

KEVIN & KATHLEEN MULDOWNEY

OUR EVALUATION OF PATIENTS
WITH EHLERS-DANLOS SYNDROME





LINKING HYPERMOBILITY PAIN DISORDERS WITH THEIR MULTI- SYSTEMIC COMORBIDITIES CONFERENCE – TORONTO

NOVEMBER 2 – 3, 2019

THE **ILC** FOUNDATION | **10**
Chronic Pain 🍁 Ehlers Danlos 🍁 HCTD | *years*

PRESENTER DISCLOSURE

KEVIN AND KATHLEEN MULDOWNEY, PHYSIOTHERAPISTS

- RELATIONSHIPS WITH COMMERCIAL INTERESTS:
 - MULDOWNEY CONSULTING

ABOUT US

- WE OWN TWO PHYSICAL THERAPY CLINICS IN RHODE ISLAND
- WE HAVE BEEN TREATING PATIENTS WITH EDS FOR OVER 10 YEARS
- WE CURRENTLY TREAT OVER 125 EDS PATIENTS EACH WEEK
- WE HAVE BEEN FORTUNATE TO WORK WITH 1000'S OF EDS PATIENTS, ALLOWING US TO RECOGNIZE COMMON COMORBIDITIES THAT AFFECT THIS POPULATION (POTS, MAST CELL, ETC.)

WE TREAT PEOPLE WITH EDS WHO ARE FROM ALL OVER THE U.S. AND ALSO PEOPLE WHO HAVE TRAVELLED FROM OTHER COUNTRIES TO SEE US.

PATIENTS NEED TO HAVE A TEAM OF PRACTITIONERS

NEED TO ASSESS:

- **SYSTEMIC ISSUES:** POTS, MAST CELL, GI ISSUES, ALLERGIES, ECT
- **NEUROLOGICAL ISSUES:** CCI, AAI, CHIARI MALFORMATION, TETHERED CORD, BULGING DISC, SPONDYLOLISTHESIS, ECT
- **ORTHOPEDIC ISSUES:** LABRAL TEARS, MENISCAL TEARS, RTC TEARS, CAPSULAR INSTABILITY, ECT
- **JOINT HYPERMOBILITY:** ANY JOINT NEEDS TO BE ASSESSED IF IT NEEDS STRENGTHENING OR BRACING OR SURGERY

SOME TEAM MEMBERS:

- GENETICIST/RHEUMATOLOGIST
- PRIMARY CARE PHYSICIAN
- CARDIOLOGIST
- NEURO SURGEON
- NEUROLOGIST
- MAST CELL DOCTOR
- PAIN DOCTOR
- GASTROENTEROLOGIST
- SUPPORT GROUP OF PEERS
- PHYSIOTHERAPIST
- ECT.

TEAM AWESOME

EDS PATIENT

WE NEED TO CLEAR OTHER
ISSUES TO MAKE PATIENTS
SUCCESSFUL WITH PT



- cardio issue
- neuro issues
- allergy issues
- GI issues
- pain issues
- hypermobility issues
- support issues
- health issues
- other issues
- functional issues

HOW CAN PHYSICAL THERAPY HELP?

- JOINT PAIN DUE TO HYPERMOBILITY
- POOR POSTURE
- GAIT
- ENDURANCE
- STRENGTH (TONE)
- BALANCE
- COMMUNICATION WITH OTHER MEMBERS OF THE TEAM
- EDUCATING PATIENTS HOW TO LIVE WITH EDS AND SHOWING THEIR FAMILY MEMBERS SELF CORRECTION (FIXING AN UPSLIP) OR TAPING TECHNIQUES (TO PREVENT SHOULDER SUBLUXATIONS) THEY CAN HELP THE PATIENT

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HOW DOES MULDOWNNEY PHYSICAL THERAPY LOOK AT A PATIENT?

