



New expanded
Physical Therapy hours!
7am – 7pm
Tues & Thursdays

Rehab Rounds

Redington-Fairview General Hospital
46 Fairview Ave, Skowhegan, ME 04976

Rehab & Fitness Services
(207) 474-7000 FAX 858-4772

Vol 3-2

Spring 2010

Physical Therapy

Occupational Therapy

Speech-Language
Pathology

Aquatic Fitness

Athletic Training

Personal Fitness



Referral
Information:
207-474-7000
Fax 207-858-4772

Prompt appointments
Flexible times
Quality care

Outpatient Clinic &
Pool Facilities:

Mon & Wed 7-5pm
Tues & Thurs 7-7pm*
Friday 7-4pm

*** late PT appointments start in May, 2010!**

Call for special class
and swim lesson times
and schedules.

Complex Regional Pain Syndrome

Complex Regional Pain Syndrome (CRPS), also frequently known as reflex sympathetic dystrophy (RSD) or causalgia, is a chronic pain condition described as “an array of painful conditions that are characterized by a continuing (spontaneous and/or evoked) regional pain that is seemingly disproportionate in time or degree to the usual course of any known trauma or other lesion.” (Harden, 9) Complex regional pain syndrome is broken down into two main types: **Type I** which does not include nerve damage, but rather is a chronic nerve disorder; and **Type II** which involves a noted injury to a nerve.

CRPS arises after an injury. It can come from injuries such as spraining an ankle; breaking a bone; surgery; a heart attack; slamming a finger; getting a splinter; or bruising an arm or leg. There are individuals who are diagnosed with CRPS who are unable to identify a specific injury precipitating the onset of symptoms. The impetus appears to be a normal sympathetic reaction to the insult, and rather than one's body/sympathetic system slowing down after the insult, the sympathetic system remains active if not hyperactive. The impulses that have triggered the sympathetic nervous system to act appear to establish a cycle of pain and swelling. Women are three times more likely to be diagnosed with CRPS than men, and the age span that a person is usually affected is between the ages of 35 and 60 although there are an increasing number of young adults being diagnosed with this disorder.

Diagnosis of this disorder is often difficult. The cluster of symptoms that a medical practitioner may be looking to observe in order to come

to this diagnosis may include a history of trauma; pain that is disproportionate to their injury; burning/aching; changes in sensation such as hypersensitivity; differing temperatures between extremities; differing color presentation between extremities; swelling; sweating; decreased range of motion; stiffness; nails becoming brittle and increasing in growth rate; shiny tight skin; or osteoporotic process.

Early diagnosis is important in order to work towards prevention of muscle wasting, excessive loss of function, and contractures.

Legs, arms, hands, and feet are the most frequently diagnosed area of impact, but this disorder is not limited to these areas with one's trunk and even internal organs having been diagnosed with this disorder. Progression of this illness may include the pain spreading up the extremity or to the opposite extremity (mirror image), as well as possibly to all extremities.

There are several strategies for the management of CRPS. The majority of emphasis is on functional restoration and an interdisciplinary approach to treatment. Medical management, psychological interventions, nerve blocks, nerve stimulators, and **physical and occupational therapy are frequently utilized.** Surgical and experimental therapies including sympathectomy and motor cortex stimulation are continuing to be researched as to their effectiveness.

Due to the impact that such changes in one's function might bring about, it is not uncommon for an individual, if left untreated, to

progressively become more incapacitated; struggle maintaining good control of the pain; have sleep disturbances; depressive symptoms; lose a sense of meaning and purpose in one's life; and possibly experience suicidal thinking. The opportunity for Occupational Therapy to impact this experience is evident, not only in assisting with remediation of physical symptoms and deficits, but addressing the psychological impact of loss and change in self perception as well.

Occupational Therapy focuses on maximizing function within the context of this disease and may do so through the use of desensitization; edema management; activities to increase range of motion and strength; pain management strategies; activity modification; supporting the affected extremity; splinting; and education. Another treatment strategy involves the use of the dystrophile program which uses sustained muscle tension as a means for changing abnormal central nervous system activity. Other important components of treatment are weight-bearing and “heavy work” activities such as a scrubbing while weight-bearing.

