

# RHEUMATISM REHAB

*a special edition*

Practice Newsletter

## The Purpose of a Physical Therapy Initial Evaluation

KATIE MILLS, PT, DPT

### Board Certified Rheumatologists

**Herbert S.B. Baraf**  
MD FACP MACR

**Robert L. Rosenberg**  
MD FACP CCD

**Evan L. Siegel**  
MD FACP

**Emma DiIorio**  
MD FACP

**David G. Borenstein**  
MD FACP MACR

**Alan K. Matsumoto**  
MD FACP FACP

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MD FACP

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MD FACP FACP RHMSUS

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MD FACP FACP

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MD FACP FACP

**Guada R. Duque**  
MD MS FACP FACP CCD

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MD FACP FACP

**Rachel Kaiser**  
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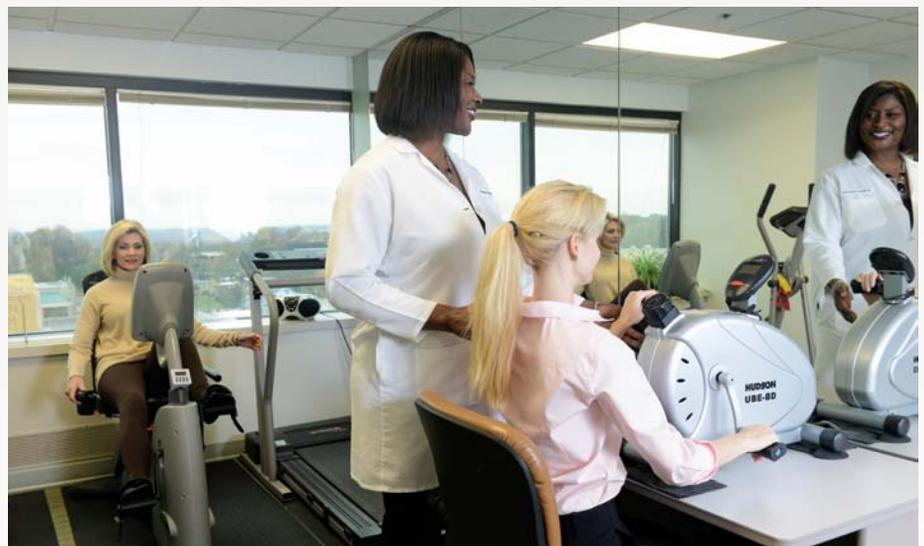
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MD MHS FACP

**Adey A. Berhanu**  
MD FACP FACP RHMSUS

**Louisa S. Ziglar**  
MD FACP

**Katherine A. Maher**  
MD FACP



Prior to starting a plan of care with a physical therapist, a formal evaluation is required to determine the focus of treatment. The reason for this is because every condition presents differently and treatment must be personalized for the individual patient. A physical therapy evaluation assembles different information, including subjective data, objective data, and an assessment to determine an individualized plan of care (POC) for the patient.

In the subjective part of the initial evaluation, we ask you to answer functional outcome questions that allow us to see how the pain is affecting your everyday activities. We will then seek to clarify your answers with a variety of questions about onset, aggravating and relieving factors, how your chief complaint is limiting your activities, etc. These questions provide us with more understanding of the origin of your pain and how it affects your functional and recreational activities, such as walking, standing, sitting, and sleeping.

Following a comprehensive subjective evaluation, we will attempt to determine what is causing the pain through a variety of objective measures. These

*continued on back inside cover...*

# Sleep Hygiene Strategies

MATTHEW REED, PT, MPT, CMTPT

The health benefits of quality sleep, and risks associated with sleep deprivation, are wide-ranging and well-understood, and we cherish that feeling of rejuvenation after a night of productive sleep. Yet, for many, a good night's sleep is hard to come by, and we often rise in the morning feeling unrested and lethargic. And worse, the hormonal disturbance caused by lack of productive sleep can have compounding effects and further reduce the prospects of achieving productive sleep in the future. This creates a vicious cycle that may have detrimental health consequences over time.

