Dr. Sean T. Lordan , Physical Therapist

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Conciergephysicaltherapy.com

3 Advancements in Physical Therapy in 2018

Physical Therapy as a field has progressed to a Doctoring Profession. Are you following the latest trends in Sports Medicine and Rehab Science? Listed below are (3) New PT interventions for 2018.

INTRODUCTION

Physical Therapy as a profession has come a long way in the past 10 years. We have moved into the use of new Modalities including Dry Needling, Cupping, Blood-flow restriction cuffs, Cold and Hot Laser therapy as well as many others to further enhance the patient experience and accelerate healing. Gone are the days of: Heat, Bike, Ultrasound, Ice, HEP. Listed in this article are (3) research breakthroughs of 2018 every PCP should be aware of.

> ***By putting the patient first we are able to navigate the minutiae of patient care to provide an experience and resolution unlike anywhere else in the healthcare continuum today.***
>
> Dr. Sean T. Lordan, Owner, Concierge Physical Therapy

The number one thing that patients speak to me or ask me about- other than their specific problem- is how we choose each exercise or modality that we perform that day. Usually folks are nervous and skeptical to try Physical Therapy initially- for a number of reasons. Deductibles and co-pays certainly have not gone down in the past few years. The rise in healthcare cost and the shift of the initial burden to the policy holder has been a blessing to the PT community in more ways than one.

Physical Therapists must now provide REAL results- driven by the latest research, while simultaneously offering the discerning healthcare consumer an excellent experience to "write-home" about. Without knowing the latest trends in Sports Medicine, the Physical Therapy Clinics that refuse to change will be "left in the dust." Below I've taken some of my favorite excerpts from *JOSPT* to share with you, please enjoy.

Sean T. Lordan PT, DPT, OCS, CSCS

Dr. Sean T. Lordan
Owner, Concierge Physical Therapy

The PT's Role in ACL Prevention

Knee and anterior cruciate ligament (ACL) injuries have the potential to sideline an athlete for an entire season, or sometimes even more than a year. American founding father Benjamin Franklin famously said, “An ounce of prevention is worth a pound of cure.” **Many more children participate in early specialization of sport- and are now often playing the same sport year round.** This increases susceptibility for injury due to tissue adaptability issues and no cross-training among sports. The need for implementing "pre-hab" is justified among the literature.
The use of exercise-based knee injury prevention programs in athletes for the prevention of knee and ACL injuries recently received an "A" level of evidence in a Systematic Review in the *Journal of Orthopedic and Sports Physical Therapy, September 2018.*

Expert clinicians and researchers screened 3526 articles, then closely examined 752 articles, and ultimately selected and summarized the 33 best articles for this clinical practice guideline. Guideline authors determined ACL prevention programs were effective in preventing injuries, specifying the exercises below across effective prevention programs. Athletes should complete these programs 2-3 days/ week and have sessions at least 30 minutes in length with a Doctor of Physical Therapy to guide treatment.

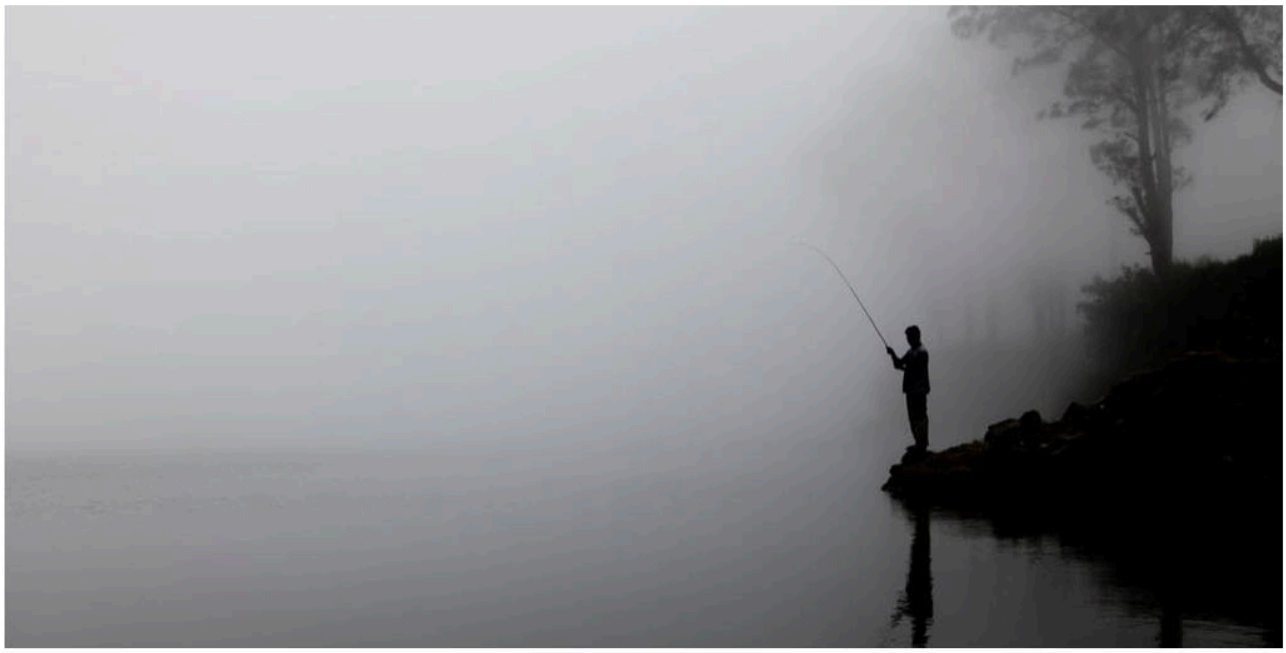
Who Should Partake?