As with other disease processes, it is important to remember that there may not be a cure for CRPS, but there are certainly a variety of strategies for management and for optimizing function within the limitations of a illness. Engaging in collaborative process, working in therapy, and maintaining healthy outlook are key.

- Kara Weisher, OT/L
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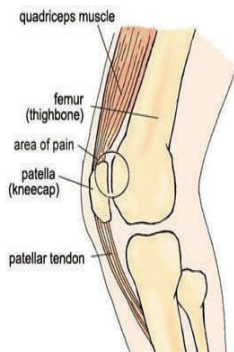
Harden, Norman Ed. (2006). Complex Regional Pain Syndrome: Treatment Guidelines Milford, CT. RSDSA Press.

Runner's Knee: Not just about running

You are kneeling in the garden, your knee hurts. Running around the track your knee hurts. Walking up stairs your knee hurts. Even sitting for extended periods of time, your knee hurts. You ask your self why? It may be time to relax for a while.

The softening and deterioration of the cartilage on the under side of the knee cap (patella) which acts as a shock absorber may be your answer. This condition is called chondromalacia or patellofermoal pain syndrome (PFPS).

The exact cause of PFPS is



unknown, but abnormal patella tracking is thought to play a major role. The patella normally moves up and down in a straight line over the femur by the thigh muscles (quadriceps). Abnormal tracking occurs when the



patella tracks towards the lateral (outer) side of the femur causing the underside of the patella to grind against the femur. This causes chronic swelling and pain. Generally in children and young adults, PFPS is caused by muscle weakness. For older adults, arthritis may be a cause when

the cartilage loses its shock absorbing ability. Other factors thought to contribute to PFPS include biomechanical abnormalities ("knock knees"); foot pronation; laxity in quadriceps tendon; poor training habits (excessive hill or stair work); trauma to the knee cap; and improper foot wear.

General signs and symptoms of patellofemoral pain syndrome include the following:

- A dull, achy pain in the front of your knee
- Recurrent swelling around your knee cap
- Increased pain going up stairs (most common)
- Pain with kneeling or squatting
- Pain after sitting with bent knees for extended periods of time
- A grinding or popping when you extend your knee

- Knee stiffness

The good news is that although patellofemoral pain syndrome (PFPS) is uncomfortable, it is usually short term and generally does not lead to arthritis. Basic treatment of PFPS consists of rest and ice. In addition, doctors recommend participating in low impact strengthening of the quadriceps muscles. Swimming, riding a stationary bike, and low impact aerobics are a few examples. Lower extremity stretching and the use of anti-inflammatory are also very important in the treatment of PFPS. Taping, bracing, and arch supports are other methods commonly used.

For more information, contact Scot Padelford, Athletic Trainer @ RFGH Rehab & Fitness Services, 474-7000 or email spadelford@rfg.net

Clinician Focus: Erin Farrar, OTR/L

Graduating in 2002 with an Master's Degree in Occupational Therapy from Alvernia University, Erin is a busy clinician, mother, and clinical coordinator for Rehab & Fitness Service's Occupational Therapy Programs. Born and raised in Pennsylvania, Erin moved to Maine with her husband in 2003 and came to work for RFGH. Under her leadership, Occupational Therapy has grown significantly



both in terms of clinical offerings, expertise, and talented personnel. Her OT team

now boasts 3 full-time OT's, and 3 full-time OT Assistants and has recently begun offering services to clients beyond the RFGH campus.

In addition to her experience in pediatrics, traditional acute care rehab, and upper extremity rehab, Erin is a Certified Lymphedema therapist establishing the first such service for RFGH patients who used to have to travel to Waterville or farther for such specialized therapy.

A tireless advocate for her profession, Erin's enthusiasm and dedication has been instrumental in establishing a vibrant occupational therapy program of which the RFGH community can take much pride.

