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Occupational Therapy  
Speech-Language Pathology  
Aquatic Fitness  
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- Orthopedic Injuries
- Stroke Rehab
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- Aquatic Therapy

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# Rehab Rounds

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

Rehab & Fitness Services  
(207) 474-7000; [www.rfgh.net](http://www.rfgh.net)

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## RFGH is BRACING For The Future

RFGH Rehab & Fitness Services is proud to offer two new orthopedic bracing options to our community who have either had an injury to their hands and arm or who are rehabilitating after surgery. One such option includes use of a new line of **Exos®** orthopedic thumb, hand, and arm braces – which represent the world’s first dry heat, fully customizable, adjustable, re-conformable, and waterproof splinting, casting, and bracing system. This revolutionary technology is



**Exos Short Arm Fracture Brace**

designed to dramatically change the clinical practices for external musculoskeletal support and stabilization. It consists of three layers of high tech polymers and foam that when laminated together create a lightweight matrix with features that have multiple benefits for practitioners and their patients. Exos products feature easy to use, clean, waterless application that does not require stockinette or cotton padding for application. They are simple to remove and

do not necessitate the use of messy, loud, often disturbing cast saws. Products are dry heated for 3 to 5 minutes for instant moisture free application —no messy water on the patient or surroundings; no resins or sticky substances or clean up required.

Another benefit to Exos braces are that they can be reheated several times, allowing the patient the benefit of a quick re-fit if the original application is not correct or if at a later date adjustments are required. Reheating and remolding Exos does not affect product durability and is safe and easy. In short, Exos products provide excellent stabilization for a variety of injury types with superior comfort for greater patient compliance.

For patients requiring customized bracing needs, Rehab & Fitness Services has recently added **Delta-Cast® Elite casting tape** to its inventory of specialized splinting and casting options. Delta-Cast offers all the strength, rigidity, and durability of a fiberglass tape yet it is fiberglass free. It is made of a polyester substrate that features extensible yarns. The casting tape shapes easily to body contours, providing superior molding capabilities for both primary and secondary casting applications. Delta-Cast® Elite is free of all slip additives which ensures maximum lamination for strong, long-lasting casts. These easy-to-use, fiberglass-free tapes



**Delta-Cast® Elite Casting Tape**

produce versatile, lightweight, and strong casts. They provide rigid and semi-rigid casting options for primary and secondary casting applications where patient fit, comfort, and compliance are critical. The tapes deliver excellent conformability and clear radiograph viewing, as well as soft edges for patient comfort. They have a 3 to 5 minute set time and are weight bearing in 20 to 30 minutes.

While excited to offer these two new bracing options, RFGH Rehab & Fitness Services continues to provide our patients specialized **thermo-plastic splints** and customized **dynamic bracing** options. Together with Exos® and Delta-Cast Elite® casting tape, the team of skilled therapists at RFGH Rehab & Fitness is well positioned to help with nearly any bracing or splinting need.

*For more information, contact RFGH Rehab & Fitness Services and ask to speak with one of our Occupational Therapy team members @ (207) 474-7000.*

## Balance & Vestibular Disorder Rehabilitation — Avoiding Falls

At least half of the population of the United States is affected by a balance or vestibular disorder sometime in their lives. And approximately a quarter of adults have experienced dizziness. Maintaining a sense of balance involves a complex system of both sensory and motor processing. In normal healthy individuals, the senses of touch and position (feet, ankles, joints), vision, and inner ear motion sensors work together in harmony and rely on the seamless processing of such information into automatic adjustments to our joints and muscles that keep our sense of balance.

Dizziness or vertigo represent impairments to these systems; and when combined with potential environmental risks and medication effects, present a multi-factorial model of disequilibrium and fall risk. Given the complexities of

balance control, **a complete assessment of the factors involved is essential to designing effective treatments.** At RFGH Rehab & Fitness, physical therapist Nathan Wilkins evaluates patients using a complete battery of testing—including oculomotor and positional tests, computerized postural assessments, and muscle strength and range of motion tests. The results help better define a customized, targeted treatment approach for helping patients improve their balance and lessen their risk for falling. For example:

- Balance problems caused by **positional nystagmus or vertigo** may be treated effectively and efficiently with canal repositioning or liberatory maneuvers — sometimes requiring as little as one or two treatments
- **Abnormal dynamic visual acuity** issues may call for

gaze stabilization exercises.

