Summer 2015 Newsletter

Clinical Rehab Specialists: providing quality individualized Physical Therapy Care

Website: www.crs-pt.net

9 Acton Road
Chelmsford, MA
Phone: 978-726-8310
Fax: 978-418-0279

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Our Services

We have the capability and specialized training to conduct:

- *Work-related Evaluation and Training*
  - *Acute Physical Therapy*
  - *Ergonomic Job Site Evaluations*
  - *Work Conditioning (2–4 hour daily program focused on physical activities to improve tolerance of work activities)*
  - *Work Hardening (4-8 hour progressive daily program focused on work simulation activities)*
  - *Physical/Functional Capacity Evaluation (comprehensive assessment designed to determine work tolerance)*
- *Analysis of movement disorders*
- *Video analysis of biomechanical dysfunction associated with running, jumping and lifting*
- *Concussion Balance screening using the Humac Computerized Balance System*
- *Functional management of Orthopaedic 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
- CHAMPVA/Veterans' Choice

Meet our Clinicians:

Gerry Dybel PT, ScD, GCS: My initial experience focused on treatment of orthopedic and neuro-rehab patients. I have advanced certification in neurodevelopmental treatment of strokes and head injuries. Additionally, I have advanced training in ergonomics and biomechanical analysis in sports training and have been a faculty member in the physical therapy department of a local university since 1992. I have achieved the Geriatric Clinical Specialist certification from the Board of Clinical Specialties of the American Physical Therapy Association. Currently my focus is on the management of orthopaedic and neurological disorders in the senior population.

Connie J. Seymour, PT, PhD, OCS: My clinical background is varied with certifications in treating the neurologically involved client to orthopaedics. I am certified as an Orthopedic Clinical Specialist through the American Physical Therapy Association (APTA). I continue to practice as a generalist but especially enjoy working with neurological, orthopedic, and geriatric clients. I am very involved with the Healthy Elder Living Program (HELP) which is an interdisciplinary program designed to promote health and fitness in older community dwelling adults. Additionally, I am part of a maintenance intervention for neurologically involved individuals from the Greater Merrimack Valley.

Recent Clinical Case: Acute Physical Therapy Rehabilitation following work-related quadriceps tendon rupture

History of Injury: Very active 51 year-old male mechanical engineer slipped on ice with hyper-flexion of his left knee. During the surgical procedure it was determined that the tendon had advulsed down to the insertion of the patellar tendon as well as medial and lateral retinacular tears. After the repair was made, the patient was placed in a knee immobilizer for 5 weeks non-weight-bearing crutch ambulation. At five weeks post-surgery, the patient was referred for physical therapy rehabilitation. At evaluation The Lower Extremity Functional Scale (LES) score for the patient indicated significant disability (13.75).

The physical therapy initial examination showed moderately decreased patellar mobility, difficulty maintaining a left quad contraction, AAROM ext/flex 10-45 degrees, LE atrophy and able to successfully transfer his weight to his left LE in standing.
Initial Phase of Rx (0-5 wks) :

- Heel slides
- Knee extension range of motion with foot resting on a towel roll
- 4-way leg lifts with brace locked in extension
- Gentle patellar mobilizations
- Weight shifting on to surgical side with brace on
- Upper body circuit training
- Wean from crutches

Objective measures after 4 weeks of physical therapy rehabilitation included; Girth at knee joint Left 17.5 Right 16.5; AROM left knee 0- 85; Gait with improved toe off and swing on left side with equal stride length X 500 ft
Middle Phase of Rx (6-9 wks):

- Prone hamstring curls added weight 3 lbs X 20 reps
- Add weight to three way open chain hip abd, flex, ext
- Cycling with min resistance
- Sit to stand progression with chair high X 30
- Prone stretch of quad with band X 5 min
- Standing kicking added with large theraball
- Backward walking on the treadmill at 1.0mi/hr for five minutes
- Prioprioception training on affected LE

Objective measures after 8 weeks of Physical Therapy Rehabilitation; AROM: 0-108 degrees of knee flex/ext; Stair-climbing with good control; still some difficulty with descending step over step; LES score 46/80*100 = 57.5, an increase of 43.75 indicating a clinically important improvement in his overall functional level.
Return to Function Phase of Physical Therapy Rehabilitation:

- Continue stretching and strengthening
- Focus on endurance and agility training for adls and sports activities to include simulated skiing

Objective Measures at Completion of Therapy: arom: 0-136; improved quality of movement and endurance during agility training; able to step over 19 inch steps with good and bad leg initiating movement without substitution; Mild stability and control issues on left side with added complexity of total body training

Patient returned to part-time light-duty work at 6 wks following surgery and full days of light-duty at 8 wks following surgery. At discharge, patient was biking 3 miles, walking and stair climbing/descending without antalgia, and beginning to run 2 minutes /walk 5 minutes for 20 minutes.