

**From:** James Bezell <jamesbezell@orthopedicmanualtherapyseminars.com>

**Subject:** News from Orthopedic Manual Therapy Seminars

**Reply:** jamesbezell@orthopedicmanualtherapyseminars.com



[\[View HTML Version\]](#) [\[View Text Version\]](#)

 [View Printable Version](#)

June 2005

## Orthopedic Manual Therapy Seminars Newsletter Newsletter Subtitle

**Dear James,**

OMTS hopes that you are enjoying your summer and wants to let you know about some exciting things that will be happening beginning this fall

We have seen some new and interesting research that has been published in the past few months regarding the use of Real Time Ultrasound. We will highlight a few of these articles this month.

Once again we are pleased to announce that we have a staff position open. Read on to look at the particulars of the position.

## UVA Healthsouth Job Opening

James Bezell

**Charlottesville top city in USA!!!**



Dynamic evidence-based practice needs physical therapist to join practice here at UVA-Healthsouth sportsmedicine and Rehabilitation. Staff includes Two Fellows in American Academy of Orthopedic Manual Physical Therapy both of whom are Orthopedic Clinical Specialists certified by the APTA. Close working relationships with Orthopedics, Physical Medicine and Rehabilitation, Pain Management, and UVA Sportsmedicine

Doctoral Program. Research and residency/fellowship opportunities available. Please contact James Bezell if you are interested at 434- 243-0311 or at james.bezell@healthsouth.com.

## RTUS

James Bezell

**The use of ultrasound imaging of the abdominal drawing-in maneuver in subjects with low back pain**



J Orthop Sports Phys Ther. 2005 Jun;35(6):346-55. Related Articles, Links . Teyhen DS, Miltenberger CE, Deiters HM, Del Toro YM, Pulliam JN, Childs JD, Boyles RE, Flynn TW. Center for Physical Therapy Research, US Army- Baylor University Doctoral Program in Physical Therapy, San Antonio, TX, USA. deydre.teyhen@amedd.army.mil STUDY

**DESIGN:** Randomized controlled trial among patients with low back pain (LBP).

**OBJECTIVES:** (1) Determine the reliability of real-time ultrasound imaging for assessing activation of the lateral abdominal muscles; (2) characterize the extent to which the abdominal drawing-in maneuver (ADIM) results in preferential activation of the transverse abdominis (TrA); and (3) determine if ultrasound biofeedback improves short-term performance of the ADIM in patients with LBP.

**BACKGROUND:** Ultrasound imaging is reportedly useful for measuring and training patients to preferentially activate the TrA muscle. However, research to support these claims is limited.

**METHODS AND MEASURES:** Thirty patients with LBP referred for lumbar stabilization training were randomized to receive either traditional training (n = 15) or traditional training with biofeedback (n = 15). Ultrasound imaging was used to measure changes in thickness of the lateral abdominal muscles. Differences in preferential changes in muscle thickness of the TrA between groups and across time were assessed using analysis of variance.

**RESULTS:** Intrarater reliability measuring lateral abdominal muscle thickness exceeded 0.93. On average, patients in both groups demonstrated a 2-fold increase in the thickness of the TrA during the ADIM. Performance of the ADIM did not differ between the groups.

**CONCLUSION:** These data provide construct validity for the notion that the ADIM results in preferential activation of the TrA in patients with LBP. Although, the addition of biofeedback did not enhance the ability to perform the ADIM at a short-term follow-up, our data suggest a possible ceiling effect or an insufficient training stimulus. Further research is necessary to determine if there is a subgroup of patients with LBP who may benefit from biofeedback.

We are currently utilizing RTUS to validate abdominal muscle strength testing and as a visual feedback with low back pain patients.

## Adverse Reactions to Chiropractic Care

James Beazell

### Frequency and clinical predictors of adverse reactions to chiropractic care in the UCLA neck pain study.

This recent article in *Spine* highlights the adverse reactions due to chiropractic manipulation of the cervical spine. The exact manipulations are not delineated but supposedly had minimal extension and rotation components according to the authors. The suggestion is to utilize mobilization as opposed to manipulation. Hurwitz EL, Morgenstern H, Vassilaki M, Chiang LM. Department of Epidemiology, UCLA School of Public Health, Los Angeles, CA 90095-1772, USA. ehurwitz@ucla.edu

