



# Exploring Hand Therapy



Volume 12, Issue 1



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January - March 2011

## From The Editors Desk

Exploring Hand Therapy dba Treatment2go released the popular **Clinical Activities: Clinic, Bedside, Home movie course and ARTHRITIS UNLOADED (OA & RA)** in digital E-BOOKS, for details see page 5.

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If you are interested in teaching for Exploring Hand Therapy, please inquire and email Susan Weiss at: [susan@handtherapy.com](mailto:susan@handtherapy.com).

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Susan Weiss  
OTR, CHT



Nancy Falkenstein  
OTR, CHT



## Featured Article

### Muscle Pain

Musculoskeletal pain is one of the primary reasons we see our clients. Muscle pain is described as an aching and cramping sensation, while cutaneous pain is characterized by sharp and pricking sensations. Muscle pain is difficult to locate which is quite different from cutaneous (skin) pain which can be located with great accuracy. Muscle pain is referred to other deep structures such as tendons, fascia, joints, or muscles. One more pain type we should distinguish is visceral pain, which is similar to muscle pain except for one main difference; visceral pain has referred pain to the skin.



Wow already I have captured your attention to the complexity of pain from trigger points (TrPs), muscle, cutaneous, to visceral types of pain. Of interest, there is a gender difference when reporting pain. The good thing is that this gender difference is NOT based on the propensity of women to complain more; but it is researched that women have a higher sensitivity of the pain system. Interestingly, it is believed that the female's greater sensitivity to painful stimuli may help to explain why there are 7 times as many women as men with fibromyalgia. Well, now that we have scratched the surface about pain and the complexity of muscle pain we need to review definitions and usage of terms related to pain that you may encounter in future readings:

by Nancy Falkenstein OTR/L, CHT

### General terms:

**Pain:** An unpleasant sensory and emotional experience associated with actual or potential tissue damage.

**Causalgia:** A syndrome of sustained burning pain, allodynia and hyperpathia after a traumatic nerve lesion. Often combined with vasomotor and sudomotor dysfunction and later trophic changes.

**Central pain:** Pain initiated or caused by a primary lesion or dysfunction in the CNS.

**Referred pain:** Pain felt but not at the site of its origin, it is felt remote from the origin of pain and involves the central mechanisms.

**Spread of pain:** Describes the expansion of a region in which pain is felt.

[continued on page 3](#)



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**Muscle spasm:** A painful contraction or cramp of striated muscle that cannot be released voluntarily.

### Increased Sensitivity:

**Allodynia:** Pain caused by stimulus that does not normally provoke pain; hence there is a decreased pain threshold. The stimulus and response are of different sensory categories. Example: tactile stimuli evokes pain.

**Dysesthesia:** An unpleasant abnormal sensation, whether spontaneous or evoked.

**Hyperesthesia:** Increased sensitivity to stimulation.

**Hyperpathia:** A painful syndrome characterized by an abnormally painful reaction to stimulus, especially a repetitive stimulus, and an increased threshold.

**Hyperalgesia:** An increased pain response to a stimulus that is

normally painful (includes allodynia and hyperesthesia).

### Decreased Sensitivity:

**Analgesia:** Absence of pain in response to stimulation that would normally be painful.

**Hypoalgesia:** Diminished pain in response to a normally painful stimulus which means an increased threshold and decreased response.

Pain from injury or illness can limit physical, psychological, social, and vocational functions that can limit return to functional occupational status. There are many theories and treatments for pain which are beyond the scope of this article. This article will focus at rehabilitation and treating pain through orthotics, heat, ice, electricity, manual treatment, and exercises.

### ORTHOTICS:

Orthotics, braces, & supports are used for pain management to balance and rest the injured part, to prevent a re-injury and/or to provide support of the injured part during activities. There are many braces, splints, corsets, and wraps that we utilize to assist with decreasing pain. An example of a comfortable easy to apply soft support is the 3 Point Products Buddy Loop® to reduce finger pain and improve function.



