



Pain MANAGEMENT

SPECIAL INTEREST GROUP • ORTHOPAEDIC SECTION, APTA, INC.

Letter from the President

Joe Kleinkort, PT, MA, PhD, CIE

By the time you receive this message Christmas will be quickly approaching. Another year passes and CSM is around the corner. The programming this year will as interesting and exciting as last year. I will have the honor to share the podium with Dr Don Chu, a delightful colleague, as we enlighten the audience with the latest on Laser Therapy. This is the last country to be able to use this tremendous modality and if you have never experienced its power you should join us for an informative 2 hours. Following that presentation a long time friend and colleague, Alan Weismantel will present 2 hours on his compilation of techniques in the area of orthopaedic manual therapy. If you enjoyed John Iams presentation last year you will be impressed as well with Alan's refreshing new approaches to answer the Pain Management questions.

I am happy to announce a new area that Sandy Pomeroy has graciously accepted to assist in which is the new web page online for our SIG in the Orthopaedic web site. She will help develop and keep it current. She will be Chair of the newly formed IT Board along with Elaine Pomerantz. Thanks to both of you for a great job and your tireless giving of your time to this work.

There looms on the horizon a very ominous sign of increasing chronicity in this country of all types. As our science progresses at a fast pace our medical care system in this country is grinding closer and closer to gridlock in every sector. How many of you enjoy being paid ON TIME by insurance companies when you file? One million five hundred thousand dollars is spent in this country every hour on health care that equates to \$1.45 trillion a year. Employers now only cover 68% of their employees with health care and that figure is rapidly decreasing. More are out of jobs and have no health care. At the same time we have 18.2 million workers 55 or older, and this figure will increase to 25.8 million by 2008. By 2025 over 20% of the population will be over 65! Just this year more money for the first time was spent on Complimentary Medicine than Allopathic. At this writing there is a bill in the House that would put all nutraceuticals under FDA control and require a prescription for use...even vitamin C and E!!! We must hear these signs of a ground swell of the chronicity that we are about to face in this country. We must be ready for that fast approaching era and be

ready with viable alternatives to address the growing problems health care faces. Step up to the challenge with all the new treatments and modalities that are now available for us to assist in turning back the tide of suffering.

As always we welcome any articles that you have to get the word out to other fellow colleagues interested in Pain Management. I hope that each of you has a very blessed holiday and in some way are able to make it a blessing to others as well.

The Birth of the CTexterciser

In 1987 Caryl A. Washburn (now Thompson) was in private practice as an occupational therapist specializing in hands and upper extremities. She began to see a dramatic increase in the diagnosis of carpal tunnel syndrome. Most patients were postcarpal tunnel syndrome release, but more and more employers, risk managers, and the patients themselves were seeking therapy before surgery. They wanted an alternative to the time loss and pain of surgical recovery.

They were also observing that their coworkers who had the surgery frequently had to change jobs permanently, had to have a 'redo' of the original surgery, and were having the other hand released. Mrs. Washburn was making the same observation in her practice. It was her desire to develop a program to meet the needs of both types of patients, postop and preop. It was already apparent that traditional modalities were not making a significant difference in the resolution of carpal tunnel syndrome. Using elevation, contrast baths, retrograde massage, and wrist and digit exercises she was able to alleviate the edema. The patient then received instructions in a home program which included modification of sleep habits, night time resting splints, instruction in contrast baths, and exercises. The patients had some success with this program, but as soon as they returned to work full-time in the same position, the problem resumed. Some of the patients also had complaints of neck and low back pain, which she treated at the same time using modified myofascial release techniques. It was immediately evident that the patients receiving the proximal therapy had a dramatic decrease in carpal tunnel syndrome symptoms. This led her to develop a protocol for non-surgical intervention for carpal tunnel syndrome. Following success after success with this program it became evident that, if seen early enough, the patients could receive therapy to resolve the symptoms and not miss time from work.