



Pain MANAGEMENT

SPECIAL INTEREST GROUP • ORTHOPAEDIC SECTION, APTA, INC.

President's Corner

Joe Kleinkort, PT, MA, PhD, CIE

LET THERE BE LIGHT

"One of the greatest pains to human nature is the pain of a new idea." Walter Bagehot

Quietly, in 1999 the FDA passed new legislation that would finally allow for easier less expensive qualifications for new devices in the medical arena. This has opened the door to one of the most beneficial devices on the world market for the past 25 years, the Low Level Laser Therapy (LLLT) device. I originally used the laser for treatment of chronic pain while in practice in the USAF and subsequently wrote about it in various articles and finally in a chapter in the First Edition of *Thermal Agents in Rehabilitation*.¹ At that time we were using a 1 mw laser transmitted through a fiber optic getting significant results in many chronic pain conditions, inflammatory MSDs and certain isolated cases of arthritis as well as wound healing. There have literally been thousands of studies done on the laser in the rest of the world but little has been done in the U.S. due to the prohibition by the FDA until now. In my entire 35 years as a physical therapist the one overall best modality I have ever used in the treatment of pain, inflammation, and tissue healing is LLLT.² With the advent of the use of laser diodes that can have an intensity all the way past 500 mw, we are able to reach the entire spectrum of applicability in therapy. Although the present devices are rather costly, I do believe the next generation of devices that will come out will be more cost sensitive and less cumbersome.

The first company to receive FDA approval was Bales Scientific, for their Photonic Stimulator. The next company to receive approval was the Anodyne Therapy System followed by Erchonia, and then the Microlight 830, for their study on carpal tunnel. I hope that over the next months we will be able to share some of the pros and cons of each system so that you can make a better decision on these types of modalities.

It is truly a breath of fresh air that we finally can see adjunctive tools that we can use to modulate pain in the therapy arena after such a long hiatus. I gladly would ask those of you who have had positive or negative experiences with these new modalities to share them in the form of case studies of just anecdotal reports. I encourage each of you to send in your thoughts and ideas that are of interest to the rest of

those in the Orthopaedic Section who work with patients with chronic pain.

We also are looking at the possibility of doing a home study course for the Section on Chronic Pain Management. Please send in your ideas and topics that you would be interested in contributing directly to my email address: indusrehab@aol.com.

REFERENCES

1. Seitz L, Kleinkort JA. Low-Powered Laser: Its Application in Physical Therapy. In: Michlovitz S L, Wolf SL, ed. *Thermal Agents in Rehabilitation*. Philadelphia, Pa: FA Davis; 1986.
2. Kleinkort JA, Foley RA. Laser acupuncture: Its use in physical therapy. *Am J Acupuncture*. 1984;12:51.

Physical Therapy and Pediatric Chronic Pain

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ABSTRACT

Physical therapists often receive referrals to evaluate and treat children with chronic pain. The combination of the complex pain experience with a developing child often leaves therapists mystified. The therapist needs to be aware of what unique characteristics a child and his family bring to the evaluation and appropriate selection of treatment intervention. This review briefly discusses the uniqueness of pediatrics and the importance of a multidimensional approach to children with chronic pain. The review raises important questions related to physical therapy management of pain in children. The review ends by identifying areas for future research.

Clinicians often describe the treatment of chronic pain as complex and frustrating. As recently as the 1980s, researchers and clinicians debated if children experience pain.¹ Research and clinical practice provide evidence that children do in fact experience pain. Review of the literature illustrates a lack of clarity on the prevalence of chronic pain