### HEAT:

Heat is one of the oldest modalities used to reduce pain, decrease muscle spasm and improve function. Superficial heat is often used in the clinic and can be taught as a home treatment [continued page 4](#)

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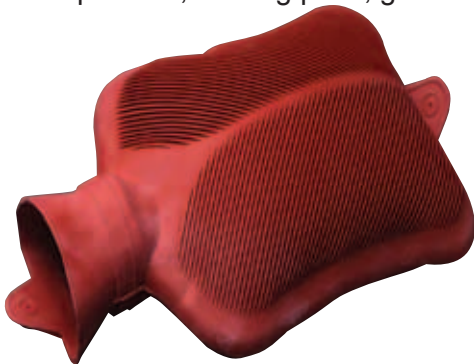


to improve independence and to provide the patient with a sense of self control.

## The physiological effects of heat are:

- Relief of pain via an analgesia effect
- Increase in flexibility of collagenous tissue
- Increase blood flow to the warmed area that contributes or accelerates healing
- Decrease muscle spasm via a decrease in excitation of nociceptive nerve endings & a decrease in spindle sensitivity
- Improve mental relaxation

We can use anything from a hot pack, water bottle, moist compresses, heating pads, gel



pack, fluidotherapy, heated pools, and other forms of hydrotherapy to accomplish the physiological effects of heat.

Deep heating agents can consist of ultrasound (u/s) and low level laser (LLL). U/S is safe around metal and good over small areas. Ultrasound increases extensibility of tissue and is excellent for treating trigger points, capsular stiffness, tightness, and tender points. LLL is also excellent over small areas and metal.

## CRYOTHERAPY:

As with heat, cold therapy is a

reliable modality that is easily reproduced with proper home program education. Cold has an immediate effect to decrease pain especially after acute injuries, post surgery, for deactivating trigger points (TrPs). Not only does cold decrease pain, it helps decrease



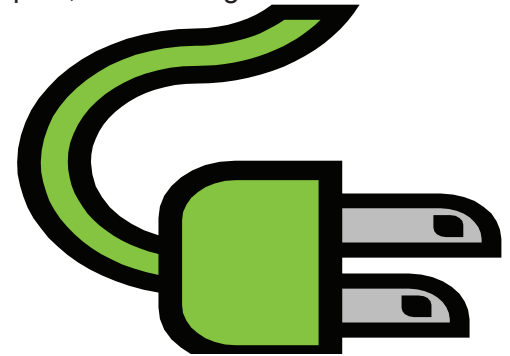
inflammation associated with swelling, reduces local metabolic activity of underlying tissues, slows nerve conduction, has positive effects on muscle spindle activity by reducing muscle spasm and reduces guarding. Cold is good to help decrease Myofascial pain especially if using stretch and spray. Types of cryotherapy we often use are ice packs, commercially prepared chemical gel packs, ice massage and vapocollant sprays. Typically cold is applied for 15 to 20 minutes for safe and effective pain relief. Ice massage is another great option. Ice creates pain relief through a series of physiological experiences; **coolness**, followed by a **burning**, then **aching**, **numbness** and hence pain relief (**CBAN** is how I remember this sequence of physiological responses). Of course cold is not for everyone and if one has a medical condition in which vasoconstriction will increase the symptoms such as Raynaud's phenomenon or in patients that have a hypersensitivity to cold that manifests in a histamine-like response (hunting's response) they should not use cryotherapy.

## ELECTROTHERAPY:

Historically electricity has been used since ancient times using

the "torpedo fish" that produced electric currents to treat gout and headaches. Today in the clinic we use transcutaneous electrical nerve stimulation (TENS), electrogalvanic stimulation (EGS), electrical muscle stimulation (EMS), high volt galvanic stimulation (HVGS), focus stimulation and low level laser (LLL) to treat a variety of symptoms.

