



The down low
What to know



iPain
Avoid tablet injury

**MEDIA
PLANET**

September 2011

PHYSICAL THERAPY

“When a patient begins treatment with a PT early, their overall health care costs are lower.”

Dan Rootenberg, DPT, CSCS

CARE FOR YOUR

BODY

TAKE ACTION
NOW

ACHIEVE YOUR GOALS

How emerging technology is helping Colby Helffrich,
a partial-hand amputee, accomplish his dream of
becoming a physical therapist

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CHALLENGES

No matter what hurts, **a physical therapist can help.**
But skyrocketing co-pays prohibit and discourage many
from accessing the care they need.



Moving for change

Chances are you've heard of physical therapists, but what you probably didn't know

is that physical therapy is a cost efficient care that can improve your quality of life by helping you avoid surgery, unnecessary prescriptions and doctor visits, and prevent future injuries. The fact of the matter is physical therapy is one of the most effective services for a multitude of injuries and pains, but current health care reform and upsets with co-pays are making it difficult for people to access this care.

An uphill battle

New York is a "direct access" state, meaning you don't need a doctor's referral to see a PT. Most insurance plans provide coverage for physical therapy, but a recent trend of excessive co-pays has limited access for patients. The reality is insurance carriers set a "maximum allowable" for each visit. The

co-pay is carved out of that visit and insurance pays the balance. Let's say your maximum allowable is \$50; that means you're paying \$40 and your insurance provider is shelling out \$10.

Providers in New York consider physical therapists "specialists," grouping them in with the likes of cardiologists and neurologists, but this has serious financial ramifications.

Consider this: While a patient may visit their cardiologist a few times a year, seeing a PT for a back injury requires multiple visits every week. And at \$40 per visit, that adds up pretty quickly.

The outcome? Patients stop treatment before they're healed, or in some cases never start. But when the problem persists, they're forced to seek out invasive and expensive interventions such as surgery because insurance will cover that. So what do we do?

Moving forward

In an effort to remedy the situ-



Matthew Hyland PT, PhD, MPA, CSCS
President of the New York Physical Therapy Association
PHOTO: NANNETTE HYLAND, PT, PHD

NEED TO KNOW

- 1** New York, along with 45 other states, has direct access to physical therapy services for the first 10 visits or 30 days of treatment.
- 2** Most PTs are "in-network," but because of the high co-pays and insurance issues, many clinics choose to remain out of network.
- 3** Practitioners other than physical therapists who say they are providing "physical therapy" or "physiotherapy" are misrepresenting themselves to the public.

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ation, groups like the New York Physical Therapy Association have been lobbying on behalf of patients. There's currently a bill with the New York State Senate to bring an end to this practice of excessive co-pays and to ensure broad access to the full spectrum of physical therapy services.

Change is on the way, but it may take a while before you feel the difference in your wallet.

In the meantime, riddle this: Regardless of co-pay, three major studies show that when a patient begins treatment with a PT at the first sign of injury, their overall healthcare costs are lower. No matter what happens on the Hill, the most important thing to remember is to listen to your body. If it hurts, don't be afraid to see a physical therapist. You, and your wallet, will feel better.

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**WE RECOMMEND**

Colby Helffrich
embraces
an emerging
technology to
achieve his goals

PAGE 4

"Most people have no idea about electric fingers. Everyone's surprised and fascinated!"

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INSIGHT

A JOINT EFFORT

TIP

2

MD TO PT:
GET THEM
TALKING

Question: How will patients get the best care when they need the help of several specialists?

Answer: By creating communities where healthcare professionals from different concentrations can collaborate.

On the surface, repairing an injury like a torn rotator tendon seems straightforward: the patient has arthroscopic surgery and soon is back to playing tennis. But in truth, the journey from diagnosis to recovery may involve more disciplines than just your primary physician.

Let's call this patient John. Initially, he will see his primary doctor for diagnosis and surgical repair. After recovering from surgery, John will require the expertise of a physical therapist for several months to regain use of the shoulder and reduce any pain. The transition from physician to physical therapist is critical to the success of treatment, but once therapy is complete,



Edmond Cleeman, M.D.
Assistant Clinical Professor Mount Sinai Hospital, TRIARQ Founding Partner

John may require the ongoing care provided by Pilates instructors, massage therapists, athletic trainers, and acupuncturists. But how will he know what's best?

Start talking

Historically, there has been limited communication or coordination of care amongst these groups; healthcare professionals have existed in separate silos, each specialty with its own experiences, culture and scientific literature. Patients require the skill and care of multiple disciplines to get well, but in addition, those professionals need to agree on one course of treatment. Success requires a continuity of care and collaboration, and that requires communication.

Physicians and therapists need to be on the same page. A physical therapist needs to

understand the principles of fixing a rotator tendon and how these may impact what they can do with the patient in their clinic. Likewise, the surgeon needs to understand what the therapist is able to do and how it may benefit their patient, as well as which therapy treatments should be implemented for each specific case.

