



Physical Therapy Associates of Schenectady, P.C.

strength measurements. The most frequently used and studied measurement is peak isokinetic extension torque. The researchers in this study compared torque values at specific knee angles and compared them with the patients performance of single leg hopping.

The study results indicate that strength deficits were greatest at knee flexion angles less than 40 degrees. The peak extension torque values were much less predictive of non-coping than the torque measurements as the knee reached terminal extension.

Strength Profiles in the Early Stage After Injury. Eitzen I, et al *American Journal of Sports Medicine* March 2010

Physician submissions are greatly appreciated. If you would like to contribute to this newsletter please email the editors @ ptrotterdam@aol.com. Submissions are also prominently featured on our website for up to 3 months.

Anterior Cruciate Ligament-Deficient Potential Copers and Noncopers Reveal Different Isokinetic Quadriceps

Schenectady
1533 Union Street
Schenectady, NY 12309
(518) 381-9166

Clifton Park
1 Halfmoon Executive Park Dr.
Clifton Park, NY 12065
(518) 371-6777

West Sand Lake
43 Mall
West Sand Lake, NY 12196
(518) 674-1744

Scotia/Glenville
42 Saratoga Rd.
Glenville, NY 12302
(518) 399-6861

Latham
1182 Troy Schenectady Rd
Suite LL02
Latham, NY 12110
(518)220-9705

Amsterdam
178 Clizbe Ave.
Amsterdam, NY 12010
(518) 842-1425

Rotterdam/Guilderland
3434 Carman Rd.
Schenectady, NY 12303
(518) 356-7445

Troy
564 Hoosick St.
Troy, NY 12180
(518) 273-2715

Tamarac
Tamarac Plaza
PO Box 118
3991 State Rte. 2
Cropseyville, NY 12052
(518) 279-4610

Visit us on the web at:
www.physicaltherapyschdy.com

Questions or comments regarding content in this issue can be directed to Dennis Judd PT, Cert. MDT or Kevin Mc Laughlin MS,PT @ (518)356-7445 or email: ptrotterdam@aol.com



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Evidence for Physical Therapy

The Evolution of Outpatient Physical Therapy Submitted by Kevin McLaughlin MS,PT

A patient makes an appointment to see his primary physician after straining his back over the weekend shoveling snow. After screening the patient the physician refers him for physical therapy. The physician writes "PT eval and treat 3x/week for 4 weeks".

The patient, seeing the 3x/week for 4 weeks, starts to do the math in his head. Twelve visits times his \$30 copay is \$360. The patient decides he cannot afford this right now and will wait and see. Eventually his back pain may go away or he could develop chronic symptoms that could have been avoided by consulting with a physical therapist. Unfortunately this scenario is becoming more and more common. High

copays, upwards of \$40, coupled with a struggling economy has led to decreased utilization of physical therapy services as a whole.

I have been a physical therapist in the Capital District for 15 years. In that time I have seen a dramatic shift in how patients utilize physical therapy services. The days of 3x per week for 4 weeks are a thing of the past. High co-pays and limits on visits have seen to that.

As our profession has grown and moved towards more evidence based practice we are able to help patients regain function and recover from injury more quickly. Over reliance on passive modalities and generic exercise prescription has given way to treatments that

encourage active patient participation. Evidence supports (especially in the treatment of low back pain) physical therapy interventions that include manual therapy techniques, exercise prescription based upon subcategories of symptoms, and

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Kevin McLaughlin MS,PT has been a physical therapist in the Capital District for 15 years. He currently sees patients as well as manages at the Rotterdam/Guilderland office of Physical Therapy Associates of Schenectady. Interests include shoulder and ACL rehabilitation as well as McKenzie method for spine care.



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The Evolution of Outpatient Physical Therapy (cont.)

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patient education.

A majority of our work as physical therapists is done during the initial evaluation. Our ability to assess a patient's symptomatic response to movement and loading, allows us the opportunity to develop patient specific treatment plans. Because of this skill many, but not all, patients are able to limit the number of subsequent physical therapy visits. Follow up appointments are necessary for progression of the plan of care and for monitoring symptom response. Often this is only 1-2x per week. Of course, there will always be "outliers". The patient who is post op ACL reconstruction or Rotator cuff repair will require more visits and longer plans of care. However, even these patients attend less frequently than they used to. Once these patients meet certain criteria they are usually seen every one to three weeks for progression of their program and monitoring of any symptoms. In my clinic many RTC/ACL patients enter our independent wellness/maintenance program after 8-10 weeks post. This way they can save money on co-pays by paying a nominal monthly "membership" fee. They also save on visits. Best of all their PT is still on site to answer any questions or address any concerns.

