

# Clinical Rehab Specialists:

*providing quality individualized  
Physical Therapy care*

5 Courthouse Lane  
Chelmsford, MA  
Phone:  
978-726-8310

## Physical Therapy and Management of Chronic Pain

- Physical Therapists recognize a broad biopsychosocial model of health (and illness) and the positive role of activity in health and healing, emphasis on function rather than impairment, and reliance upon clinical evidence.
- Therapists are well prepared to help patients address and overcome physical and psychological obstacles, return to activities, and achieve personal goals.
- Physical Therapists conduct performance-based testing which is quick, simple, and meaningful to both patient and practitioner.
- The focus of rehabilitation for chronic pain emphasizes activity, activity-related goal setting, and pacing of activity.
- Management of exacerbation focuses on restoration of movement and function make physical therapists essential to the collaborative approach required for effective pain management. An exacerbation should never be taken as failure or as evidence of patients' inability to manage the condition. It is a challenge to self-management, not the end of it.

(Excerpted from Pain: Clinical Updates)

## Clinical Case Management: Recent Clients

### Case 1: Reason for Referral: Right hip pain x 8 weeks. Onset of symptoms during training for high school football and track

A 16 y/o male was referred for physical therapy treatment after orthopedic evaluation for right hip pain. He reported injuring his hip while running sprints at track practice 8 weeks ago. He was able to walk and perform basic activities of daily living without pain. However, the pain returned whenever he tried to jog/run short distances. He discontinued all running activities. MRI results: inclusive for hip superior/medial labrum tear vs. iliopsoas muscle tear.

### Physical Therapy Exam:

Muscle length tests: Thomas test + for tightness of one and two joint muscles on both legs; Ober's test + for tightness of IT band on both legs; Scour test + on right leg with flexion/IR/adduction; straight leg raise 50 deg both legs. Core stability tests: 3/5 strength. Functional Movement Screen (FMS): 1/3 hurdle stepping right leg; 1/3 squatting; 1/3 lunging right leg. Lower extremity strength testing: 2/5 right hip flexor/

iliopsoas m. strength with pain on resistance; 2/5 right hip adductor m. strength with pain on resistance. Palpation: tenderness at distal attachment of iliopsoas m. Gait: walking gait wnl, jogging gait antalgic after 1 min. on treadmill. **Assessment: weakness and decreased: Impaired functional gait due to core muscle and peri-hip muscle length. Plan:** core muscle training, flexibility exercises, dynamic movement training including stepping, squatting and lunging, hip joint mobilization, gait training and progressive aerobic training. **At discharge:** after 8 weeks of 2x/wk. physical therapy treatment the patient was able to ride a bike for 30 min., improved core strength to 4/5, had normal length Thomas test, Ober's test, 70 deg. Straight leg raising on both legs. His performance on the FMS had improved to 2/3 squatting and lunging. Follow up orthopedic evaluation and MRI showed minimal tenderness to palpation and minimal superior medial hip effusion. The patient was cleared to begin jogging. 3 months post rehab the patient has returned to pain free competitive running/sprinting.

## Our clinic offers:

- > Functional Movement Screen( FMS®)
- > Selective Functional Movement Assessment (SFMA®)
- > Analysis of movement disorders/ biomechanical dysfunction (running, jumping, lifting, etc.)
- > Functional management of Orthopedic and Neurological disorders

We currently accept the following Insurance Carriers:

- ◆ Medicare
- ◆ MassHealth
- ◆ Blue Cross/Blue Shield MA
- ◆ Cigna
- ◆ Tufts
- ◆ HPHC
- ◆ United Healthcare
- ◆ M.V.A.
- ◆ Workers' Compensation

**Case 2: Reason for Referral: right thigh weakness and pain after injury 6 weeks ago**

67 year old male injured his right thigh while pulling a "big boat" to its mooring. He immediately felt soreness in his thigh. His pain increased during the day but he was able to ambulate using an altered gait. He had to stop every 100 ft. and was unable to ascend and descend stairs. He describes his pain as an ache with some numbness.

Pain: 2-3/10; originally at a 9/10 level

Radiographs: no fractures.

**Physical Therapy Exam:**

Results from Functional Movement Screen: Multiple Joint Flexion: restricted with tight gastroc/soleus, hamstrings and gluts; Multiple joint extension: tight hip flexors; Multiple joint rotation: mild limitation at hips bilaterally; Palpation: painful at musculotendinous junction of quads with increased thickness of tissues ; when quad contracted with SLR, right quad contraction was impaired; Special Tests: painful SLR on right; worse control and pain with lowering/elongation contraction action; Strength: right quad rated at 4/5

**Assessment: decreased overall functional mobility following right quad injury.**

**Plan:**

Modalities: ice prn; Therapeutic Exercise: stretching; developmental strengthening; endurance activities, balance training; Gait Training/Ambulation; Manual Therapy: soft tissue mobs with movement and multiple joint functional stretching of trunk and lower extremities Functional strengthening including chops and lifts; fitter agility training; and squats.

**At discharge (after 4 weeks of treatment 2 X per week)** the patient was able to ambulate without antalgia for up to 1 mile and perform all activities requiring squatting and standing without pain and good control of right quad.

**Specialized Services Offered at Clinical Rehab Specialists**

- ◆ **Functional Movement Screening:** includes evaluation of symmetry of movement for ambulation, squatting, lunging, balance, stepping over objects, overhead mobility, etc. We also provide break-out analysis when movement dysfunction is observed to better identify and remediate causes of movement dysfunction.
- ◆ **Maintenance care for chronic neurological and orthopedic conditions**
- ◆ **Step-down programming after acute rehabilitation is completed**
- ◆ **Geriatric specialized care (specialty certification from the American Physical Therapy Association)**
- ◆ **Orthopedic specialized care (specialty certification from the American Physical Therapy Association)**
- ◆ **Management of complex medical conditions (cardiopulmonary, diabetes, progressive conditions, disease management)**

**Our certified clinical specialists take pride in providing:**

- **high patient satisfaction and quality care.**
- **proven treatment techniques and achieve positive outcomes.**
- **cost-effective treatment that will help the patient achieve improved quality of life.**