LLL can be used to pin point specific muscle targets or TrPs as well as tender spots. LLL is proposed to increase extensibility of tissue and decrease stiffness to improve function. TENS stimulates the peripheral nervous system to reduce pain based on the gate control theory. TENS is most effective in neuropathic pain seen with complex regional pain syndrome (CRPS/RSD), phantom pain, and neuralgia.



## MANUAL THERAPY:

We, as clinicians, shine in the "hands on" approach and it truly is our specialty. We achieve this through deep tissue massage, TrP release, friction mobilization, soft tissue mobilization, edema mobilization, joint mobilization, and joint manipulation. Massage is effective in reducing



continued on page 5

edema, stiffness, Myofascial tender points, Myofascial TrPs, spasms and incorporates functional stretching.

A good clinician can teach the patient and/or family members to reproduce stretches and massage. Joint mobilization and tissue mobilization is primarily achieved through our vast knowledge of the anatomy and neuroanatomy to effectively handle muscles and fascia. Myofascial release focuses on the fascial component of the body to decrease pain and dysfunction.

## **THERAPEUTIC EXERCISES:**

To me this is a subset of manual therapy at least in the area of our expertise and the ability to isolate the target muscles. Through exercises we improve function and independence. Therapeutic

exercises can include:

- Range of Motion (ROM)
- Stretching
- Strengthening
- Cardiovascular aerobic conditioning
- Specific exercises
- Relaxation exercises

We know that ROM exercises decrease joint pain, edema, stiffness, and increase range of motion to decrease musculoskeletal pain. ROM combined with stretching helps to return the muscle to a healthy ergonomic functional resting state. Also, heat and stretch is a good combination to help decrease stiffness and pain.

## **STRENGTHENING EXERCISES:**

Regardless if we choose isometric, eccentric, concentric, progressive and/or closed chain strengthening



exercises, our goal is to introduce load on the structures to achieve a high level of function. Once pain is controlled strengthening

exercises are incorporated in the plan of care and must be instructed to the patient to ensure continued benefits of strengthening and ultimately continue to be pain-free or at least experience minimal or manageable pain.

We need to review cardiovascular conditioning because it involves the entire body and increases aerobic capacity. General cardiovascular conditioning increases physical capabilities, reduces pain, and increases endurance.

[continued on page 10](#)

## **New Releases**

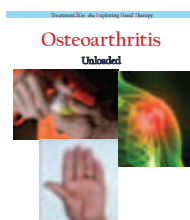
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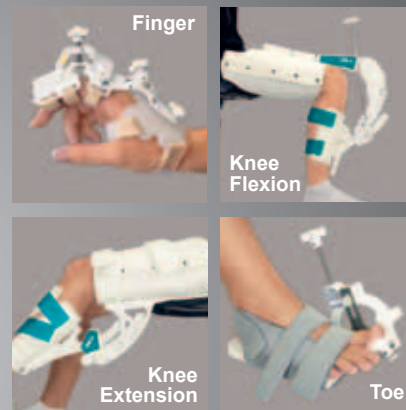


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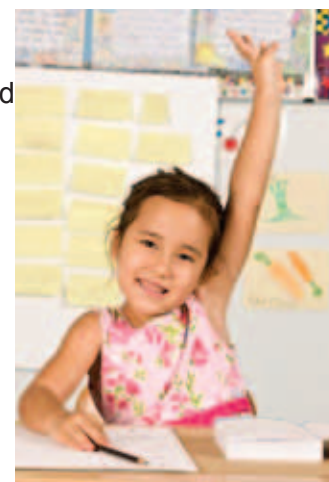
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## Test Your Knowledge

1. What is the suggested measurement between the car seat pan and the back of the driver's knees?
2. What is the recommended driver's seat incline?
3. It is recommended to mount the laptop to a secure adjustable device to use during driving. T/F and why?
4. List two physiological effects of heat.
5. What is CBAN?
6. According to this article men tend to have a more heightened or sensitive sense of pain compared to women. T/F
7. Where is visceral pain referred to?
8. Muscle pain can be located with great accuracy. T/F
9. This is a definition for what term? Pain caused by stimulus that does not normally provoke pain; hence there is a decreased pain threshold
10. What is the definition of Hypoalgesia?
11. Heat combined with \_\_\_\_\_ is a good combination to decrease joint stiffness.



