

Services

The service we provide is outpatient physical therapy, specializing in orthopedics. We treat injuries of the joints and muscles of the spine, shoulders, elbows, wrists, hands, hips, knees, ankles, feet, tempomandibular joint/jaw, and tension headaches.

We have specialized treatments for:

- **low back pain**
- **neck pain and whiplash**
- **tendonitis**
- **sports injuries**
- **muscle strains**
- **post-surgical patients**
- **peripheral neuropathy**

The physical therapy treatments offered at CPT include:

Hand Therapy:

Jean Kernan Francisco OTL, CHT has joined the staff at Chittenango Physical Therapy as director of the Hand Therapy Program. She is a licensed occupational therapist with a certification in hand therapy. Our Hand Therapy Program offers rehabilitation of patients with a wide variety of traumatic injuries and chronic conditions of the hand, wrist, arm, elbow, and shoulder.

This Program specializes in the treatment of upper extremity problems, such as:

carpal tunnel syndrome, neuropathy, wrist, elbow, and shoulder tendonitis, hand and wrist arthritis, Dupuytren's contracture, post-surgical and post-fracture rehab, wrist and hand sprains, and complex regional pain syndrome.

Our treatments of the hand, wrist, elbow, and shoulder include:

- ♣ Custom-designed and fabricated splints/braces
- ♣ Individualized strength-building, flexibility/range-of-motion programs
- ♣ Scar management and edema control
- ♣ Patient education programs
- ♣ Individualized programs incorporating assistive devices
- ♣ Individualized computer workstation ergonomic evaluations
- ♣ Manual Therapy/ "Hands On" therapy
- ♣ **ASTYM™** or Augmented Soft Tissue Mobilization for tendonitis and scar tissue (see below)
- ♣ **ANODYNE® THERAPY** or **MIRE™** (Monochromatic Infrared Energy) for

neuropathy and edema (see below)

Manual Therapy: Otherwise known as “hands on” therapy, manual therapy includes techniques such as manipulations, mobilization (isolated movements of the joint), soft tissue mobilization (similar to massage), manual traction, and manual muscle stretching. Manual therapy has been shown to be effective for injuries of the spine, hip, knee, shoulder, and elbow.

ASTYM™: Augmented Soft Tissue Mobilization is a specialized soft tissue mobilization used to remodel scar tissue. It is a highly successful treatment for tennis and golfer’s elbow, plantar fasciitis/heel spur, muscle strains, and all forms of tendonitis. This treatment is endorsed by many physicians and has been utilized by the NBA, Major League Baseball, the PGA tour, and others. [For the common diagnoses, 55-75% of cases are much improved and > 80% of cases show improvement.](#) The average number of treatments for resolution is 12 visits.

ANODYNE® THERAPY: ANODYNE® THERAPY is MIRE™ (Monochromatic Infrared Energy). This a form of light therapy at a specially designed light spectrum (890 nanometers) used to treat neuropathy (nerve damage) and wounds. The main population we treat with this modality are patients with Diabetic Peripheral Neuropathy (DPN). Outside of controversial surgery this is the only treatment shown to improve sensation in DPN patients. [A patient receiving this treatment can expect a 46%-66% improvement in their sensation, a 45-67% reduction in their nerve pain, and a 70% improvement in their balance/reduction in falls.](#)

Sportsmetrics™: This is an injury prevention and athletic performance program. The Sportsmetrics program is a highly acclaimed, thoroughly researched sports injury prevention and performance program. The [Sportsmetrics™ WIPP](#) (Warm-up for Injury Prevention and Performance program) is a condensed version of the Sportsmetrics program designed for utilization during the sports season. The Cincinnati Sportsmedicine Research and Education Foundation, world-renowned in sportsmedicine research, developed both programs. These programs are for all athletes but have proven to be extremely valuable for female athletes. The program has been shown to: reduce the risk of ACL tears by a factor of 3.6 in female athletes, increase vertical jump up to 4 inches (average increase was 1.5 inches), decrease landing force on knees by 20%, and improve knee control/coordination by 50%).