**STUDY DESIGN:** Randomized clinical trial. **OBJECTIVES:** To document the types and frequencies of adverse reactions associated with the most common chiropractic treatments for neck pain, and to identify possible clinical predictors of adverse reactions to chiropractic treatment. **SUMMARY OF BACKGROUND DATA:** Chiropractic care is frequently sought by patients for relief from neck pain; however, adverse reactions related to its primary modes of treatment have not been well examined. **METHODS:** A total of 336 patients with neck pain presenting to 4 southern California health care clinics were randomized in a balanced 2 x 2 x 2 factorial design to manipulation with or without heat, and with or without electrical muscle stimulation (EMS); and mobilization with or without heat and with or without EMS. Discomfort or unpleasant reactions from chiropractic care were self-assessed at 2 weeks after the randomization/baseline visit. **RESULTS:** Of the 280 participants (83%) who responded, 85 (30.4%) had 212 adverse symptoms as a result of chiropractic care. Increased neck pain or stiffness was the most common symptom, reported by 25% of the participants. Less common were headache and radiating pain. Patients randomized to manipulation were more likely than those randomized to mobilization to have an adverse symptom occurring within 24 hours of treatment (adjusted odds ratio [OR] = 1.44, 95% confidence interval [CI] = 0.83, 2.49). Heat and EMS were only weakly associated with adverse symptoms (heat: OR = 0.94, 95% CI = 0.54, 1.62; EMS: OR = 1.09, 95% CI = 0.63, 1.89). Moderate-to-severe neck disability at baseline was strongly associated with adverse neurologic symptoms (OR = 5.70, 95% CI = 1.49, 21.80). **CONCLUSIONS:** Our results suggest that adverse reactions to chiropractic care for neck pain are common and that despite somewhat imprecise estimation, adverse reactions appear more likely to follow cervical spine manipulation than mobilization. Given the possible higher risk of adverse reactions and lack of demonstrated effectiveness of manipulation over mobilization, chiropractors should consider a conservative approach for applying manipulation to their patients, especially those with severe neck pain.

Include articles on topics of interest to your readers, relevant news and events.

## Long Term Course

## Potential Start Date in January

Based on the Maitland Concept of Examination and Treatment The long-term course provides clinicians the opportunity to develop a framework and a mechanism to learn from every patient encounter. This will help the participant be able to practice in a more efficient and focused manner through the development of clinical skills and a clinical thought process. There will be opportunity to review often and go at a pace that will accommodate all participants. The instructor to student ratio (1:12 at most), multiple repetition of exam procedures and treatment techniques during many different scenarios, the opportunity to practice clinical reasoning skills often and in a variety of methods will assist in improving retention. Case studies assist with clinical pattern formation along with the ability to eclectically integrate other approaches, and to use student expertise to enhance the course. Technique quizzes on an ongoing basis for feedback. The students will be required to do one mentoring day per month with one of the instructors beginning after the fourth month.

### ***Excellent tool to prepare for Orthopedic Specialty Certification Exam through the APTA.***

Goal: Provide physical therapist with a comprehensive continuing professional education course. The course provides the physical therapist with tools to improve their examination, assessment, and treatment of the orthopedic patient based on the Maitland Concept.

#### Course Objectives

- Develop clinical reasoning skills necessary to help prioritize examination, assessment and treatment techniques. The same skills will help the therapist develop their ability to continue to monitor their own practice abilities.
- Be able to perform an effective and comprehensive subjective examination to perform and prioritize an objective examination.
- Develop hypothesis categories presented and identify the relative information associated with each category utilizing patient demonstrations and case studies.
- Be able to complete treatment-planning sheet based on patient demonstrations and case studies. Also, be able to implement the plan in an examination, treatment and reassessment of the patient.
- Perform complete physical examination for the cervical spine, thoracic spine, lumbar spine and nervous system as well as differentiation tests of the shoulder, elbow, hip, knee, foot/ankle and nervous system.
- Perform passive mobilization techniques presented utilizing the grades of movement (Maitland 2001) for all areas noted in the previous objective.
- Perform PNF evaluation and treatment techniques related to all areas of examination noted above.

- Demonstrate an understanding of when to integrate the use of active and/or passive techniques in managing the patient both clinically and with a functional home program.

**Primary Instructors:**

1. Jim Beazell, MS, PT, OCS, FAAOMPT, ATC
2. Eric Magrum, PT, OCS, FAAOMPT
3. Myra Pumphrey, PT, OCS, FAAOMPT, ATC

**Dates:** 10 weekends, 1 weekend/mo, starting in January, 2006

**Contact Information**

email: [jamesbeazell@orthopedicmanualtherapyseminars.com](mailto:jamesbeazell@orthopedicmanualtherapyseminars.com) **Join our mailing list!**

[Forward email](#)


 **Safe Unsubscribe™**

This email was sent to [jamesbeazell@orthopedicmanualtherapyseminars.com](mailto:jamesbeazell@orthopedicmanualtherapyseminars.com), by [jamesbeazell@orthopedicmanualtherapyseminars.com](mailto:jamesbeazell@orthopedicmanualtherapyseminars.com)  
[Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

Powered by



Orthopedic Manual Therapy Seminars | 117 Bollingbrook Drive | Charlottesville | VA | 22911

 close window