Answers on page 10

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### Driving Ergonomics

We are familiar with office ergonomics but how do we help our clients whose office is the car?



Anyone who drives a car, truck, ambulance, or bus can be at risk for musculoskeletal disorders (MSD) associated with driving. The reported complaints associated with driving include but are not limited to:

- foot cramps
- low back pain
- neck pain or stiff neck
- sore shoulders
- poor posture
- increased stress/tension

Although there are many causes let's look at a few.

- Poor posture
- Low frequency whole body vibration
- Awkward postures consisting of static, twisting, and leaning to one side, slouching and forward leaning.

Working from the car often includes phone use, laptop use, paperwork, and prolonged periods of confined sitting. Unlike the office, the car, when used as an office, has many challenges one of which is the seat. Like the stationary office, the chair is critical to proper ergonomic health as is with the mobile office. In the car the chair is the driver's seat and for obvious reasons is critical to car ergonomic health. When sitting, the pelvis rolls backward and the small of the back flattens out. This increases the pressure in the discs of the spine. In this position, the discs are less

prepared to handle the vibrations from the vehicle. To hold the head in proper position, especially if vibration is present as seen when driving, the upper back and neck muscle are constantly work firing or working which can lead to muscle strain. Obviously, the mobile office is a course in itself. The purpose for this article is to introduce you to some of the problems and provide some solutions.

On of the most important decisions is selecting the the best suited vehicle for mobile office work:

- Ensure the vehicle matches the client's body size or is suited for any physical limitations.
- The layout of the car is critical because of the constant use of many different items such as the steering wheel, seat, pedals, radio, and dashboard controls.
- The car must have features that assist the type of work to the person; examples may be if storage space is needed for sample kits, then a large trunk space is ideal; or if using hands free features for phone use, navigation systems, may be important.



The driver should be familiar with all of car's the commands and features. We know from office ergonomics that most employees are not familiar with the controls and features of their desk, chair, or phone. Therefore, it is important to ensure the driver (employee) is familiar with the interior

to help minimize potential hazards associated with MSD and mobile offices.

- Ensure vision of the road is adequate and raise the seat as high as comfortable but ensure there is clearance from the roof.
- Ensure the pedals are easily accessible.
- Adjust the seat pan tilt angle so that the thighs are supported along the length of the seat.
- Seat pan should be adjustable and there should be about 3 fingers width between the front of the seat and the back of the knees.
- The seat cushion must be breathable & contoured to help distribute the driver's weight on the seat and prevent or minimize pressure on the buttocks.
- Horizontal stitching or ribbing on the seat helps prevent slipping forward & vertical ribbing on the

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back helps prevent sideways movement.

- Adjust the lumbar support for even pressure & avoid pressure points or gaps along the back.
- Recline the seat to about 30 degrees from vertical - you don't want the seat reclined so far back that the client is slipping out, slouching, moving off the seat when pressing the pedal or holding on to the steering wheel for support.
- Adjust the steering wheel to ensure thigh clearance and it should not interfere with leg movement or bump the knees when getting in/out of the vehicle.
- If possible, tilt your seat a notch or two back and forth every 20-30 minutes. This alters the direction of vibration; but stay high enough to see the road!
- There should be roughly 10 to 12 inches between the steering wheel and driver's chest to allow the seat

belt and air bag to work at maximal safety protection in the event of an accident .

- Knees should be higher than the hips and the height of the backrest is proportioned to the top of your shoulders.
- While driving, keep the left leg extended next to the pedals (unless driving a standard) and use stoplights or traffic to rotate/ exercise ankles, wrist, hands. & arms to increase blood flow.



