Capital Medical Center

THE REHAB READER

Volume 1, Issue 3

Quarterly Newsletter
Fall 2008

INSIDE THIS ISSUE:

What patients are saying..

Here are some quotes from our satisfaction surveys.

"I've learned a lot and was impressed with the depth and breadth of information and individual caring shown to us"

"Got my thumb to work...and able to jam on my guitar"

"All my encounters were wonderful, with each and everyone"

"Therapist had great attitude... fun to be around... just plain nice people"

Located in the Black Hills Medical Park, just adjacent to Capital Medical Center, our outpatient clinic serves our community by offering a variety of treatment options. Our experienced Physical Therapy staff is well-equipped to manage musculoskeletal injuries, post-operative care, degenerative conditions, and motor imbalances. They offer specialty programs for the treatment of lymphedema, urinary incontinence, vestibular rehabilitation, and balance disorders. We also have the only certified McKenzie practitioner in the area to treat mechanical diagnoses of the spine.

Our Hand Therapy clinic staff includes Certified Hand Therapists who have specialized training in treating upper extremity conditions. Their expertise allows them to successfully treat all types of diagnoses – from tendon ruptures to amputations, arthritis, sprains, strains and countless other injuries. They pride themselves on creating a caring and positive atmosphere that is conducive to healing.

All therapists perform thorough evaluations to design a treatment plan specific to the individual client's needs. Skilled therapists and customized care are two reasons our patients indicated a 99.3% satisfaction rate with our services, as indicated by patient satisfaction surveys.

We strive to provide our clients with the best quality of care, to get them back in action again!

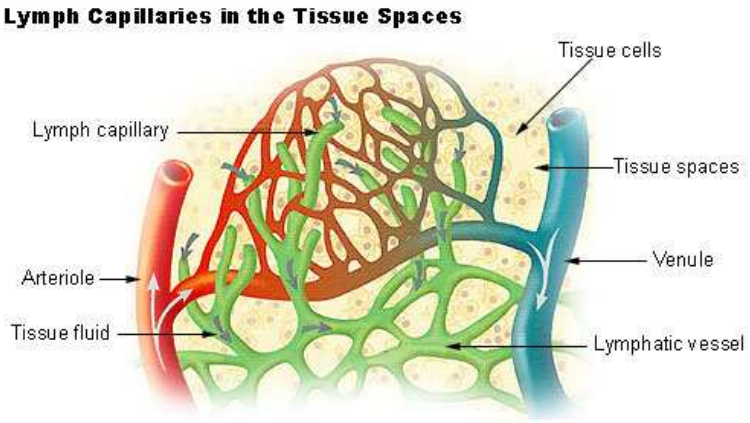
REHAB TOPIC OF THE MONTH

Treating Lymphedema

Chris Nixon, PT

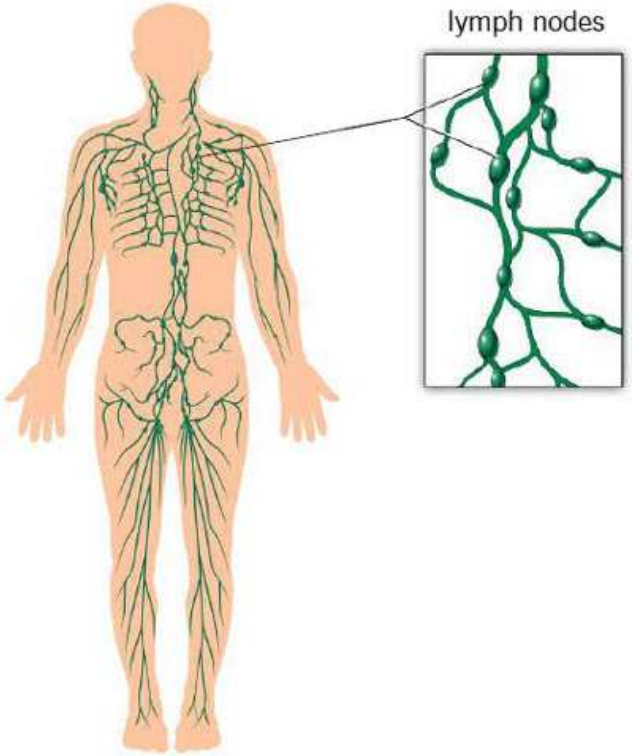
Lymphedema is swelling of a body part due to accumulation of protein-rich fluid in the interstitial spaces of the tissues. To better understand how this condition occurs, let's look at how the lymphatic system works.

There is a network of capillary vessels through the body that carry lymph fluid out of the tissues, through a series of collecting vessels and lymph nodes, and eventually to the kidneys to be excreted. This system manages about 10% of the tissue fluid in the body. When the lymphatic system is not functioning adequately, lymph fluid, which contains protein molecules too large to enter the venous system, 'backlogs' in the tissue spaces causing the swelling.