- Biofeedback techniques can help retrain **abnormal balance senses** — those that control our center of gravity and related stability limits.

- **Problematic postural and motor control** can also be effectively treated with ankle and hip positional retraining activities.
- **Lower extremity weakness or restricted range of motion**, an array of strengthening and stretching exercises combined with functional gait routines have proven effective in improving a person's dynamic balance.

For more information about how physical therapy can help identify and treat dizziness and balance problems, call Nathan Wilkins, PT, at Rehab & Fitness Services, 207-474-7000; [nwilkins@rfg.net](mailto:nwilkins@rfg.net)



**Nathan Wilkins, PT**, holds a certificate of clinical competency in treatment of vestibular disorders through the American Physical Therapy Association and Emory University. A 2006 graduate from Husson University with a Masters in Physical Therapy, Nate has been with RFGH for 5 years. He lives in the mountains near Phillips with his wife Amanda and their 3-year old son Michael.

## When Yes is No and Lions are in the Room

**Aphasia** is the acquired impairment of speech and language function — both the expressive elements and the receptive abilities to comprehend spoken and written language. Typically, such deficits are a result of stroke or head injury. And while most aphasia patients have deficits affecting all aspects of their communication — both expressive and receptive — care-providers often only recognize the patient's difficulties with talking — albeit slurred speech or word finding difficulties. Problems with the comprehension of the spoken or written word are less evident and are often underappreciated. This can be quite problematic in the healthcare environment where patients are presented a myriad of questions. Toss in verbal apraxia — a very common component of aphasia and defined as the impairment of volitional speech motor control — and the act of indicating yes or no can be very challenging to the patient. Care-providers may hear yes when the

patient intends to say no. A patient may nod no, when they wish to indicate yes or vice versa.

Further problematic to patient-caregiver communication: linguistic studies have indicated that some 75% of common questions posed by healthcare providers can be appropriately answered by yes! Therefore, by relying on leading facial expressions of the questioner, as well as on contextual/situational clues as to how they "should" answer, patients often come across erroneously as understanding what they are hearing. Also, the newly aphasic patient may try to mask his deficits out of fear or confusion about what has happened to him. The more chronic aphasic patients may take on the polite-but-disengaged tactic of simply nodding yes to most questions — a learned compensatory strategy. So how does a care-provider confirm the accuracy of an aphasic patient's yes or no? Using some "tricks" commonly used by SLP's may

help:

- Always rule out perseveration-like responses by asking questions that are accurately answered by both yes and no.
- Ask an absurd question or two to make sure the patient really understands the spoken language being used. Keeping a "flat" facial and vocal expression and avoiding gestures or a leading vocal tone, ask something like "Is there a lion in the room right now?"
- Confirm all first responses by repeating back what the patient has indicated and asking them if that was their intent.
- When verbal responses are either too difficult to produce or too perseverative in nature, try a yes/no board — written words or symbols spaced apart on a paper. Ask the patient to point to their intended answer. Do a hand-over-hand demo to show them what you mean. Be sure

to space the two symbols/answers far apart so as to rule out "sloppy" pointing.

- When speech or hand gestures cannot be used, try requesting a sequential eye blink or other volitional muscle movement that can be controlled. Avoid reflexive muscle actions such as a hand grip (e.g. "squeeze my finger for yes").
- Lastly, add up all the yes/no patient answers. If the patient is approximately 50% accurate, rest assured that their comprehension of the spoken word is impaired and that they are likely guessing much of the time.

For more information, contact Michael Hoefft, MS, CCC-SLP Speech-Language Pathologist RFGH Rehab & Fitness Services (207) 474-7000 [mhoefft@rfg.net](mailto:mhoefft@rfg.net)