1. Athletes between 12-24 years old

2. Females < 18 years old

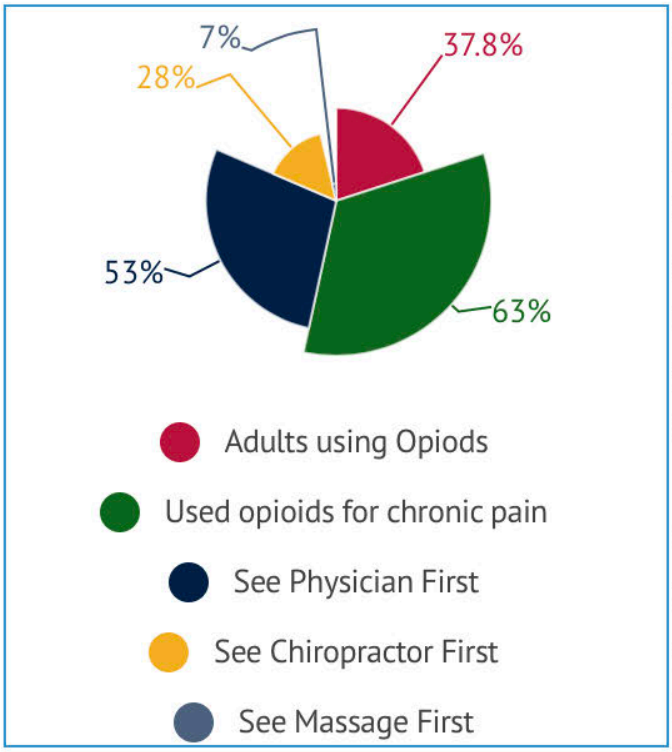
"Pre-hab" Exercise Examples

PT Versus Opioids



America has an Opioid problem.

An estimated 116 million Americans suffer from chronic pain, at a cost of over $600 billion per year, or roughly $2000 per person per year. One of the largest predictors of chronic pain is the severity of current acute pain.



Research now supports Physical Therapy as a first line approach to treating chronic pain. In a recent randomized clinical trial that included 240 patients with moderate to severe chronic back pain or hip or knee osteoarthritis pain, **treatment with opioids was not superior to treatment with nonopioid medications** for improving pain-related function, and had higher adverse medication-related symptoms over 12 months. **The CDC now recommends non-pharmaceutical approaches such as Physical Therapy** over opioid medications for chronic pain.

Physical therapists can play a key role in treating chronic pain by providing patient education and hands on therapy to decrease pain.

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As pain becomes persistent, the relationship between the tissues and pain is less predictable. Pain becomes a trigger based on the brain’s perception of tissue danger.

Dr. Sean T. Lordan, Owner, Concierge Physical Therapy

PHYSICAL THERAPY FOR ARTHRITIS

Osteoarthritis is one of the leading causes of disability, affecting some 250 million people worldwide on a yearly basis. Most folks with OA are < 65 years old and still work. When people experience pain in their joints, they are less likely to exercise and perform the activities that are likely to ameliorate their symptoms due to fear avoidance. Physical inactivity is an underappreciated cause of OA, type 2 diabetes, cardiovascular disease (CVD), some types of cancer, and dementia. **The solution, specifically for knee and hip OA, does not come in the form of a pill, injection or surgery.**

7 Research Based Exercise Recommendations

1. The Physical Therapist (PT) will provide aerobic, resistance, performance, or neuromuscular exercises tailored and targeted to individual patient needs and preferences.

2. The PT will consider aquatic therapy for those who can't tolerate land exercises due to pain levels.

3. A patient will perform a minimum of 12 supervised exercise sessions of 30 to 60 minutes per session over a 6-week period.