Sleep deprivation has been associated with increased risk for heart disease, stroke, cancer, serotonin deficiency and depression; imbalance of hormones that regulate appetite and difficulty managing weight; and decreased alertness, memory and cognitive function. Additionally, of consequence to many of our physical therapy patients,



## A Recipe for Cooking Without Pain

IONIE MORAGAHAKUMBURA, PT, DPT

Living with chronic pain can be difficult in all stages of life. In order to maintain your independence with regular activities, including cooking and taking care of your house, some modifications may be necessary to minimize exacerbation of symptoms that you may regularly experience.

We all must eat at some point in our day for energy. While appetites vary, a certain amount of meal preparation is required prior to eating a meal. Some suggestions related to pain-free cooking include incorporating regular rest breaks and making smaller tasks out of cooking a large meal. For a meal that usually takes one hour to make, divide it up into sections. Initially start with vegetable and meat preparation, including washing, cutting, and seasoning followed by a rest break or a stretching break. Next, partake in the cooking process. Finally, save clean-up for after another break. Many people want to push through, but slow and steady wins the race in this situation.

Other modifications might include performing some pre-preparation in a seated position or with one foot resting on top of a stool to minimize weight on a painful joint. Pulling up a stool next to the stove is also an option for dishes that need more attention like frequent stirring or adjusting heat. The upcoming fall and winter holidays often mean more cooking for those who traditionally host gatherings. Don't hesitate to ask for help, create a potluck-style menu or have friends come over earlier to spend time with you as your sous chef. This also applies to requesting a group effort to help clean up dishes, pack away extra food and do other clean-up after dessert is finished.

As a busy mom of a young family, I look to one-pot meals (including crockpot, stovetop, and sheet pan in the oven). This results in decreased clean up and decreased standing time waiting for food to be cooked. While my motives may be different, I save time on cooking to spend time on other things I wish

lack of sleep can lead to production of stress hormones that increase inflammation in the body and cause the body's "engine" to run at high levels. This contributes to even greater difficulty sleeping, fatigue and lack of energy, delayed healing of tissues, and, potentially, development of persistent pain and sensitivity. Conversely, quality sleep can help manage and reduce pain and sensitivities by restoring hormonal balance and repairing tissues that have been damaged or altered by injury, chronic conditions, and even stress.

If you're concerned about the potential health consequences associated with lack of sleep, or even looking to improve your ability to manage or reduce pain, here's a checklist of practical tips to consider to improve the quality of your sleep and your ability to rejuvenate and heal overnight.

**YOUR SLEEP PLAN:**

- 1. Aim for 7-9 hours of sleep at night
- 2. Set a sleep time BEFORE midnight;

you'll get 2 hours' credit for every hour slept before midnight

- 3. Start "winding down" and quieting the house an hour before bedtime (phones off, lights out, house tidied)
- 4. Do stretches, meditation, deep breathing, light reading, other relaxation techniques in the hour before bedtime
- 5. Take a warm shower 1-2 hours before bedtime
- 6. Keep your bedroom dark and cool for greater melatonin production
- 7. No bed buddies (pets or kids)
- 8. Stay hydrated during the day, but reduce water intake later in the evening
- 9. Limit intake of caffeine and alcohol, especially later in the evening
- 10. Limit naps during the day to

20 minutes to prevent sleep disruption at night

- 11. Park your thoughts at night (make notes on paper of any thoughts and keep nearby to avoid thinking in bed)
- 12. No TV, social media, work emails, or other screens or blue light before bedtime
- 13. Maintain a consistent regimen of aerobic exercise
- 14. Position pillows for body support and comfort when lying in bed
- 15. Ask your doctor about melatonin supplements
- 16. Try to sleep naturally (no noise makers)
- 17. Your partner/spouse must leave the bedroom if he/she snores or moves around

Now, go to bed!



to enjoy. The internet is a huge source of recipes for easy and simple meals. Cooking shows, bookstores, and even YouTube have insightful tips to simplify cooking as well.

It is important to have an open dialogue with your therapist about the goals you wish to achieve in your course of care. Therapists are a wealth of information to help advise you not only in exercises but also with ideas about how to perform different tasks in different postures or positions to decrease your pain.

Bon appetit, or should I say, Bon a PT!

## Specializing in Hands-on Techniques and Comprehensive, Personalized Programs to Minimize Pain and Maximize Function

Arthritis & Rehabilitation Therapy Services (ARTS) is an established physical therapy practice with special expertise in the treatment of rheumatic and neurological disorders, along with orthopedic conditions and syndromes. Our licensed therapists believe in a hands-on approach to therapy that assists patients to minimize pain and achieve their fullest physical capabilities. Our personalized approach to treatment, delivered in a caring environment, attracts and assists patients with a wide range of therapeutic needs.

