

News and Notes



PowerPlay Performance Camp

Thompson Health's Sports Medicine Center held its first **PowerPlay Performance Camp** this summer, for seventh-graders through graduating seniors who wanted to work on Power Development, Speed Development, Agility and Injury Prevention. Jim Porcella, MS, ATC, a Certified Strength and Conditioning Specialist from the Sports Medicine Center, served as director of the camp, which was held at Uptown Fitness in Canandaigua. Participants included Eric Ward, above, son of Thompson Health R.N. Lynnette Ward. Porcella found that over the course of the four week camp, participants averaged a 15-percent increase in speed, a 20-percent increase in power, a 30-percent increase in agility, which should reduce the chance of injuries. He plans to hold the camp again next year, so stay tuned for details if you know of student athletes who might be interested.



Athletic Training Services
Physical Therapy
Occupational Therapy
Speech Pathology
Sports Medicine
Aquatic Therapy

Rehab REPORT

Restoring **Function,**
Improving **Lives**

Thompsonhealth
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Rehab Report

is published twice annually by the Rehabilitation Services department at **Thompson Health**

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Stroke Rehabilitation: A Team Approach

By Amy Chirdon, PT

(This is Part II of a two-part series on stroke rehabilitation and prevention)

"CODE 15 - Room 7 in the Emergency Department. CODE 15."

"Hey, that's my room. Is it real?" one patient recalls thinking. "I remember waking up and feeling weak on my right side. When standing, I tried to take a step and fell to the ground. I was unable to speak. The next thing I remember is the doctor walking into my room and looking down at me. He turned to my family only to clarify what I already knew: I had just experienced a stroke."

Experiencing the physical and emotional trauma from having a stroke can be overwhelming to a patient but...

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Post-Operative Outcomes Improve with Decongestive Therapy from OT

By Angela Conners, OT, CLT, LMT

Post operative edema is a dynamic insufficiency (also known as a high volume insufficiency). Dynamic insufficiency is characterized by the following circumstance: the lymphatic load exceeds the transport capacity of the anatomically and functionally intact lymphatic system.

The clinical relevance of this state of dynamic insufficiency is that if it is present over a long period of time (duration varies depending on the condition and severity), secondary damage to the lymphatic system is imminent. To avoid this secondary damage, it is necessary to reduce the stress on the lymphatic system as quickly as possible.

Complete Decongestive Therapy, the treatment typically used to treat patients with lymphedema, has proven beneficial for patients experiencing post-operative edema by reducing the lymphatic load. In particular, total knee replacement patients have benefitted greatly from this treatment. Managing post-operative edema in conjunction with the rehab process has allowed for significant increases in joint mobility and decreases in discomfort during therapy sessions.

The treatment involves the following components:

- **Manual Lymph Drainage (MLD)** - a hands-on technique to mobilize the fluid and return it to the circulatory system. This technique can also be utilized to assist in scar management (increases organization of connective tissue fibers as well as improves regeneration of lymphatic vessels, which results in increased consistency and softness of scar tissue). Prior to completion of incision healing, MLD is applied only proximal to the incision site.
- **Compression Therapy** - gradient compression to support venous return as well as lymphatic vessel function. This compression may be achieved using padded short stretch bandages or compression stockings, depending on the severity of the edema as well as the length of time edema has been present.
- **Skin care** - to decrease the risk of infection and irritation.



The patient receives education in completing MLD as well as compression application to support the rehabilitation process. The patient also receives education on the expectations of regaining normal lymphatic function in the affected limb, duration of compression, and duration of continuation of the home program.

For more information on the benefits of Complete Decongestive Therapy for post-operative edema please contact the lymphedema treatment team at (585) 396-6856.

Associate News



Holtz

Lindsey Holtz, DPT, recently joined Thompson Health as a physical therapist. Lindsey grew up in Farmington and graduated from Victor Central Schools in 2002. She graduated from Ithaca College in 2007 with her Doctorate in Physical Therapy. Several knee injuries and subsequent physical therapy sparked her interest in the profession and got her where she is

today. Lindsey works full-time in the inpatient part of Thompson Hospital.

