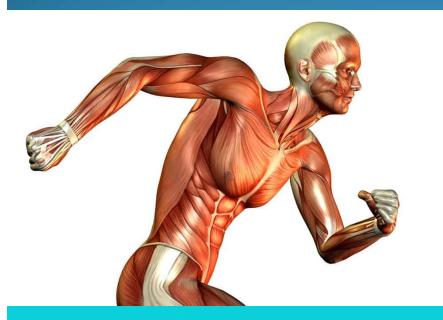
# Updates on Non-Operative Modalities Chairperson: Dr. Karen Huyck Monday, April 30<sup>th</sup>

# **Emerging Topics In Physical Therapy for Injury Care**



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# **Benefits of Physical Therapy**

- Maximize movement and independence
- Provide collaborative care
  - Individualized treatment to the patient, identifying his/her own goals
- Avoid opioids<sup>8</sup>
  - Safe alternative for pain management
- Avoid surgery
  - PT proven as effective as surgery for non-traumatic RTC tears<sup>10</sup>, meniscal tears<sup>9</sup>, knee OA<sup>9</sup>, spinal stenosis<sup>5</sup>, DDD<sup>5</sup>

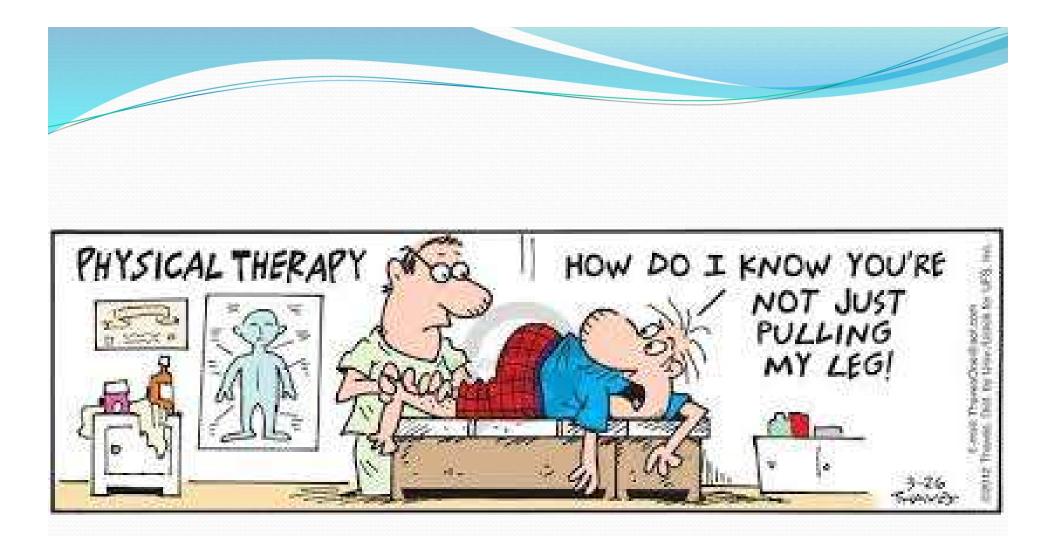
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# Why Physical Therapy?

- Cost effective
- Faster return to work
- Non invasive
- **START PT EARLY!**4,11,15

Fritz JM, Magel JS, McFadden M, Asche C, Thackeray A, Meier W, Brennan G. Early Physical Therapy vs Usual Care in Patients With Recent-Onset Low Back Pain A Randomized Clinical Trial. *JAMA*. 2015;314(14):1459–1467. doi:10.1001/jama.2015.11648

Conclusions: "Among adults with recent-onset LBP, early physical therapy resulted in statistically significant improvement in disability, but the improvement was modest and did not achieve the minimum clinically important difference compared with usual care."



## **Quality PT?**

- Avoid passive modalities<sup>1,12,14</sup>
  - Heat, ultrasound, TENS
- Functional assessment
  - Functional Outcome Measures
  - Questionnaires
- Evidenced based treatment
  - Clinical Practice Guidelines<sup>2,4</sup>
- Early treatment, active exercise, manual therapies

#### Common Injuries<sup>16</sup>

Injury	Percentage	PT diagnosis
Sprains, strains, tears	40.6%	RTC tear
Pain, soreness	15.1%	Low back pain
Fractures	6.4%	Hand fractures
Carpal Tunnel Syndrome	0.3%	Carpal Tunnel syndrome
Tendinitis	0.2%	Lateral epicondylitis, RTC tendinitis/tendinopathy

http://www.mass.gov/lwd/labor-standards/occupational-safety-and-health-statistics-program/illness-and-injuries-reports/2015-occup-injury-and-illness-report.pdf