# Dealing With Dizziness

KELSON CODDINGTON, PT, DPT



Dizziness has become one of the most common problems for older adults, estimated to surpass low back pain in total number of affected patients. Despite this, dizziness is commonly under-reported as many patients feel that symptoms are typical or expected with aging. However, dizziness is never normal and should be reported to a health care provider to receive proper intervention and treatment.

Difficulty with diagnosing a dizziness problem comes from the imprecise nature of the term “dizziness.” Dizziness can come in many forms and be described in many different ways, including unsteady, weak, foggy, lightheaded, poor concentration, woozy, spinning, off-balance, pressure, floating, and more. Common causes of dizziness are medication, dehydration, abnormal blood pressure, abnormal metabolism, vestibular or oculomotor dysfunction, vertigo, concussion, migraine, and motion sensitivity. You may be affected by one or many of these causes without realizing. Because of the numerous causes of dizziness, the type of symptoms you are experiencing is essential information.

Physical therapists provide treatment for patients with symptoms related to disequilibrium/imbalance, vestibular or oculomotor dysfunction, motion sensitivity, and vertigo. Other causes of dizziness require assistance from another health care provider, usually a physician, physician assistant, or nurse

practitioner. It is important to pay attention to your symptoms prior to meeting with a therapist in order to provide accurate information during an evaluation. Coming prepared with the following questions can be very helpful:

1. What do symptoms feel like?
2. How long do symptoms last?
3. Which activities provoke symptoms?
4. Are there any additional, simultaneous symptoms that occur?

During an assessment, your therapist will ask further questions and perform testing to determine the most likely cause of your symptoms and develop a treatment plan if appropriate. Similar to physical therapy for joint or muscle pain, your therapist will develop an exercise program for you to perform at home to decrease symptoms. The type of exercises will be determined by the evaluation and safety considerations, with more difficult exercises completed in the therapy clinic under direct supervision from a therapist. You should be able to reduce symptoms using strategies provided by your therapist and, with consistent practice, return to normal activity. Staying home and avoiding situations that cause dizziness may make symptoms more severe over time, resulting in worsening impairment and function. Do not wait to have dizziness addressed. Discuss with your therapist or doctor for treatment options.

## TESTIMONIAL:

“ARA is very organized, with my sessions beginning at the time scheduled. If I had to change my time of a session, they worked with my schedule. The care received greatly increased my mobility! I would strongly recommend ARA to family and friends.”

— Sam T. (Patient)

# Special Rehabilitation Programs

Arthritis and Rheumatism Therapy Services offers the following rehabilitation programs, delivered by our team of skilled physical therapists and assistants:

## RHEUMATOLOGIC

- All forms of arthritis
- Osteoporosis
- Fibromyalgia
- Soft tissue abnormality
- Joint protection instruction

## NEUROLOGIC

- Neurological diagnoses
- Balance disorders
- Adaptive equipment instruction
- Parkinson's disease
- Ambulation evaluation and restoration

## ORTHOPEDICS

- Orthopedic Diagnosis
- Back and Neck Pain
- Knee and Shoulder Problems
- Postsurgical and Joint Replacement
- Ankylosing Spondylitis
- Adhesive Capsulitis
- Thoracic Outlet

## Joint Hypermobility

ANNE WELLINGTON-GOLDSMITH, PT, MPT

Joint hypermobility is a condition where joints can move past their normal range of motion, often due to laxity of the surrounding soft tissue, the joint capsule that surrounds a joint, and the ligaments that connect bone to bone. Excessive motion of the joint can cause joint pain and eventually, in later years, make one more susceptible to degenerative joint conditions such as osteoarthritis. The soft tissues often are affected and there is a greater likelihood of ligament and cartilage tears.

Individuals with joint hypermobility often have associated muscular pain, soreness and weakness. Research indicates that this condition is underdiagnosed and therefore there are individuals who are completely unaware of the source of their pain. There are other conditions that mimic joint hypermobility symptoms such as generalized musculoskeletal pain, that are also commonly misdiagnosed. There are also conditions where joint hypermobility is a component of a condition, such as Ehlers-Danlos syndrome.