Aindria Varney, PTA, joined Thompson Health in September of 2007. From Naples, NY, Annie went to college in the Syracuse area before coming on board. She works in various areas of the hospital including inpatient floors, the CCC and aquatic therapy. She says her love of sports and working with people led her to her career.



Varney



Enos



Clark

Laurie Clark and Heather Enos anchor the administrative staff of Rehab Services at Thompson Hospital. Laurie and Heather joined the group in August 2007. Laurie previously worked in Thompson's Emergency Department for more than five years prior to joining us. Heather is currently enrolled in the nursing program at FLCC and plans to continue her studies at RIT to pursue a career as a physician's assistant.



Nancy Alexander, PT, CSCS, (shown far right) and her volunteer staff raised more than \$4,800 for the Sands Cancer Center during the 5th Annual Pink Fly Ladies Invitational Golf Tournament July 12 at Winged Pheasant Golf Links. A total of 82 golfers participated. Proceeds go to breast cancer awareness and education programs at the center.

Case Studies from the Clinic...

By Michael LeBlanc, PT, ATC

Over the past couple of years, I have seen a couple of patients that presented with severe shoulder pain without trauma.

The first patient was unusual in that he complained of significant pain when leaning back in a chair. Posterior to anterior pressure through the scapula reproduced his symptoms. He was otherwise strong and had good motion. Because of the severity of his complaint and location of the pain, I requested the X-rays be reviewed. At that time something unusual was identified by a lateral view and additional testing required.

Soon after, a second patient who had been treated six months earlier for rotator cuff impingement and had no initial pain with posterior to anterior scapula compression at that time now complained of pain with this movement. X-rays followed by a CT scan showed a Pancoast tumor/Apical node tumor.

A Pancoast tumor was first described in 1924. It is a rare condition comprising only 5 percent of all lung cancers. It often invades the sympathetic chain and brachial plexus. Horner's syndrome is a classic sign of this condition as characterized by dilation of the pupil, weakness-eyelid and unilateral anhidrosis. Pain can be referred into the shoulder, scapula and along the ulnar nerve distribution, causing wasting of the intrinsic muscles of the hand.

Having never encountered this condition previously, I found the following sites informative and helpful in describing the nature of this condition:

<http://www.emedicine.com/Radio/topic515.htm>
<http://www.e-radiography.net/radpath/p/pancoast.htm>
http://www.emedicinehealth.com/pancoast_tumor/article_em.htm

News and Notes

6th Annual Ride for Independence – The sixth annual Ride for Independence (pictured right) was held August 2, 2008 to raise money for physical therapy's **Aftercare** Program, which provides continued services to people with chronic disease after their insurance benefits have ended or they have reached a maintenance level in their therapy. This year's event raised \$1,000. Next year's ride is set for August 1, 2009.

The 12th Annual **Finger Lakes Sports Medicine Symposium** was held on Saturday, March 22, 2008 at the Canandaigua Inn on the Lake. This continuing education event, put on by Thompson Health's Sports Medicine Center, attracted over 60 rehab professionals from across the state, including several members of Thompson Health's Rehabilitation Services. The event helps athletic trainers, physical therapists, physical therapy assistants, occupational therapists and physicians broaden their knowledge base and stay up-to-date on the latest techniques in the care of the athletic population. Presenters this year included: Thompson Health's own Michael LeBlanc, PT, ATC, Dr. Robert Meyer of Canandaigua Orthopaedic Associates, Dr. Michael Gruttadauria of Eastside Podiatry, Dr. Sam Flemister from Strong Health's University Orthopaedic Associates, Dr. Deborah King of Ithaca College, and Patrick Privatera, PT, ATC of LeRoy Physical Therapy. The focus of this year's Symposium was the foot and ankle. All proceeds from the event are reinvested in the further education of Thompson Health's Rehab Services staff, ensuring that our patients get the best care possible.



