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Orthopedic Manual Therapy Seminars Newsletter

Fall is in the air

Dear James,

The fall is underway here in Virginia and the leaves are hinting about the winter months about to come. Change is in the air. Is change in the air in your professional life or in your day to day interaction with your patients?

I just returned from the annual American Academy of Orthopedic Manual Physical Therapist in Salt Lake City, Utah. The setting was truly inspiring and the presentations were incredible. Read on in the following article

The American Academy of Orthopedic Manual Therapists (AAOMPT) annual meeting was over the third weekend of October every year. This organization is the recognized member of the International Fellowship of Manual Therapists (IFOMT). The meeting was attended by close to 300 hundred therapists from across the US and Canada. The keynote speakers this year were Gwen Jull, PT from Australia and Jim Meadows from Canada. The theme of this years conference was the cervical spine. Next years conference with be the 3rd weekend in October and will feature Shirley Sahrman and possibly Jenny McConnell. The conference will be held in Charlotte, NC.

Multimodal Treatment for Whiplash Associated Disorders

Dr. Gwendolyn Jull

The talk by Dr. Jull was on the research that has been done at the Whiplash Research Unit at the University of Queensland in Brisbane, Australia. She also reviewed some of the other current research related to Whiplash Associated Disorder (WAD). Dr. Jull stated that the criteria for classification may be too broad, with WAD II being composed of a broad spectrum of patients, who also are being seen for therapy.

PROPOSED CLINICAL CLASSIFICATION OF WHIPLASH- ASSOCIATED DISORDERS Grade

Clinical Presentation 0 No complaint about the neck No physical sign(s)

I Neck complaint of pain, stiffness or tenderness only No physical sign(s) **II** Neck complaint AND - Musculoskeletal sign(s)
a III Neck complaint AND - Neurological sign(s)
b IV Neck complaint AND - Fracture or dislocation
a Musculoskeletal signs include decreased range of motion and point tenderness. **b** Neurologic signs include decreased or absent deep tendon reflexes, weakness, and sensory deficits. Symptoms and disorders that can be manifest in all grades include deafness, dizziness, tinnitus, headache, memory loss, dysphagia and temporomandibular joint pain.

Dr Jull's analysis of the current literature suggests a few things: 1. WAD causes increased levels of pain/distress. 2. Similar movement & motor dysfunctions: specifically ROM loss and altered neuromuscular control as measured by the Craniocervical Flexion Test. These changes are similar in WAD and idiopathic neck pain but the symptoms are worse in WAD. 3. Sensory dysfunction: which includes pain pressure threshold (PPT) and cold pain threshold (CPT) the research shows greater changes in WAD The main thrust of Dr. Jull's presentation was on an article published in Pain entitled "Physical and psychological factors predict outcome following whiplash injury." (Sterling et al.) This article discusses much of the recent research utilizing motor, sensory and psychological measures within the biopsychosocial model to predict outcome (persistent pain and disability) in WAD II with long term followup .

Hypotheses tested in the study was multimodal PT more effective than self management in reducing pain and neck disability in chronic WADII. This was a clinical trial with an n=71 with patients categorized by their score on the Neck Disability Index into moderate/severe, mild/moderate, and recovered. Outcome measures used were the TAMPA Scale of Kinesiophobia, General Health Questionnaire 28 (GHQ-28), and the Impact of Events Scale (IES) which is a measure of subjective stress related to a specific life event. The results of the study suggest that there was a significant impact with multimodal PT in chronic pain patients in the pain and disability. Other results indicated that the motor function as measured by the CCFT without feedback did not improve in home program. Overall, the psychosocial scores decreased. Pain hypersensitivity as measured by cold pain threshold showed less change with treatment which may indicate the need for other interventions. The study did show that multimodal treatment had a significant effect on the level of mechanical hyperalgesia as measured by PPT.

Sterling et al were able to show the predictors of poor outcomes at 6 months remained the same at 2 years. the factors On initial evaluation were:

1. Elevated NDI
2. Decreased ROM
3. CPT
4. IES (post traumatic stress)

Multimodal treatment pragmatic approach to therapy would be effective in treatment of these patients. Dr Jull suggests early identification of these patients to eliminate chronic dysfunction.

Clinical identification of sensory deficits: neurological exam document symptoms: pain , quality, irritability, sleep disturbance Alloynia, hyperalgesia, pain with light touch can be measured by a small pressure alogometer Cold hyperalgesia Autonomic disturbances

The Management Multimodal approach

1. Explanation/assurance
2. pain management a. manual therapy b. medication c. electrophysical modalities(adjunct)
3. Therapeutic exercise a. Stabilization-motor control b. Proprioception c. Strength/endurance
4. Ergonomics

Reference List Sterling, Michele, et al. "Physical and psychological factors predict outcome following whiplash injury." Pain 114.1-2 (2005): 141-48.

3rd Annual Runner's Conference at University of Virginia

James Bezell

Mark your calenders for March 31, April 1 and 2, 2006



The Third Annual Runner's Conference held in conjunction with the Charlottesville 10 miler will be held at the University of Virginia this spring. Robert Wilder, MD, co-author of the Textbook of Running Medicine, will be heading the list of presenters. This is an informative conference held in conjunction with the Charlottesville 10 Miler every year.

This year's focus is on Health and Human Performance. More course and registration information can be found at www.cmevillage.com

[CMEVillage.com](http://www.cmevillage.com)

Long Term Course Offering to change

James Bezell

Residency to be offered thru Healthsouth

The Long Term Manual Therapy course will not be offered in its' previous format as Healthsouth is in the development of a residency that will hopefully include the University of Virginia-Healthsouth clinic and a site in Richmond. The residency will be a one year combination of weekend courses, didactic presentations, and clinical mentoring time. The design of the residency is to prepare the resident for the Orthopedic Clinical Specialist examination.

Orthopedic Manual Therapy Seminars will potentially be offering a 4 weekend seminar with emphasis on the axial skeleton including shoulder and lower quarter differentiation in the Northern Virginia area. Look for an announcement in the near future

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