Common signs of joint hypermobility include, but are not limited to, the following:

- Excessive joint motion
- Joint dislocations
- Very flexible
- Clumsy
- Prone to ligament sprains and cartilage tears

- Prone to muscle spasms, trigger points
- Flat feet or excessive pronation
- Temporomandibular joint syndrome
- Degenerative spine conditions

To counteract joint hypermobility, start practicing good posture, body mechanics and ergonomics and avoid the following:

- Purposeful displays of your hypermobile joints, for example, popping out your shoulder to entertain your family and friends
- Sitting in odd positions, for example, refrain from sitting directly on your legs (buttocks to heels)

- Yoga and other forms of stretching
- Shoes without arch support

If you have, or suspect that you or a family member has, joint hypermobility (it does run in families), make sure to discuss this with your rheumatologist. A course of physical therapy will be helpful to teach you to best manage your condition, with an emphasis on patient education, joint protection and joint stabilization. You must learn what to do and what to avoid to maximize your musculoskeletal health, and this can be done best with the help of an expert physical therapist.

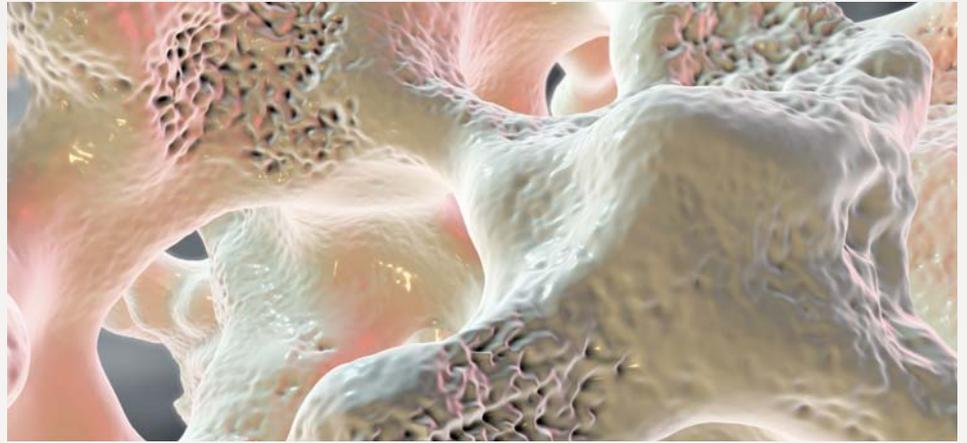


# Spine Protection With Osteoporosis....

TERESA ICHNIEWSKI, PT

There are two types of bone in the body: cortical and cancellous. Cortical bone is dense and forms the outside of the bones. Cancellous bone is spongy and is found in certain areas, particularly the vertebrae that make up the backbone. The disease of osteoporosis affects the cancellous bone and weakens it, and it puts you at risk for a fracture. Your rheumatologist can make recommendations on what medicines can help strengthen the cancellous bone. Your physical therapist can teach you how to protect your spine with good posture, correct body mechanics, appropriate exercise and instruction in what movements to avoid.

Although osteoporosis may affect various areas of the skeleton, it is the vertebral bodies that are most at risk of a compression (or "crush") fracture, in particular those in the lower back and



the upper back. There are certain exercises you should avoid. These exercises place pressure on the vertebral bodies, or the "front of the backbone." Any exercise that includes forward bending, such as sit-ups, abdominal crunches, toe touches, straight-leg raises and knee to

chest should be avoided. Any movement that includes side bending with rotation, such as touching your right hand to your left foot, also places you at risk of a compression fracture. Think of the sports that also may include these movements, such as golf, tennis, bowl-

## Physical Therapy and the Importance of Fall Prevention

JETHRO MAK, PT, DPT

According to the Centers for Disease Control and Prevention, more than one-third of adults 65 and older fall each year in the U.S., and 20% to 30% of people who fall suffer moderate to severe injuries. Falls are the most common cause of traumatic brain injuries and fractures in older adults (one in five falls causes a serious injury). Each year, 3 million older adults are treated in emergency departments due to fall injuries, with at least 300,000 cases of hip fractures. Falls are also the leading cause of unintentional deaths; fall death rates in the U.S. increased 30% from 2007 to 2016. If someone has a history of a fall, their chance of falling again increased by 50%!