4. 1 to 2 additional sessions per week are encouraged to optimize outcomes, particularly related to strength.

5. The PT will consider extending initial exercise therapy programs to 12 weeks or longer to optimize outcomes, again particularly related to strength.

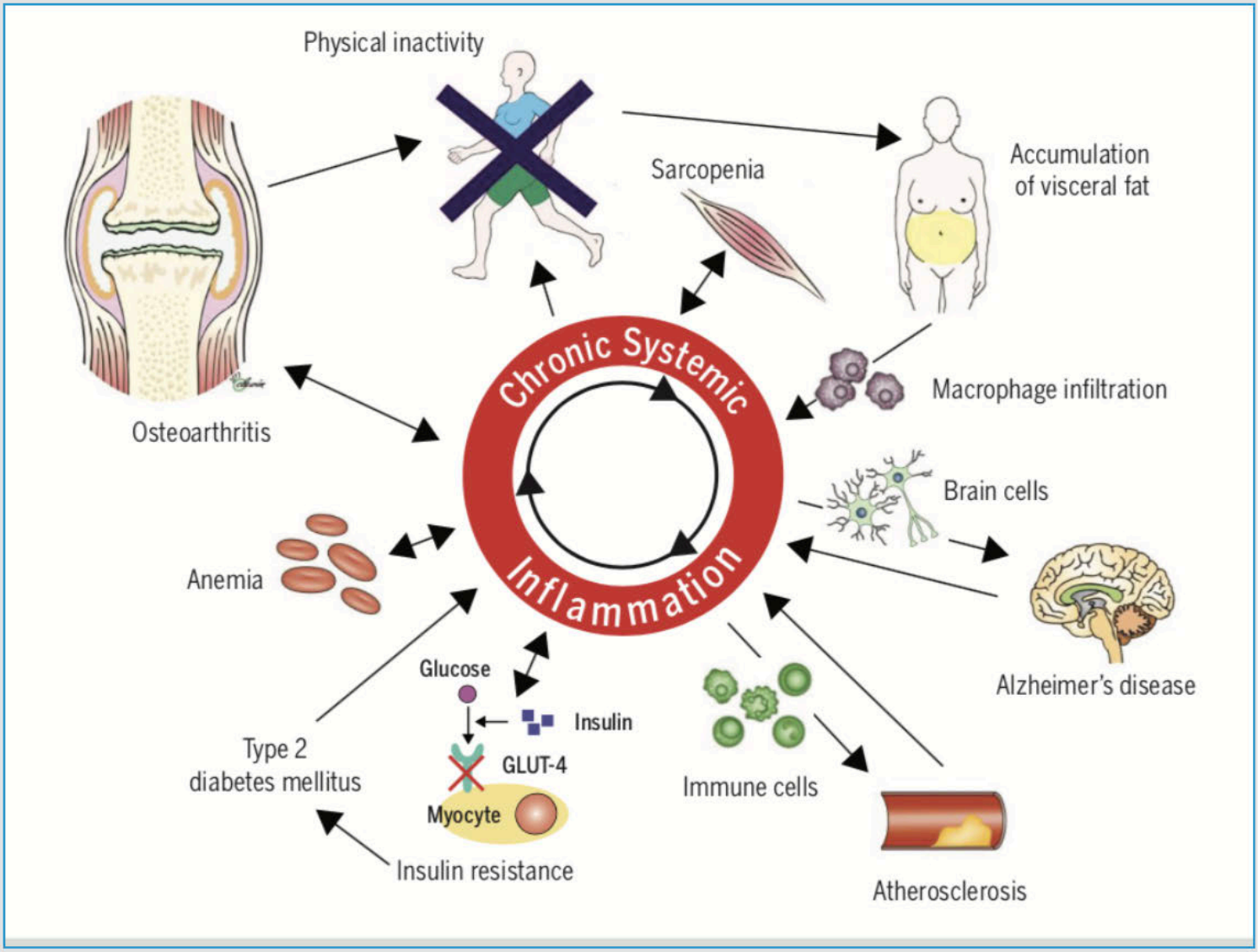
6. The PT will consider booster sessions in the long term to enhance adherence and progression.

7. The Physical Therapist will provide education and reassurance about managing potential pain flares and inflammation, and how to modify exercises and physical activity to ensure continued participation.

Skou et al, JOSPT, June 2018

Arthritis Inflammatory Cycle

Courtesy of JOSPT, June 2018



Take home message: The implementation of a Physical Therapy referral and Exercise Therapy have strong evidence rooted in meta-analysis level literature. Compared with surgery and analgesia, **exercise demonstrates less harmful side effects and should be a first line treatment for knee and hip OA**.