Lymphedema can be termed primary or secondary. Primary lymphedema is usually congenital, and involves some type of malformation of the lymph system. Secondary lymphedema occurs after there has been damage or injury to part(s) of the lymphatic system. Examples of this include lymph node dissection or radiation therapy in the treatment of cancer, significant tissue trauma, and infection. Venous stasis or insufficiency can also cause lymphedema due to the overload of fluid in the tissues.

Treatment for lymphedema, or Decongestive Therapy, works to improve the movement of lymph from the tissues. This movement is influenced by a variety of factors: the anatomy of the lymph vessels, the parasympathetic nervous system (PNS), and external forces such as respiration and muscle contractions. External stretch of the skin stimulates the PNS, so manual drainage massage is one of the key components of decongestive therapy. Use of compression bandages or garments on the affected limb, specific exercises to reduce swelling, and deep abdominal breathing are also part of the treatment program.



Not everyone will develop a problem with swelling after insult to the lymphatic system, and problems may not occur until months or even years afterward. Prevention measures are important for individuals whose lymphatic system is compromised. Good skin care, avoiding insect bites, cuts, sunburn, avoiding excessive activity with the limb, and even preventative drainage massage are some ways to avoid or minimize problems.

If a person does develop swelling, the sooner the treatment is started the better the condition can be managed. Left untreated, lymphedema can lead to pain, postural abnormalities, increased risk to develop infection, difficulty with Activities of Daily Living, and decreased mobility. Our outpatient clinic offers full decongestive therapy through our Physical Therapy Department. Contact your physician or primary provider if you need a referral for treatment. If you have questions about this condition, please feel free to contact our Physical Therapy Department at 360-956-2562.

REHAB TOPIC OF THE MONTH

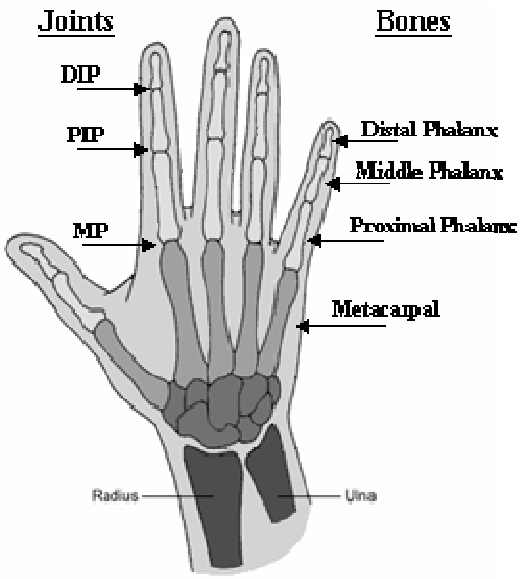
Common Sports-Related Finger Injuries

By Sheila Yakobina, OTR/L,CHT and Stephanie Yakobina, OTR/L,CHT

Finger injuries frequently occur during football, basketball, baseball, volleyball, and wrestling. X-rays should be obtained for most finger injuries to rule out the possibility of a fracture and the principles of RICE (Rest, Ice, Compression, and Elevation) should be followed until a physician has confirmed the diagnosis. The following are brief descriptions of the most common finger injuries and their recommended treatments. Familiarity with these potential injuries can help athletic trainers, physicians, coaches, and therapists ensure the best possible outcome for athletes, while minimizing time spent on the sidelines.

Proximal Interphalangeal (PIP) Joint Dislocations

The two most common types of PIP joint dislocations are the volar (palmar) dislocation and the dorsal dislocation. Dorsal dislocations are seen much more frequently and tend to be more stable once they have been reduced. A **dorsal PIP joint dislocation** occurs when the middle phalanx slides on top of the proximal phalanx resulting in a tear of the volar plate. The volar plate is a ligament on the palmar aspect of the PIP joint which most often heals without any surgical intervention. This injury is characterized by pain and swelling at the PIP joint and an obvious malalignment of the finger. Frequently, it is reduced on the field by the player, athletic trainer, and/or team physician. If the dislocation cannot be reduced, the player must seek medical attention. Treatment involves an extension blocking splint that is worn for 3-5 days with the PIP joint held in 35 degrees of flexion. The athlete can return to play with buddy taping to the adjacent finger.