### WHAT ARE THE CAUSES OF BALANCE DISORDERS AND FALLS?

- Medical conditions such as stroke, Parkinson's disease, brain injury, arthritis, multiple sclerosis, diabetes
- Muscle weakness, decreased endurance, visual and vestibular issues, cognitive deficits, sedentary lifestyle, anxiety
- Home hazards such as loose rugs, unrestrained pets, too many obstacles around the house, poor lighting
- Inappropriate footwear
- Inappropriate use of assistive devices (cane, walker, crutches)

### HOW CAN PHYSICAL THERAPY HELP PATIENTS WITH BALANCE DISORDERS?

- We will first assess the patient's risk of falling with various tools and outcome measures
- Next we will develop an individualized plan to improve muscle strength, stability and mobility, which might include therapeutic exercises, postural training, balance training and endurance training
- PT may work on different body systems, depending on the patient's deficits, determined after a detailed assessment:
  - **Visual system:** how the patient perceives information about the position and motion of the head with respect to surrounding objects
  - **Vestibular system:** how the patient perceives information about the position and movement of the head with respect to gravity and inertial forces
  - **Somatosensory system:** how the patient perceives information about the position and motion of the body with respect to the supporting surface
- Home and community safety education

Many falls are preventable and PT can help you lower your risks!

ing and even some yoga postures. There ARE excellent, safe substitutes for these exercises that don't put pressure on the vertebral column, and, rather, teach one how to extend the spine. And there are even some yoga postures that are safe.

Think about how you move through your day. Do you bend at the waist when washing your face or brushing your teeth? Do you pick something up from the floor by bending with straight legs? Do you lean over to pick a few pesky weeds from the garden? These movements also put pressure on the vertebral bodies. Physical Therapy can help you learn how to move safely through your day to decrease pressure on your backbones, thus decreasing the progression and risks of osteoporosis!



## Women's Health

Arthritis and Rheumatism Therapy Services can help with a variety of conditions that commonly affect women.

- Headaches and migraines
- Fibromyalgia and chronic fatigue syndrome
- Osteoporosis
- Pregnancy-related back pain
- Female Fitness and Wellness.

## General

- Ergonomic instruction
- Functional assessment and intervention
- Fall prevention
- Postsurgical intervention
- Deconditioning
- Postural abnormality
- Individualized home exercise program
- Caregiver training
- Joint Hypermobility Syndrome

# FM – Turn Down the Volume

REBECCA WAGNER, PTA

Fibromyalgia (FM) is defined as widespread musculoskeletal pain that can include achiness, tenderness and stiffness. It often is accompanied by fatigue and psychological changes, such as depression. Current theory states this condition is caused by central sensitization; that is, increased sensitivity in the brain to pain signals. This sensitization includes a change in the levels of the neurotransmitters resulting in amplification by pain receptors in the brain. Normal stimuli are perceived as painful. Think of a radio with the volume blasting that needs to be turned down.

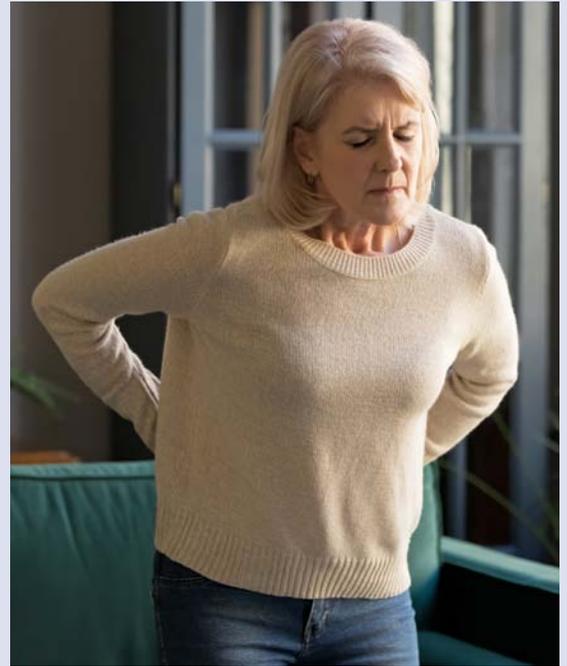
So far, the exact cause of fibromyalgia is not known. There are several theories regarding what can trigger the onset: physical trauma, surgery, viral or bacterial infection, significant psychological stress, hypermobility, immune system dysfunction, abnormal brain function during sleep. Symptoms can accumulate gradually over time without a triggering event. Women are more likely than men to develop this condition.