With no end in sight of high co-pays and restrictions on number of visits, the trend of decreased physical therapy utilization will most likely continue. However physical therapy is still a highly effective and safe way for physicians to help their patients regain function. It can also be cost effective since many patients are able to get better with fewer visits than before. Our priority is not to maximize visits but to restore function

as quickly as possible. Even if a patient only sees a PT for one visit for evaluation, education and prescription of a HEP, he or she is getting value for their money. More importantly they are getting information about self management and prevention of future episodes. By allowing patients the opportunity to work with their physical therapist to determine the best plan of care for them, referring physicians empower patients to take more responsibility for their own care. This is the best case scenario for today's health care system.

The Effect of Trunk Strengthening on Chronic Low Back Pain by Kevin McLaughlin MS,PT

Strengthening exercises are one of the common interventions used to treat chronic low back pain (CLBP). Since it is unclear what exercises are most effective, researchers conducted a literature review to determine what strengthening exercises are best for CLBP. Overall 10 papers from 2004-2008 were included. From these various studies researchers were able to make a few conclusions.

Incorporating trunk strengthening into the treatment plan for CLBP appears to be effective for decreasing pain and improving function levels. General and specific trunk strengthening exercises appeared to be equally effective. Finally, the best advice for individuals with CLBP is likely to stay active and include some type of trunk strengthening into a regular fitness program.

The Effect of Trunk Strengthening on Chronic Low Back Pain: A Systematic Review of the Literature. Howard, P et al *Orthopedic Practice* Vol. 22, NO. 1 2010

Exercise for Low Back Pain by Dennis Judd PT, Cert. MDT

The search for effective management of chronic low back pain is continuous and more information regarding the role of exercise is provided by a study recently published in *Spine*.

In this study, people with low back pain were assigned to either a multidisciplinary treatment group or an intensive, therapist assisted back strengthening program. Both groups demonstrated significant reduction in pain and improvement in levels of disability and these benefits were still evident at 24 months after treatment ended.

This study compared two approaches that have been shown to be effective in the treatment of chronic low back pain in previous studies. While both approaches were demonstrated to be beneficial, the costs and time commitments of the therapist assisted individual exercise program were much less.

Treatment of Chronic Low Back Pain: A Randomized, Clinical Trial Comparing Group-Based Multidisciplinary Biopsychosocial Rehabilitation and Intensive Individual Therapist-Assisted Back Muscle Strengthening Exercises. Dufour, N et al *Spine* 2010 V35 (5) p469-76

Preventing Episodes of Work Related Back Problems: What works?

By Dennis Judd PT, Cert MDT

Attempts to reduce all the problems that result from episodic low back pain in the work setting have been numerous and wide ranging. Unfortunately it seems that much of it seems to

no avail.

This review looked at a large variety of common "injury prevention" strategies and found that many seem to be of limited value. Some of these include back belts, shoe inserts, body mechanics training, and stress management strategies.

The only studies that found evidence of reduction in pain episodes were those that monitored the effects of trunk conditioning. These programs included exercise based rehabilitation as well as on going fitness/wellness training programs.

A closer look at the exercise programs studies finds that all of them included some back and hip extension strengthening, back and hip flexibility exercises. Some of the programs included a general fitness/aerobic component and general strengthening or core strengthening. Encouraging individuals to participate in back and general flexibility and strengthening programs via workplace incentives, or by simply appealing to their own self interest seems to be important in promoting wellness and injury prevention.

High-quality Controlled Trials on Preventing Episodes of Back Problems: systematic literature review in working-age adults Bigos et al *The Spine Journal* 2009 V9 (2) p147-168

Terminal Knee Extension Strength—Helping ACL Deficient Patients Cope

By Dennis Judd PT, Cert MDT

One common complaint of people who have had an ACL tear is that their knee and leg feel unstable. In order to test for this in a more objective manner clinicians have taken a variety of