Thompson PT Dudley Hallstead, right, serves as director of the Ride for Independence.

(More News and Notes continued on back page)

We're Not Just Speech Teachers Anymore!

By Gineen Magiera, M.S., CCC-SLP

In the 1950's, the "speech teacher" was the individual in the local schools who treated children with



Magiera

articulation disorders such as a frontal lisp or distortion of the letter "R." The field of Speech Pathology has grown over the decades into a medical model for treating a multitude of medical disorders. The Speech-Language Pathologist is a specially trained healthcare professional who holds a Master's degree, has earned a Certificate of Clinical

Competence (CCC) from the American Speech and Hearing Association (ASHA) and also holds state licensure.

Speech pathologists are trained to evaluate and treat children and adults with speech, language and/or swallowing problems, also known as "Dysphagia." Speech-Language Pathologists often also specialize in areas such as swallowing, head/neck cancer, fluency (stuttering), orofacial disorders, voice disorders, and/or gerontology (working with the elderly), as well as accent modification for professional voice users and medical professionals.

It is estimated that one in ten Americans has a speech and/or language disorder or swallowing problem because of stroke, head injury, cancer, a movement/muscle disorder, or neurological disorders such as multiple sclerosis or Parkinson's disease.

One such specialized program for the disordered speech and voice of Parkinson's patients is called The Lee Silverman Voice Treatment (LSVT®). This intensive four-week program, originally designed for Parkinson's patients, is offered on an outpatient basis, and additionally addresses other neurological disorders which affect the voice, as in individuals who have suffered strokes and multiple sclerosis.

The field of Speech Pathology has grown over the decades into a medical model for treating a multitude of medical disorders.

Before a patient can participate in the LSVT® program, he or she must be evaluated by the Ear, Nose and Throat physician (ENT). This evaluation usually involves an endoscopic evaluation in which the physician views the vocal cords with a flexible scope that has a camera on the end, which is inserted through the nose and down the throat to view from above. During the evaluation, the ENT may ask the patient to speak and/or sing to observe any structural/physical abnormalities as well as vocal cord movement and function. After the ENT evaluation, the patient can then be evaluated by the Speech-Language Pathologist.

The LSVT® is considered the first effective treatment established for individuals with Parkinson's Disease and other neurological disorders. The LSVT® improves both the voice and speech of individuals with Parkinson's disease. Treatment focuses on improving loudness and immediate carryover into daily communication, which enables patients to maintain and/or improve their oral communication. Approximately 80 percent of patients maintain treatment improvements for 12 to 24 months post-treatment. After the program is completed, videos are available from the LSVT® Foundation for patients to continue the exercises at home.

If you or someone you know is interested in obtaining more information about speech pathology or the LSVT® program, you may contact the Speech Pathology Department at (585) 396-6057.

Stroke Rehabilitation *continued*

Thompson Health's Emergency Department is very familiar with the sudden onset of neurological symptoms such as:

- Weakness or numbness on the same side of the body
- Confusion, trouble talking, or difficulty understanding speech
- Visual deficits
- Dizziness, loss of balance or coordination
- Severe headache with an unknown cause

Once the patient is diagnosed with having a stroke, the rehabilitation process begins. At Thompson Hospital, a New York State Designated Stroke Center, there are several specially-trained clinicians who have attended continuing education courses specializing in stroke education, prevention and rehabilitation. The rehab team consists of members from Physical, Occupational and Speech therapy, along with consultants from Nutrition Services, Spiritual Care, Social Work/Case Management and more.

Rehabilitation is most effective when a multi-disciplinary team approach is used to formulate an individualized treatment plan. Each therapist evaluates the patient and formulates a treatment specific to his or her needs.