Fibromyalgia is diagnosed by ruling out other conditions. A diagnosis of fibromyalgia includes widespread pain longer than three months and pain and tenderness at 11 or more of the 18 identified tender points on the body. In addition to the widespread pain, some of the frequent signs and symptoms include headache, TMJ disorder, irritable bowel syndrome and other GI disturbances, fatigue and sleep disturbances, poor concentration and memory problems.

Treatment for fibromyalgia includes managing it with medication and elements of self-care: exercise, stress management, healthful eating and good quality sleep. Medication that is managed by a health care provider can include analgesics, antidepressants, and anti-seizure drugs. Exercise should consist of a gentle program incorporating stretching, strengthening and aerobic activity with a gradual progression. Stress management can include coping skills and strategies: pacing oneself by modifying a schedule and/or breaking down activities, taking breaks, removing stressor(s), exercising and meditation. Utilizing sleep hygiene elements to ensure getting proper rest is an important component for managing the symptoms of fibromyalgia.

Successful management of fibromyalgia involves active participation and a take-charge attitude. Utilizing modalities (ice/heat) for symptom relief, developing coping skills and strategies to reduce stress and getting adequate rest and nutrition are key for successful management. As stated by a former patient, it can simply entail “resting when you’re tired; eating when you’re hungry.”

If you have fibromyalgia, consider consulting a physical therapist. Ask your rheumatologist more about physical therapy at ARTS in order to teach you how to better manage fibromyalgia and similar conditions.



## Physical Therapy and Exercise – What to Know

MARYLYN PRESUTTI, PT, DPT, OCS

**Physical Therapists are licensed healthcare providers who are musculoskeletal experts. They treat conditions ranging from acute ankle sprains and chronic low back pain to systemic conditions such as osteoarthritis and hypermobility syndrome. Beyond treating musculoskeletal aches and pains, physical therapists also are qualified to educate patients and establish cardiovascular exercise and strengthening programs in accordance with the WHO (World Health Organization) and American Heart Association for general health and wellness purposes.**

**Exercise has many physiological benefits, including reducing a person’s risk of diabetes, hypertension, osteoporosis, and depression, just to name a few. Recommendations for cardiovascular physical activity include both moderate and vigorous intensity, and span a wide variety of activities, including, but not limited to, gardening, walking, and dancing. In regard to pain, research also has supported cardiovascular (also called**

# FACTS & STATS

The roots of physical therapy can be traced back to 460 BC

The physical therapy profession originated during World War I in response to the great need created when soldiers were injured in war. The first physical therapists during this time were known as “reconstruction aides.”

During World War II, there were more advances in science and technology and injured soldiers continued to be treated by physical therapists. The profession changed its name in the 1930s to the American Physiotherapy Association.

In the late 1940s, the organization representing physical therapists changed its name once again, to the American Physical Therapy Association (APTA). This remains the name today.

Every year, 50% of Americans over the age of 18 develop a musculoskeletal injury that can last longer than three months. That’s 108 million people who can benefit from physical therapy.

aerobic) exercise for management of pain and function without risk of harm in a diverse group of diagnoses. So, how does the journey to improve physical activity get started?

Once cleared by your physician to safely exercise, it is advised that a person strives to participate in 150 minutes per week of moderate intensity cardiovascular physical activity, or 75 minutes of vigorous intensity cardiovascular physical activity. Most people can safely work up to this amount over time, and, depending on the individual goals of the person, a physical therapist can help set up a progressive program that can be implemented and maintained over time. When the patient and physical therapist set up an exercise program together, there are many factors that are taken into consideration: what kind of activities does the patient want to engage in, what is the patient’s current physical activity and fitness level, and what is a reasonable and achievable progression? The next question that comes to most people’s mind is: What about strengthening?

In addition to cardiovascular exercise, both the WHO and American Heart Association recommend strengthening (weight-bearing activity) at least 2-3 days per week. This often in-



cludes working major muscle groups throughout the upper body, lower body, and core. A physical therapist will work with the patient to identify muscles that may be weak or deconditioned, and will help a patient create a strengthening program to optimize muscular function for daily activities.