A **volar PIP joint dislocation** is described as a dislocation of the middle phalanx on the proximal phalanx. It is characterized by pain and swelling localized to the PIP joint and an obvious malalignment of the finger. A volar dislocation should be taken much more seriously than its dorsal counterpart. If initial attempts to reduce the dislocation are unsuccessful, no further attempts should be made as the finger may require surgical intervention. The reason that this injury cannot be reduced is that the head of the proximal phalanx frequently "buttonholes" through the extensor tendon causing a disruption of the extensor mechanism. If this occurs, surgical intervention is necessary to reduce the joint and repair the extensor tendon. The athlete's finger must then be splinted in full extension for 6 weeks. Fortunately, the athlete can return to play within 1-2 weeks with a splint protecting the DIP and PIP joints if symptoms permit.

Mallet Finger

Mallet finger is usually caused by jamming the finger against a hard surface such as a helmet, ball, or piece of equipment. It involves the rupture of the extensor tendon which inserts into the distal phalanx and occasionally results in a fracture of the distal phalanx. The athlete presents with tenderness and swelling of the DIP joint and an inability to extend their fingertip. Treatment involves splinting the fingertip in slight hyperextension in order to allow the tendon ends to reattach. The athlete must wear the splint 24 hours a day for a period of 6 – 8 weeks to ensure full recovery. The athlete can return to full practice with the use of a finger splint.

Jersey Finger

Jersey finger usually occurs as a result of a player grabbing another player's jersey and getting his finger caught. It involves the rupture of the long finger flexor tendon to the fingertip. The athlete presents with swelling and discomfort of the DIP joint, and the inability to flex the fingertip. Unlike the mallet finger, jersey finger must be treated surgically within 7-10 days and requires extensive postoperative therapy. After the surgery, the athlete will be required to wear a wrist and finger immobilization splint for a period of 4-6 weeks. A formal therapy program is recommended for 8-12 weeks to ensure maximum recovery. The athlete cannot return to play until 10-12 weeks following their surgery. For more information about any sport related hand, wrist, or elbow injury, please contact our Hand Therapy Department at 360-956-2562.

Capital Medical Center

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Medical Words of the Quarter

Atonic - Goes with your gin.

Carpal - Someone you drive to work with.

Colic - A type of sheep dog.

Morbid – A higher offer.

Intern - One after another.

Protein - In favor of young people.

Medical Joke of the Quarter

Heart Surgeon vs. Mechanic

In a car garage, where a famous heart surgeon was waiting for the service manager to take a look at his Mercedes, there was a loud mouthed mechanic who was removing the cylinder heads from the motor of a car. He saw the surgeon waiting and lured him into an argument.

He asked the doc after straightening up and wiping his hands on a rag, "Look at this car I'm working on. I also open hearts, take valves out, grind them, put in new parts, and when I finish this baby will purr like a kitten. So how come you get the big bucks, when you and I are doing basically the same work?"

The surgeon very calmly leaned over and whispered to the loudmouth mechanic, "Try doing it with the engine running."

Get to Know our Staff

Chris Nixon PT

Chris was born in Queens, New York, and grew up in Southwest Florida. She graduated from the University of Southern Mississippi in 1981 with her BS in Athletic Administration and Coaching, specializating in Athletic Training. She then attended the University of South Alabama and in 1983 received her BS in Physical Therapy. Chris has been employed with Therapy Management Services, now Enduracare Therapy Management, since June 1983. She has worked in the acute care and outpatient settings in Mobile, AL, Miami, FL, and since 1997, here in Olympia, WA. Her hobbies/interests are Biking, Hiking, Skiing, Tennis; Writing & Reading; keeping up with her two boys and two basset hounds.

Professional Emphasis: Orthopedics/Manual Therapy; Lymphedema; Balance/Vestibular Rehab.

Jami Bracy COTA

Jami Bracy is a Certified Occupational Therapy Assistant who graduated from Green River Community College with her Associate of Science degree in 2006. Jami has recently joined our team after spending time working for a contract company in a variety of skilled nursing facilities. Her goals are to help people get stronger, become pain-free, and begin moving towards independence in all aspects of life. Jami joined us 6 months ago in the hand therapy clinic working side by side with Sheila and Stephanie Yakobina, our Certified Hand Therapists. In her spare time, Jami enjoys playing with her son, going on outdoor adventures, and being with friends. Her favorite hobbies are reading, watching movies, and going on sight seeing expeditions.

Employee of the Quarter

Michael Hicks

Michael Hicks has worked as an Aide for Capital Medical Center Physical Therapy since 2005. In 2006, Mike decided it was time to return to school to finish his education. In 2007, Mike received his Bachelors of Science degree in Biology from the University of Washington. Since completing his education, he has returned to work full time and we are glad to have him back. Mike's compassion for patients, eager attitude for learning new things, willingness to be a team player, and his bilingual Spanish speaking abilities have made him a great asset to our company. In his spare time, Mike enjoys international travel, golfing, completing wood working projects, playing with trains, and camping with his wife and dog (and soon to be son/daughter).