The Speech Pathologist evaluates swallowing, cognition and speech, just to name a few. The speech pathologist performs a bedside swallowing evaluation to assess the patient's ability to swallow without difficulty. The swallowing evaluation is necessary to assess for aspiration, which could lead to pneumonia. An objective measurement used to assess swallowing is the Modified Barium Swallow (MBS). It is considered the "gold standard" in the field of speech pathology. The MBS takes a video as the patient swallows and can show all the stages of the swallow. Communication can be affected depending on the area of the brain where damage occurred. The patient's ability to speak, understand words spoken to them, and sequencing and organizing of thoughts are just a few areas that the speech pathologist can help address. We are very

fortunate at Thompson Health to have a speech pathologist available to evaluate the individual needs of the patient.

The Physical Therapy department has several clinicians who have attended continuing education classes specific for neurological evaluation and treatment. The therapists use their knowledge and skills to assist the patient in regaining strength, functional mobility and

balance. In the inpatient setting they work on bed mobility, transfers, balance, ambulation and exercise. Physical therapists also recommend proper adaptive/assistive equipment to improve safety and function. If the patient has experienced only minimal damage or deficits, they may be deemed safe to return home by the team. These patients may require further therapy at home or in our outpatient clinic. If the patient has more extensive damage or deficits, then the PT may recommend short-term

rehabilitation prior to returning home. Thankfully, we have a qualified team of clinicians in our rehab center at the M.M. Ewing Continuing Care Center.

The Occupational Therapy department at Thompson Health also has many things to offer. They assist in positioning, activities of daily living, family education and adaptive equipment training. They are involved with the rest of the stroke team and with family training as needed. The OT team also works to improve strength, visual deficits and range of motion. It is not unusual to find the therapies working together to find the most beneficial treatment to meet the specific needs of the patient.

The treatment strategies used to promote movement, balance and coordination in stroke patients vary. Some therapists believe the brain has the ability to reorganize and form new neural connections as a result of experience. This theory is called plasticity and is believed to occur in normal activities after the insult to the brain.

The rehab team consists of members from Physical, Occupational and Speech therapy, along with consultants from Nutrition Services, Spiritual Care, Social Work/Case Management and more.



Front row: Carole Drake, MSPT; Annie Varney, PTA; Jill Case, OTR/L; Lou Chappelle, PTA. Back row: Lindsey Holtz, DPT; Eileen Hancharik, PT; Amy Chirdon, PT; Cheri Sidoti, PT. Not pictured: Gineen Magiera, SLP.

The team of Carr and Sheppard speculated that "part versus whole" treatment would be effective in retraining the brain. They dissected an activity into several parts and first practiced pieces of the activity. Next, they slowly practiced putting the pieces back in the correct place. Eventually the activity could be performed as one without verbal or manual cues.

Stimulating various nerves that innervate muscles can also assist in regaining movement in a flaccid or weak extremity. Several methods can be used, such as electric stimulation to give the nerve a quick shock which may innervate the muscle to illicit a response. The more primitive ways of nerve and muscle stimulation include icing (simply find the motor point and rub ice on the area and hopefully this will give a muscle contraction or small amount of movement). Treatments such as tapping, deep touch and vibration can also be used.

The Bobath (NDT) treatment is based on normal movement patterns and functional movements. It uses three ways to facilitate movement: 1) weight-bearing to inhibit or facilitate tone, 2) aligning and promoting

symmetry in the body and 3) guiding normal movement patterns.

The primary goal of the rehabilitation team is to engage stroke patients in daily life activities, increase occupational and physical performance, resume roles, increase the quality of life and promote a safe and healthy environment.

Thompson Health has qualified therapists in the inpatient, sub-acute and outpatient areas. Our stroke rehab team has also been involved in teaching the nurses and inpatient staff in proper handling techniques for a person who has had a stroke. In addition, we have formed a support group for stroke survivors and their families. Its first meeting was held in early September.

Please feel free to contact Amy Chirdon, PT, or Cheri Sidoti, PT, at any time at (585) 396-6050 with concerns or questions regarding stroke education, prevention and treatment.