The prognosis

Caring for a patient is a team effort. Through the creation of cross discipline communities, healthcare professionals from several specialties learn from each other and collaborate on research, education and treatments. By encouraging PTs to spend time in MD offices and operating rooms, and encouraging MDs to learn more about alternate treatments, professionals will understand, and begin to develop, the best possible treatment for every patient.

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LISTEN UP
Doctors and PTs are beginning to build treatment plans together.

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INSPIRATION

Question: How did a partial hand amputation effect Colby Helffrich's career path?

Answer: It reinforced his decision to become a physical therapist because he could empathize with his patients.

A future within grasp

LEADER TO LEADER

At 21, Colby Helffrich was a typical college student. Then an accident on March 26, 2009 changed his life.

"I was struck as a pedestrian by a train," he says. "It resulted in my left hand being partially amputated."

Only Helffrich's palm and his thumb remained. He also broke his ribs, his clavicle and bones in his back. He was hospitalized for a month before going to a rehabilitation hospital for another month.

"At first it was shocking and depressing," says Helffrich who wanted to be a physical therapist even before the accident. "I

didn't know what would happen—could I be a physical therapist? Or what could I still do?"

Embracing technology

Then Helffrich found out he could be a candidate for a prosthesis, an artificial device to replace his missing fingers.

"His level of amputation is really difficult," says Helffrich's prosthetist, Rob Dodson, a Certified Prosthetist Orthotist. "The challenge has always been the size of the components."

Helffrich was fitted with a high tech prosthesis, where each finger has a different processor and electrodes touch the palm of his hand.

"I flex and contract that mus-

cle and the electrode picks it up and sends an impulse," he says. "It responds very quickly."

Feeling grateful

Helffrich is one of the first patients to use this new technology. As a former high school football player, he's grateful his prosthesis helps him enjoy several activities like shooting pool and daily activities as well.

"My main thing is to carry two things at once, like carrying a plate and a glass," he says, noting he wears his prosthesis for about eight hours a day.

Since Helffrich is an adult, he won't outgrow this prosthesis, but it will need maintenance and it must be charged daily. He



Innovative prosthetic technology
Individually articulating electronic fingers are a break-through in prosthetic technology.

PHOTO: COURTESY OF ADVANCED ARM DYNAMICS

also has a silicone glove to cover the amputation, which he can wear anytime he's not using his prosthesis.

"Most people had no idea about electric fingers," he says.

"Everyone's surprised and fascinated by me!"

Pursuing his passion

Nowadays, Helffrich is fulfilling his dream by studying to be a physical therapist, a program he's set to complete in 2014.

"I think the perspective will give me much more empathy," he explains. "I realize how different things are. I'll be able to be patient with people because I've been there."

Dodson is proudly watching Helffrich's progress too: "The fact he's getting into physical therapy school as an amputee is exciting!"

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NEWS



NEWS IN BRIEF

Make a splash!

Aquatic therapy is a lot like traditional physical therapy with one exception—it's done in the water!

■ **Why water?**

"You weigh less in water," says Charlotte Norton, DPT, ATC, CSCS. "You're able to work on functional activities sooner than what you can tolerate on land."

■ **What it treats**

The therapy, which can improve strength, balance, flexibility and range of motion, treats many conditions including multiple sclerosis and fibromyalgia.

"As soon as they get in the water, they're free," says Aaron Huppert, PT, Cert MDT. "Often, we see incredible progress."

■ **What to know**

A doctor prescribes the treatments, which must be administered by physical therapists. Each session lasts about 30 minutes to an hour. Most patients see benefits in the first few sessions.

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THE DOWN LOW ON THE 'DOWN THERE'

Here's an unsettling fact: one in five adults, many in their 30s and 40s, suffers from pelvic floor dysfunction, but few know it and fewer want to talk about it.

Not sure what that is? Much like it sounds, the pelvic floor refers to muscles at the base of your abdomen that form a sling from the pubic bone to the tailbone and control bladder, bowel, and sexual functions. And turns out it needs a lot of love.

Often ignored or misdiagnosed as urinary tract infections or prostatitis, problems with pelvic floor muscles can be extremely disruptive, even in the bedroom. These muscles can be agitated by something as common as poor posture or something as colossal as childbirth.

Once these muscles are inhibited, a number of embar-

assing problems can arise. And according to Amy Stein, MPT, "there's a good chance you'd never think twice about the milder symptoms."

When you've got to go

Similar to pulling a muscle in your leg, harmed pelvic floor muscles lose partial if not all function. If you've ever had pain during sex or that constant urge "to go", if you've ever leaked a little when you laugh or sneeze or had prolonged difficulty achieving orgasm, listen up: it's not normal. But you can do something about it.

Advancements in physical therapy can treat pelvic pain and dysfunction, something medication and surgery can't. Depending on the type of injury, a skilled physical therapist will offer a regimen of exercises to elongate and stabilize those muscles. Treat-



"If you are suffering from unexplained low back or pelvic pain there is hope, and physical therapy is the answer."

Amy Stein, MPT

Author of *Heal Pelvic Pain* and board member of the International Pelvic Pain Society

ments can range from "myofascial trigger point release" to the infamous Kegels.

When in doubt, work it out

If the idea of incontinence is enough to make you weak in the knees, don't fret. Ann Duffy, MA, PT, assures that "For most patients, a few treatments are enough to get them well on their way."