There are a vast number of benefits to being physically active. Knowing where to get started to make meaningful changes can help make sustainable improvements to a person’s health and wellness. Seeing a physical therapist is an excellent first step to begin the fitness journey and improve your overall health.

# The Purpose of Instrumental Assisted Soft Tissue Mobilization (IASTM) in Physical Therapy

HENRY FRANCIS, PT, DPT

In physical therapy, Instrument Assisted Soft Tissue Mobilization (IASTM) can be used as a therapeutic option to Soft Tissue Mobilization (STM). There is no right or wrong decision when selecting IASTM or STM, as long as the patient's diagnosis, symptoms and characteristics are appropriate for treatment. IASTM is an intervention used with a hand-held instrument to reduce muscular and fascial restriction, as well as to break down scar tissue.

There are multiple types and brands of IASTM. The handheld devices are design tools made from wood, plastic, rubber or metal. Common devices are stick rollers and foam rollers. Some devices are designed with unique curvilinear treatment edges to fit into irregular shapes and bony landmarks such as "knuckles" and "kneecaps." There are many brands, such as Gua Sha, Graston, Myofascial Releaser, Endiglow and Roderek. Therapists receive evidence-based continuing education in the use of these tools.

There are many indications that call for the utilization of IASTM, such as limited flexibility in muscles



## Why Can't I Perform My Friend's Physical Therapy Back Exercises?

JOSHUA COSTA, PT, DPT

Exercises are a key component in rehabilitation that allows the body to improve range of motion, strength, balance, mobility, endurance, coordination and posture. Exercises can vary in intensity and repetition, and can be performed in various positions, all for specific goals. Certain exercises promote flexion (bending) of the spine, such as bringing your knees to your chest or when rounding your back. These exercises often are prescribed when treating osteoarthritis, spondylolisthesis (slipping of one vertebrae on another) and spinal stenosis. Other exercises promote extension (straightening), such as lying on your stomach and pushing up onto your forearms or extended elbows. Generally speaking, extension exercises can be helpful with a posterior disc herniation, ankylosing spondylitis and osteoporosis, to name a few. Depending on one's diagnosis these exercises can be helpful or harmful. A physical therapist will perform a thorough evaluation and, based on findings, the order from the referring doctor and the patient's subjective report, will develop a specialized plan of

care that is customized to the patient's needs. This plan of care may include treatments such as manual therapy, exercise, neuromuscular reeducation, gait training, electric stimulation, ultrasound, dry needling and more. The exercises prescribed by a PT are specific to the individual and generally should not be performed by others unless directed by a medical professional. It is very important to know if an exercise is appropriate for you before performing it. Of course, form is always a critical part of any exercise. The physical therapist will emphasize the importance of proper posture and avoiding compensatory movements when exercising. The goal of this education is to improve technique, body awareness and function, minimize overuse injuries and halt the worsening of symptoms. A therapist's ultimate goal is to restore a patient's function and empower the patient to be independent. Exercises are a key component of any physical therapy intervention but should be treated like a prescription for the individual and not performed without specific direction.

# Purpose of a Physical Therapy Initial Evaluation

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and fascia, restricted mobility in joints, pain, and excessive scar adhesion. There are also various diagnoses and conditions, where IASTM can be beneficial such as for medial/lateral epicondylitis (golfer's and tennis elbow), carpal tunnel syndrome, osteoarthritis, piriformis syndrome, rotator cuff tendinitis, patella tendinitis, shin splints, achilles tendinitis, iliotibial syndrome, hip bursitis, trigger finger and myofascial pain.

Before the physical therapist performs IASTM, he or she must review the precautions and contraindications that can affect the patient. Precautions should be taken with patients who have cancer, varicose veins, acute inflammatory conditions, lymphedema, osteoporosis or are pregnant. Contraindications include open wounds, unhealed fractures, uncontrolled hypertension, blood clots, hemophilia, osteomyelitis and myositis ossificans.

Ultimately, Instrumental Assisted Soft Tissue Mobilization and Soft Tissue Mobilization are both beneficial for patients. IASTM is often best used on larger body surface areas and STM is better for smaller, more focused areas as the therapist palpates with fingers and hands for tactile sensation, or to "feel" what is being mobilized. Either way, mobilization may be helpful to reduce muscular and fascial restrictions and incorporated into a physical therapy plan of care to help reduce pain and dysfunction.