# Quality care and treatment. What to look for?

Diagnosis	PT Intervention
RTC tear	Restore ROM/mobility, scapula stabilization, core stabilization, progressive strengthening <sup>10</sup>
Low back pain (subacute)	Thrust/non-thrust mobilization to spine, hip or pelvis; trunk coordination, strengthening and endurance exercises (multifidi, transversus abdominus, motor control) <sup>4</sup>
Supraspinatus tendinopathy	Not inflammatory process but degenerative. <b>EdUReP</b> (education, unloading, reloading-eccentric exercise, prevention) <sup>3</sup>

#### New Tools and Modalities

- Technology<sup>13</sup>
  - Apps
  - Telehealth/TeleRehab
- Rehab robots<sup>13</sup>

- Exoskeletons
- Body weight support treadmills
- Dry needling

• Virtual reality<sup>13</sup>

# **Emerging Roles of PT**

#### Roles

- Wound care
- Lymphedema management/oncology
- Women's health
  - Pelvic floor dysfunction
  - Transgender programs
- Concussion management
- Emergency/urgent care

#### Prevention

- Ergonomic assessments
- Obesity management
- Pain management
  - Therapeutic neuroscience education
  - Psychosocial factors
  - Decrease opioid use

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# Acupuncture in Occupational Health

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#### Keys to Care Workers Compensation Case

- Quick resolution of pain and functional limitations
- Minimize length of Rehabilitation time
- AVOID use of medications that can cause dependency

#### Early Prescription of Opioids in WC

 Recent review suggests that early prescription of opioids in WC cases leads to longer disability and delayed return to work

Carnide N, Hogg-Johnson S, et al. Clin J Pain. 2017;33(7):647-658.

### Opioids affect outcome in WC Spine Cases

- Analysis of cohort of WC patients who underwent one level lumbar discectomy in Ohio
  - Preoperative use of opioid use was an independent predictor of not returning to work after surgery [P<0.01; odds ratio (OR)=0.54]
  - Of the 712 patients who returned to work RTW, There was a significant difference in RTW rates
    - no opioid prior to surgery (64.1%)
    - Moderate time of use (52.7%), and Long term use (36.9%) populations

# **Opioid Crisis**

American College of Physicians

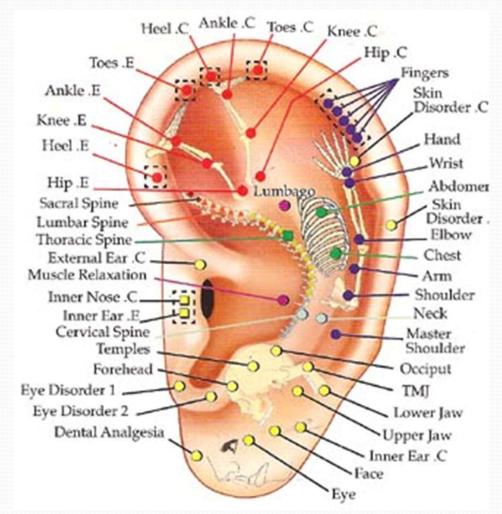
• Based on a systematic review of the literature, rather than opioids, which have no evidence of efficacy, Acupuncture should be considered a first line treatment for both acute and chronic back pain

# Efficacy of Acupuncture for Common Pain Conditions

Acupuncture vs Sham-acupuncture	effect size fixed effect (95%-CI)
Osteoarthritis of the knee	0.26 (0.17 - 0.47)
Low back pain / neck pain	0.37 (0.27 - 0.46)
Shoulder pain	0.62 (0.46 - 0.77)
Tension type headache / migrane	0.15 (0.07 - 0.24)
Acupuncture vs Non-acupuncture control	effect size fixed effect (95%-CI)
Osteoarthritis of the knee	0.57 (0.50 - 0.64)
Low back pain / neck pain	0.55 (0.51 - 0.58)
Tension type headache / migrane	0.42 (0.37 - 0.46

Vickers, et al, Arch Int Med, 2012; 172(19): 1444–1453

#### **Efficient Techniques**



## Local Needling Techniques



#### **Acupuncture at Front Lines**

- Physicians and APC need to learn basic acupuncture techniques to introduce in the early stages of Occupational Health care
  - Serve as viable alternative to opioids for analgesia
  - Ideally can shorten duration of care

Chiropractic Evaluation Principles in Workers' Compensation Dr. Stephen Heney