WE LOOK AT ALL PROBLEMS THROUGH BIOMECHANICAL LENSES

BIOMECHANICS:

- THE STUDY OF THE MECHANICAL LAWS RELATING TO THE MOVEMENT OR STRUCTURE OF LIVING ORGANISMS
- THIS ALLOWS US TO LOOK AT A PATIENT'S PAIN TO DETERMINE WHERE IT'S COMING FROM AND PROPERLY TREAT IT
 - NECK PAIN COULD BE FROM SHOULDERS

RESTORE PROPER BIOMECHANICS TO A SPECIFIC JOINT

- REFER TO PROPER HEALTHCARE TEAM TO HELP WITH ISSUES WE CANNOT HELP
- MANUAL THERAPY:
 - MET, CST, MULLIGAN TECHNIQUE, MFR, TAPING, ECT
 - TEACH PATIENTS TO FIX THEMSELVES
- USE EXERCISES TO HELP STABILIZE JOINTS
 - LOOK AT EXERCISES AND HOW THEY AFFECT THE WHOLE BODY, NOT JUST THE JOINT WE ARE WORKING ON
 - SLOW PROGRESSION TO DECREASE THE RISK OF INJURY

HOW CAN PHYSICAL THERAPY DECREASE PATIENTS' JOINT PAIN?

WHY DOES A JOINT SUBLUX?

- WHEN THE EXTERNAL FORCES OF THE ENVIRONMENT ARE GREATER THAN THE LIGAMENOUS STRENGTH AND MUSCULAR STRENGTH OF THE JOINT, IT WILL SUBLUX. IF IT IS LESS, THE JOINT WILL NOT SUBLUX.
 - EX) LAUNDRY SUBLUXES THE SHOULDER

HOW DO YOU PREVENT A JOINT FROM SUBLUXING?

- STRENGTHEN, MODIFY ACTIVITY, TAPE OR BRACE
- STRENGTHEN MUSCLES AROUND THE JOINT SO THEY CAN ABSORB GREATER FORCES. (OUR BOOK)
 - EX) RTC FOR LAUNDRY
- MODIFY THE ACTIVITY SO LESS FORCES ARE ON THAT JOINT.
 - EX) CARRY HALF LOAD
- BRACE FOR ACTIVITIES, NOT FOR LIFE.
 - EX) TAPE OR BRACE SHOULDER FOR LAUNDRY

OUR EVALUATION OF A PATIENT WITH EDS (SUBJECTIVE)

GOAL

- WHAT OTHER MEMBERS OF THE HEALTH CARE TEAM DOES THE PATIENT HAVE? WHO DO THEY NEED TO ADD TO THEIR TEAM?
- CURRENT FUNCTIONAL ACTIVITY (BED BOUND, STUDENT, WORKING)
- HOME SUPPORT
- MAJOR PROBLEMS AND PATIENT GOALS
- AVERAGE PAIN LEVEL OF EVERY JOINT
 - TRACK PROGRESS
- ASSISTIVE DEVICES AND BRACES
 - FINGER SPLINTS, PEN HOLDER, PHONE HOLDER – WE LIST MANY ON OUR WEBSITE

TECHNIQUES

- USE QUESTIONNAIRES
- ASK YES/NO QUESTIONS
- BUILD TRUST
- EXPLAIN WHAT WE CAN AND CANNOT HELP WITH
- EXPLAIN TO THE PATIENT WE HAVE LIMITED TIME AND NEED TO ANSWER QUESTIONS AND NOT GIVE TOO MUCH EXTRA INFORMATION. WE WILL HAVE TIME IN FOLLOW UP SESSIONS TO GO INTO RELATED PROBLEMS IN MORE DETAIL.
- ALLOW 5 MINUTES FOR PATIENT TO ADD EXTRA INFORMATION

EVALUATION (OBJECTIVE)

