

Physician Update

PRO Therapy

A Courtesy Publication for the Lake Havasu Medical Community

Maximizing Results for LBP and Cervical Pain

Utilizing Peer Reviewed and Evidence-Based Practice to Maximize Outcomes for Patients Suffering with LBP and Cervical Pain

Classifications and Clinical Predictor Rules:

A New Way to Look at Cervical and Lumbar Patients

Utilizing Research to Maximize Clinical Outcomes

As healthcare clinicians, we all share a responsibility to provide our patients with the most effective care available to help them heal and experience meaningful results. There exists a delicate balance between understanding each individual patient's needs and providing care that will most likely result in a significant change.

Evidence Based Practice is a term frequently used in peer review journals. It implies that as clinicians we are guided by research to provide care which is most likely to result in a positive change.

Advances in Spine Therapy Research and Treatment

Research has led to many key changes in the way we provide physical therapy to people suffering with low back pain (LBP) or cervical pain. "Fifteen years ago, the trend in spine therapy was passive modalities, extended bed rest, pain meds, and bracing" noted John Twomey, P.T., CEO of PRO Therapy. Today's care model focuses on early physical therapy intervention. Research demonstrates that the sooner therapy is begun, the better the outcome for the patient. Early intervention helps avoid complications of pain, weakness, and loss of function that were so common in the past.

Case Study



Patient is a 65 year old male with a one year history of progressive Lt UE numbness, symptoms were exacerbated with recurring use of Lt UE. Patient is a musician and noted symptoms interfered with him playing guitar. Patient was diagnosed with cervicle spondylosis, and underwent an Anterior Cervicle Decompression and Fusion 03/16/16.

Patient was 3 months postop at the time of initial evaluation 06/21/16. Pt reported 7/10 on pain scale, Neck Disability Index was 16%, and patient had recurring numbness.

The patient received 17 treatments of physical therapy, including therapeutic exercises, manual therapy for soft tissue stretching, postural training and home program.

At the time of DC, the patient's Neck Disability Index had decreased to 4%, pain level was 0/10, and he had returned to his prior activities including playing guitar.

