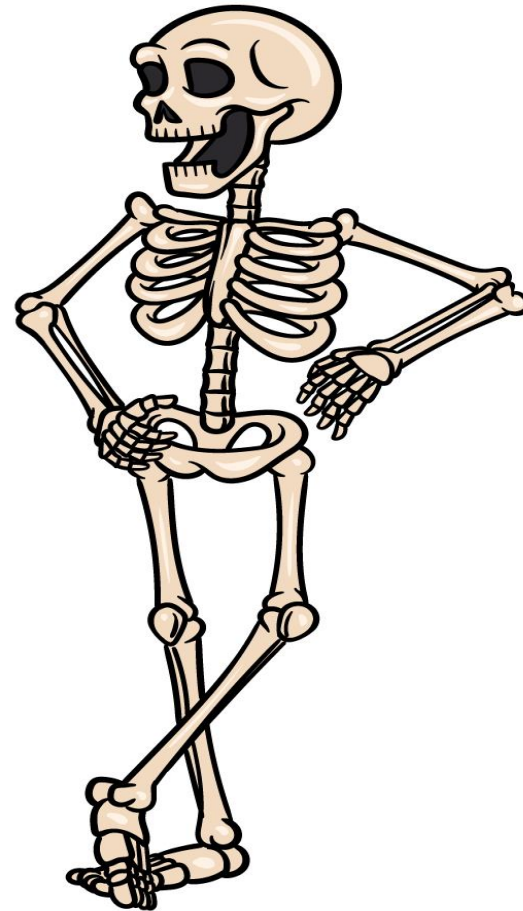
- PT for the **Shoulder**??? – Of Course!!!
 - Shoulder injuries are the second most common condition seen in outpatient orthopedic PT.
 - PT can treat:
 - Poor posture
 - Arthritis
 - Labrum tears
 - Rotator cuff injuries and tears
 - Post op shoulder surgeries
 - Frozen shoulder
 - Bicep injuries
 - Tendonitis and bursitis of shoulder



- Can PT treat the **Knee**? Of Course!
 - Knees injuries are the 3rd most common condition seen in outpatient orthopedic PT.
 - PT can treat:
 - Arthritis
 - Meniscus tears
 - ACL injuries
 - Ligament tears
 - Patellofemoral Pain



- Other joints we can treat:
 - Wrist
 - Elbow
 - Hips
 - ankles





Lesser Known and Specialty Conditions Treated in Physical Therapy

- **TMJ**

- What is it: The **Temporomandibular Joint** or TMJ is a joint located on both sides of your jaw. When there is a dysfunction with the joint or the muscles of the face people can experience pain, limits in opening their mouth or headaches.
- How can PT help?:
 - The PT will look at a person's posture and strength to address weakness in upper body
 - We can perform specific manual techniques to muscles of the jaw to help decrease pain and help a person open their mouth better
 - Educate the patient that they may need a resting splint for pain and discuss this with their doctor.

- **Whiplash Associative Disorder**

- How Can a Physical Therapist Help with **Whiplash Associative Disorder**?
 - “A better treatment than surgery or pain medication (such as opioid medication) for relieving many cases of neck pain”
 - “Often can help people avoid the need for surgery or medication altogether.”
 - www.moveforwardpt.com
- A physical therapist will work to help correct problems causing the pain:
 - Improve mobility and flexibility – stiff joints and muscles
 - Improve strength and endurance – commonly core strengthening or stabilization of muscles around spine
 - Improve posture and body mechanics

- **Concussions**

- How Can a Physical Therapist Help with **Concussions**?

- Treatment May Include:
 - Rest and recovery
 - Restoring strength and endurance
 - Stopping dizziness and improving balance
 - Reducing headaches
 - Returning to normal activity or sport



- **Vestibular Rehabilitation:**

- Who is appropriate for assessment?
 - Patients with **dizziness, vertigo**, and/or **history of falls**.
- Assessment:
 - Thorough testing of visual, vestibular, and somatosensory systems and patient's motor response.
- Treatment:
 - Diagnosis-specific.
 - May include: Repositioning maneuvers/ habituation exercises/ balance training/ fall prevention / manual therapy.
 - Goal: Symptom resolution, equilibrium, and efficient postural control.
- **Benign Paroxysmal Positional Vertigo (BPPV)**: Most common cause of vertigo
 - **Mechanical condition**: Calcium carbonate crystals (otoconia) dislocate into semicircular canals.
 - **Highly responsive** to treatment with repositioning maneuvers.

- **Headaches**

- Different types
- Warrant physical therapy assessment, even migraines

- What about **Tension Headaches**?
 - How Do they Feel?
 - Typically begin at the back of head and spread to top of head and eyes
 - Facial pain
 - “Tightness in skull”
 - Worsen with specific positions and may ease with rest

 - A physical therapist will work to help correct the problems causing the pain:
 - Improve neck mobility
 - Improve strength
 - Improve posture
 - Provide patient education of workspace ergonomics

- **Carpal Tunnel Syndrome (CTS)**

- What is it?

- Increased pressure on **carpal tunnel**, which in turn increases pressure on median nerve
 - Causes weakness, numbness/tingling, and/or pain in the wrist and fingers

- How can physical therapy help?

- Patient education (wrist positioning, posture)
 - Therapeutic exercise to increase strength/endurance (postural muscles as well)
 - Stretching
 - Modalities (ice, heat, ultrasound, dry needling, manual therapy)
 - Recommendations for home care (night splint, sleep hygiene)
 - Patient education of workspace ergonomics



Specialty Treatments and Topics

- **Dry Needling**

- What it is: a form of therapy in which fine needles are inserted into myofascial trigger points, tendons, ligaments or near nerves in order to stimulate a healing response¹
- Different than acupuncture
 - based on Western medicine principles
 - Targets specific muscles rather than altering Qi (flow of energy)
- Research: an emerging area of treatment in PT ²
 - Effective for carpal tunnel syndrome, achilles tendinitis, shoulder pain

- 1. Dry Needling Institute of American Academy of Manipulative Therapy 2012. 2. J Orthop Sports Phys Ther 2016; 46(6): 430.

Women's Health – Pelvic Floor Physical Therapy

Statistics

- 1 in 7 women experience pelvic floor pain in their life time. (Chronic Pelvic Pain, 2014)
- 25% of young women, 44-57% of middle aged and post-menopausal women and 75% of older women have experienced urinary incontinence. (Urinary Incontinence New Hope, 2012)
- Up to 50% of women experience pelvic organ prolapse in their life time. (Barber & Maher 2013)

Patients may benefit from physical therapy if they are experiencing:

- Pain in the Pelvic Region
- Urinary Incontinence: Frequency, Urgency, Mixed
- Organ Prolapse
- Female Sexual Dysfunction
- Pre-and Post-Partum Pain and Issues Including Diastasis Recti and Sciatica
- Coccyx Disorders
- Scar Tissue Concerns

Pelvic floor pain and dysfunction may improve with physical therapy intervention, by helping to strengthen and re-train pelvic floor musculature. Interventions may include:

- Pelvic Floor Exercises
- Core and Low Back Stabilization and Strengthening Exercises
- Manual Therapy
- Biofeedback
- Neuromuscular Electrical Stimulation
- Ultrasound for Episiotomy Scars
- Bladder Diary
- Education on Diet Modification
- Behavioral Techniques
- Postural Education and Functional Training
- Relaxation Techniques

Questions??