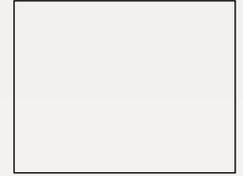
measures include looking at your postural control to determine joint position. We may observe your gait in order to determine any dysfunction. We attempt to palpate to find the symptom location. We may assess your balance by watching you stand in single limb support or with a narrow base of stand support, or other methods of balance assessment. We also may assess functional activities, such as your ability to get up from a chair or sit back down. Muscle strength may be assessed with a manual muscle test. This involves you attempting to resist us when we apply force to different muscle groups in your body. This test typically will help us determine what exercises are most appropriate for your treatment. The evaluation will involve measuring the range of motion of your joints and comparing them to normal ranges to assess the need for more mobilization or stretching exercises. Special tests also will be completed to ascertain specific issues. These tests can help us determine a clear diagnosis that we will then begin to treat with a plan of care.

Your physical therapist will discuss with you the details of treatment including approximately how long to expect to be in therapy. The amount of time in therapy will vary depending on your condition and which areas need to be addressed. Typically, patients require eight weeks of skilled PT to achieve true muscle strength gains. We will, however, vary the length of the plan of care based on what is revealed during the course of therapy. Each patient is different so each patient's plan of care will vary based on findings determined during this first initial evaluation and subsequent reevaluations. The initial evaluation allows us to gather information to effectively treat patients as individuals.



# RHEUMORS

Arthritis & Rheumatism Associates, P.C.  
2730 University Blvd. West, #310  
Wheaton, MD 20902  
301-942-7600



## RHEUMORS

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**EDITOR:**

Daniel Tucker, CEO

**MEDICAL EDITOR:**

Evan Siegel, MD, FACR

**DESIGNER:**

Brenda Brouillette RN, BS -  
Business Development Specialist

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## What is a Pelvic Dysfunction?

TARA CAMERON, PT, DPT

In order to understand pelvic dysfunction, it is important to first understand the pelvic girdle and the bones and soft tissue that make up this area. The pelvis is made up of three main bones (plus the coccyx). There are two large innominate bones (right and left) and the sacrum. The innominate itself is made up of three separate bones: the pubis, ischium and ilium, that fuse together as we age. The innominate bones make up the sides and front of the pelvic girdle and the sacrum sits at the back between the two innominate bones and at the lower part of the spine. These bones are then held together by ligaments, muscles and tendons. There are 35 different muscles that attach to the pelvic girdle, including the pelvic floor, hip flexor, hip extensor, hip abductor, knee flexor, and knee extensor muscles. In addition, the back/trunk flexors, extensors and rotator muscles all attach at the pelvis as well as to other parts of the body to create motion.

The most common pelvic dysfunctions seen are innominate rotation and slippage. The innominate bones can rotate together or independently. When one innominate rotates forward or backward or shifts up or down compared to the other innominate, this can cause pain. Pain could be felt in the back, buttock region, pelvic/groin or even down the leg. These dysfunctions are identified through static palpation of landmarks and dynamic tests.

There are three common causes of a pelvic dysfunction: trauma, repetitive stress and hypermobility. A pelvic dysfunction caused by a trauma occurs when large forces are transmitted directly through the pelvis or lower extremity, for example, a fall. Repetitive stress can be caused by occupational hazards and/or sporting hazards. Occupation could include sitting for long periods of time, repetitive twisting, constantly lifting items throughout the day, and walking for long periods of time. Pelvic dysfunction associated with hypermobility is due to the body's inability to appropriately maintain neutral position of the pelvis.

With a thorough evaluation of the pelvis and surrounding muscles by the physical therapist, a determination can be made regarding whether there actually is a pelvic dysfunction and, if so, what can be done to help correct it. A muscle energy technique (MET) can be used to correct most pelvic dysfunctions. METs have been seen to improve alignment of the joint, mobilize a restricted joint, lengthen and strengthen muscles, decrease local edema and increase fluid mechanics. Strengthening and stabilization exercises will be assigned to maintain the pelvic correction. Body mechanics, ergonomics and other joint protection tactics will be instructed. Don't surrender to pelvic pain. Come see a physical therapist so we can help!