We will also offer the [Sportsmetrics™ Return to Play](#) program. This is the Sportmetrics™ program designed for post-ACL reconstruction patients.

Evidence Based Medicine/Practice (EBP): The founder of EBP, Dr. David Sackett defines EBP as, “...the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients.” The practice of evidence based medicine means integrating individual clinical expertise, with patient values, and the most recent quality research. What this means for the patient is that they are receiving the most recent quality treatments to obtain optimum results in the

shortest amount of time. Many physical therapists treat patients based on their own personal preference, not considering the research or the patient's values. For example, bed rest used to be the chosen treatment for low back pain. However, we now know that staying active is much more beneficial for this patient than resting in bed.ⁱ

Manipulation is another example of a treatment used for acute low back pain. This treatment is more effective for acute low back pain than staying active and performing exercises when the patient's most recent onset of back pain has been within the last 3 weeks and their pain does not extend beyond the knee. 90% of these patients treated with low back manipulation and low back exercises will be > 50% improved with less medication use after 1 week of treatment (2-3 sessions). Conversely, only 45% of these patients treated solely with low back exercises will obtain the same results. That means if you have sudden low back pain that does not go beyond your knee you have double the chance of eliminating most of your symptoms within one week if you are treated using EBP^{ii,iii}.

Therapeutic Exercise Instruction: Specific exercises are developed for each individual's needs and deficits as opposed to using a "cookie cutter" approach. CPT uses the latest research to rehabilitate each injury.

Patient Education: Patients are educated about their injury and shown how we can provide rehabilitation. Patient education includes proper posture, body mechanics, lifestyle changes, and use of adaptive equipment.

Modalities: Modalities include TENS/electrical stimulation for pain and spasm relief, spinal traction, hot and cold packs, ultrasound, and iontophoresis (an anti-inflammatory treatment).

[Sole Supports™ Custom Foot Orthotics](#): These are customized foot orthotics specifically designed for the uniqueness of each person's foot. They help to correct the imbalances and biomechanics of the foot, providing less stressful weight-bearing activities. They are designed for the following diagnoses: bunions, metatarsalgia, Morton's neuroma, plantar fasciitis, shin splints, knee pain, low back pain, and achilles/peroneus/tibialis tendonitis. Additionally, the orthotics help to prevent reoccurrence of lesser metatarsal, calcaneal, and tibial stress fractures.

About half of the private insurance companies have coverage for custom foot orthotics. Medicare covers custom orthotics at 80% of their fee schedule. Call us and we can verify your orthotic insurance coverage.

Durable Medical Equipment (DME): We order and provide medical equipment to patients as needed. Examples of DME's include braces, splints, and canes. Medicare covers DME's at 80% plus fitting codes for this service. Others insurances vary on their coverage of DME's.

ⁱ [The Updated Cochrane Review of Bed Rest for Low Back Pain and Sciatica.](#)
KB Hagen, G Jamtvedt, G Hilde, MF Winnem - Spine, 2005 - spinejournal.com

ⁱⁱ [A Clinical Prediction Rule for Classifying Patients with Low Back Pain Who Demonstrate Short-Term Improvement With Spinal Manipulation.](#) Flynn, Timothy; Fritz, Julie; Whitman, Julie; Wainner, Robert; Magel, Jake; Rendeiro, Daniel; Butler, Barbara; Garber, Matthew; Allison, Stephen. Spine. 27(24):2835-2843, December 15, 2002.

ⁱⁱⁱ [A Clinical Prediction Rule To Identify Patients with Low Back Pain Most Likely To Benefit from Spinal Manipulation: A Validation Study.](#) J.D. Childs, J.M. Fritz, T.W. Flynn, J.J. Irrgang, K.K. Johnson, G.R. Majkowski, and A. Delitto. December 2004 Annals of Internal Medicine (volume 141, pages 920-928).