- The back should be fitted to the back rest. One should sit so that

the back, hips and buttocks are pressed firmly against the seat, and the seat belt needs to fit correctly across the chest.

- The door handles should be easy to grab and operate.
- In regards to the seat belt look, for adjustable shoulder belt anchorage on the B-pillar (between the front and the back door) that can be adjusted (move up/down). This is important so the seat belt rests more on the clavicle and not on the neck or off the shoulder.
- The car should have adjustable temperature and humidity control systems to maintain comfortable conditions for all seasons.



continued on page 11

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## Answers to Quiz (from page 6)

1. Three (3) fingers width is the recommended distance between the front of the seat cushion and the back of the driver's knees
2. 30 degrees vertical
3. False. Never use the laptop while driving. The mount is recommended while parked.
4. Physiological effects of heat:
  - ◇ Relief of pain via an analgesia effect
  - ◇ Increase in flexibility of collagenous tissue
  - ◇ Increase blood flow to the warmed area that contributes or accelerates healing
  - ◇ Decrease muscle spasm via a decrease in excitation of nociceptive nerve endings & a decrease in spindle sensitivity
  - ◇ Improve mental relaxation
5. The physiological effects of ice consisting of **Cold, Burning, Aching, Numbness**
6. False: Women have a higher sensitivity of the pain system.
7. Visceral pain is referred to the skin
8. False
9. Allodynia
10. An increased pain response to a stimulus that is normally painful (includes allodynia and hyperesthesia).
11. Stretch



## Featured article continued from page 5

### Conclusion

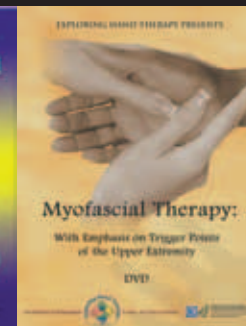
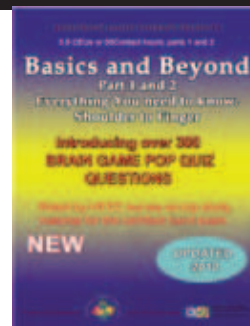
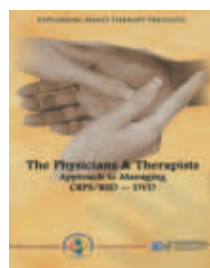
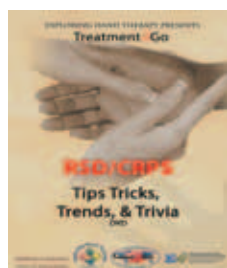
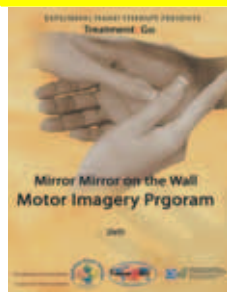
Many of our patients become or are deconditioned due to the effects of pain or more specifically due to chronic pain. Combining modalities, ROM, stretching, strengthening, relaxation techniques and exercises will significantly improve our patients' quality of life, function, and independence. Pain management is multifaceted and is complex to treat. It is truly a team approach and we as therapists must address the physical, psychological, social, vocational, and emotional aspects of pain.

Exploring Hand Therapy has many wonderful CEU movie and eBook courses that focus on pain. Listed are a few of our recommendations to expand your understanding of pain:

- ◇ Modalities
- ◇ RSD/CRPS tips and tricks

- ◇ RSD/CRPS Physician and Therapists Approach
- ◇ Myofascial Release
- ◇ Mirror Mirror: Motor Imagery
- ◇ Basics and Beyond CHT prep. promo package