The most important thing to remember is be proactive; the sooner you can treat the problem, the better off you'll be.

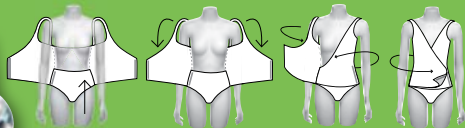
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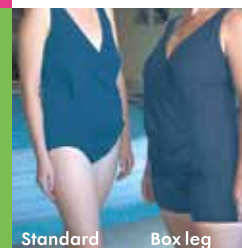
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Happy feet

Stand on almost any corner in Manhattan, and chances are you'll hear a woman complaining how much her feet hurt. It's no secret that New Yorkers walk more often, and faster, than almost any other city, but we're doing all that walking in shoes that are killing our feet, knees, and hips.

"It's important to put our feet in shoes that work for us not vice versa," says Ann Duffy, MA, PT. "Far too many foot problems are caused by the choice between a fashionable and functional shoe."

The message is all too familiar, but when style cannot be compromised, what's a shoe lover to do?

Physical therapists like Ann

Duffy and Tamar Amitay, MSPT know that women of New York need real, style-conscious solutions. So the next time you're on the prowl for a pair of killer kicks, keep these tips in mind.

■ Look for shoes at end of the day when your feet are their largest.

■ Shoes should be comfortable in store. You can't "break them in."

■ Platforms help absorb the shock, and fortunately are "in". Look for a 1 to 2 inch platform in 4 inch heels.

■ Rubbery soles are best, but few shoes have them. Your cobbler can add an unnoticeable one for minimal cost.

■ Thicker heels and wedges decrease stress at the heel and be much more comfortable throughout the day - and night.

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iPAIN

Smart phones and tablets, as well as laptop and desktop computers are essential tools in the modern world. But the technology can cause strains and pains.

■ Common tech injuries

Tech users often get Repetitive Stress Injuries, known as RSI which can develop over weeks and months from overuse of certain muscles and joints.

One of the most common RSI? "I call it texting thumb," says physical therapist Melody Bautista, CLP, CKTP. "They get it by overusing the thumb, which can damage it."

■ Symptoms

Symptoms of a technology-induced injury include joint pain and swelling, numbness and dif-

ficulty gripping.

Tech users can also develop shoulder, neck and elbow pain because of overuse or improper use of devices such as cell phones and computers. Bautista advises tech users to avoid bad posture, and craning of the neck.

"If you keep injuring it over and over again, it can lead to another injury like carpal tunnel and when you get older, arthritis," says Bautista who recommends a five minute break for every 30 minutes of tech activity.

■ Treatments

Conservative treatments include resting and icing the injury every day. If a tech injury doesn't improve, other treatments are available, such as splints and steroid injections.

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DON'T MISS!

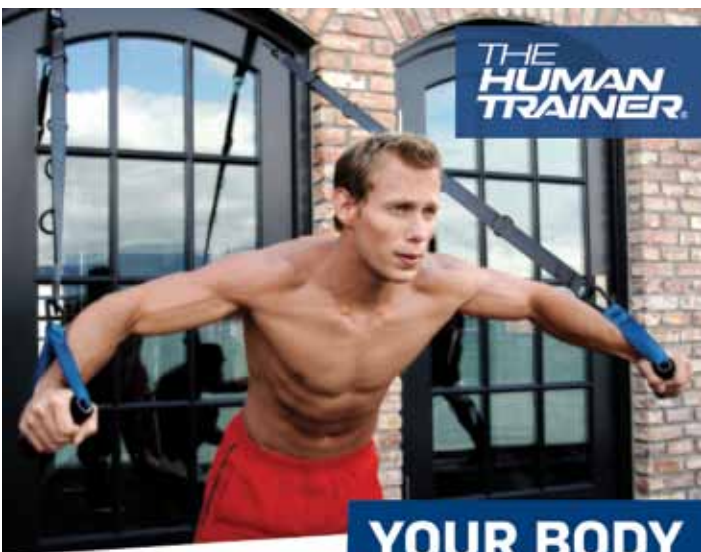
ON THE GO? TRY THIS!

The average New Yorker commute is about 40 minutes. It's no surprise many of us have neck, back and shoulder aches. We're all familiar with the fight for a seat, but once sitting are we doing it right? Try this head-to-toe checklist:

- Look straight ahead
- Neck upright
- Shoulders & hip aligned
- Keep your chest open
- Engage your core
- Both feet flat on the floor

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NEED TO KNOW

DON'T IGNORE PAIN

As New Yorkers, we're always on the go. Whether we're dancers or actors, bartenders or waiters, running from meetings or at the gym, repeating the same movement over and over can create repetitive stress injuries.

Untreated, these can lead to bone fractures, muscle strains, and ligament sprains, which is enough to slow down anyone on the go. The key to avoiding injury is simple: once you start feeling pain, it's time to stop.

PTs can help prevent further injuries by working to improve your flexibility and strength and enhancing your body mechanics. It's a worthwhile step in the right direction.

HECTOR LOZADA, PT


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