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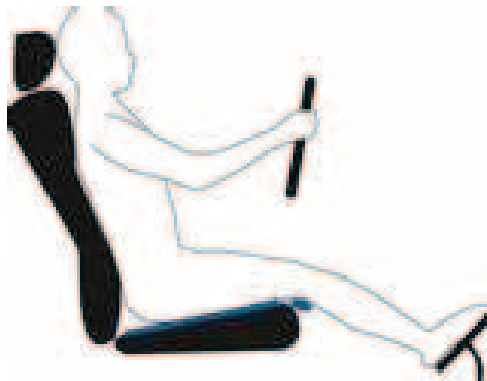


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## Driving Ergonomics Continued from page 9

- Laptop and mobile devices are used in the car on a frequent basis and gaining popularity. I know some my colleagues in the home health setting that use their vehicles as their office. Therefore let's look at some concerns with vehicles and devices.
- Do not sit in the driver's seat while resting the laptop on the lap or even worse leaning over to the passengers seat to type. Solutions may be to either move to the passenger seat to type and/or use a laptop mobile stand that is fully adjustable and securely mounted in the vehicle.
- Keep the laptop in the trunk this will ensure a needed stretch break and decrease the temptation to use the device while in the driver's seat promoting awkward postures and safety concerns.
- Stretching for 3 to 5 minutes every



hour is sufficient.

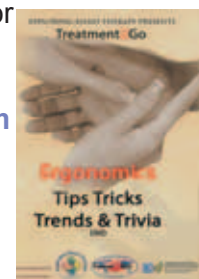
- Use the laptop in the car for short periods of time under 15 minutes.
- Mobile devices should never be used while driving. Pull over to use IPAD, IPOD, or writing pads.
- Many cars are equipped with hands free devices or software such as Microsoft Sync® allowing voice activation commands via bluetooth devices.
- If using hands free kits ensure the cradle, microphone and speaker are positioned to encourage good

working posture, does not obscure vision and is safely mounted.

- Good hand health is important because of the constant use of the hands. It is recommended the car is automatic vs. manual shift to decrease the development of MDS.

This is a fascinating subset of ergonomics and this article addressed just a fraction of the complexity and vast concerns that must be addressed in our mobile work environment. EHT has a great ERGONOMIC TIPS TRICKS & TRIVIA course: For course description click link or go to:

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## Things to Know:

- April is OT month
- Exploring Hand Therapy dba Treatment2Go is an approved provider of AOTA.
- Exploring Hand Therapy has fantastic CHT study preparation courses and tools to help you study for the big day. Our Hand Therapy Certification Package was designed with you in mind providing the tools you need with great savings.
- The AOTA is encouraging public awareness of the occupational therapy profession in your community. Go to [www.AOTA.org](http://www.AOTA.org) for details.
- AOTA 91st 2011 Annual Conference and Expo is in Philadelphia, PA - April 14 - 17

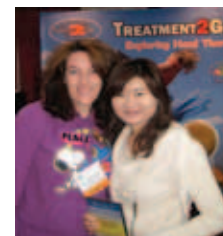
for details: <http://www.aota.org/ConfandEvents/2011-Conference.aspx>

- Exploring Hand Therapy has recently been approved by Idaho, Nebraska, and California for our updated Physical Agent Modalities: Occupation based Thermal and Electrical Agents a 45 contact hour movie course. For details & to see if your state has approved this course visit: <http://liveconferences.com/package.asp?pid=54>
- Your state OT and PT organizations are working for you and are great places for local and national



resources.

- The 2011 Philadelphia Meeting is March 5 -8 and the focus is Surgery and Rehabilitation of the hand: With Emphasis on the Elbow and Shoulder. Exploring Hand Therapy/Treatment2go is a proud vendor and donors of our popular Basics and Beyond course for the **Dorothy B. Kaufmann Scholarship for International Therapists** recipient.
- Exploring Hand Therapy is interested in developing new education courses. If you would like to teach please contact [Susan@handtherapy.com](mailto:Susan@handtherapy.com)





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Quick Reference Therapy Guide**



# Shoulder Impingement



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