ASSESS POSTURE: ANT/POST

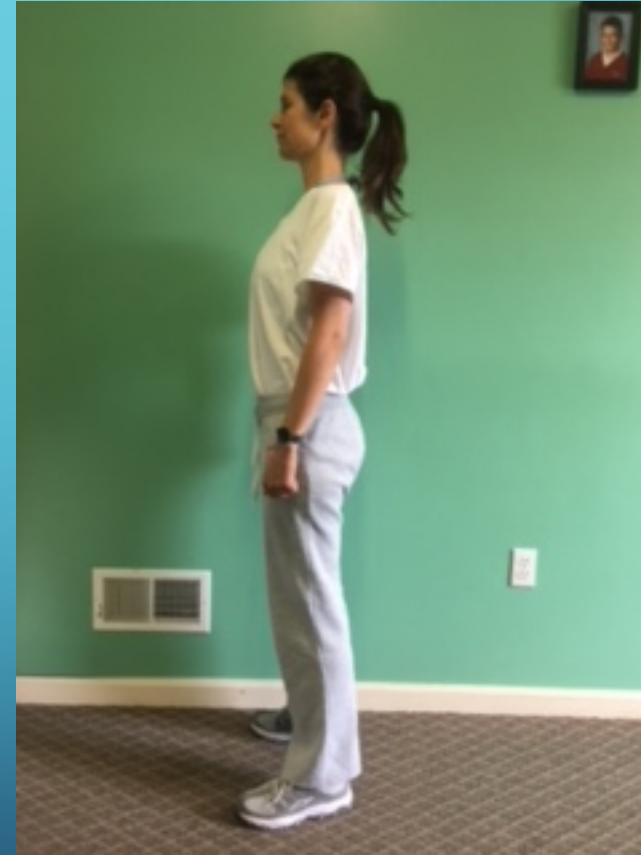
- SCOLIOTIC CURVE
- PRONATED FEET (DO THEY HAVE ORTHOTICS)
- VALGUS KNEE (CAUSED BY PRONATED FEET)
- SCAPULA: PROTRACTED/ASYMMETRICAL
- SHOULDER ASYMMETRY
- FIRST RIB ELEVATED (TIGHT SCALENES, UT, LEVATOR)
- PELVIC HEIGHTS



POSTURE

- ↑ LUMBAR LORDOSIS (COG MOVES BACKWARD)
- ↑ THORACIC KYPHOSIS (HEAD, SHLDRS FWD)
- INCREASED CERVICAL FLEXION
- INCREASED OA EXTENSION (TO KEEP EYES UP)
- FORWARD SHOULDERS
- RECURVATUM OF KNEES
- FLEXED HIPS

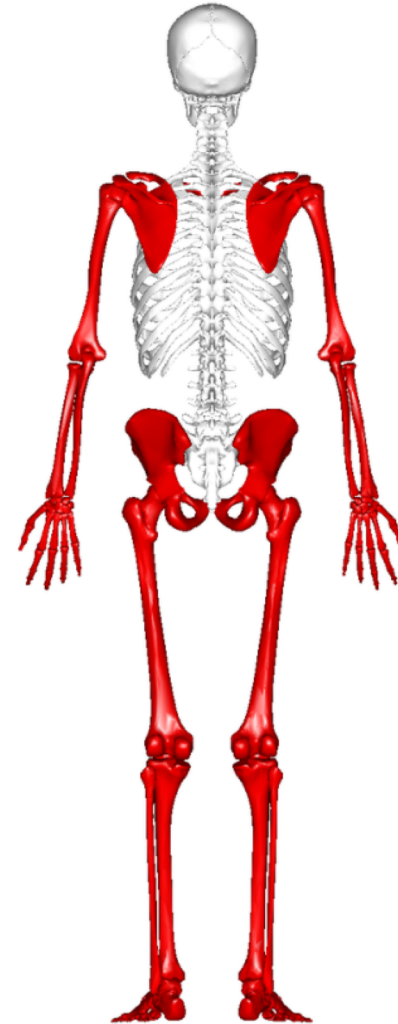
- HEAD WEIGHS ABOUT 12 LBS
- EVERY INCH THE HEAD IS FORWARD, EQUALS 10 LB OF WEIGHT OF PRESSURE ON YOUR CERVICAL SPINE
- EXAMPLE 3 INCH FORWARD HEAD= 42 LBS OF PRESSURE ON CERVICAL SPINE



LOW BACK ASSESSMENT

WHERE DOES PAIN COME FROM?

- SIJ
- FACET JOINT
- HYPERMOBILITY OF SPINE
- DISC ISSUES
- SPONDYLOLISTHESIS
- HIP ISSUES



LOW BACK ASSESSMENT

ORDER OF ASSESSMENT

- MEASURE LEG LENGTH TO DETERMINE TRUE LEG LENGTH VS SIJ DYSFUNCTION
- ASSESS SIJ
- ASSESS HIPS
- ASSESS HYPERMOBILITY OF LUMBAR SPINE
- ASSESS BULGING DISC



ASSESS THE FEET, ANKLES AND KNEES

**ASSESS AFTER SIJ BECAUSE SIJ
DYSFUNCTION CAN AFFECT GAIT**

- ASSESS FOOT
- ASSESS ANKLE
- ASSESS KNEE
- ASSESS IF ANY OF THE ABOVE AFFECT LOW BACK OR HIP PAIN
- ASSESS GAIT
- ASSESS SHOES



ASSESS THE FEET, ANKLES AND KNEES

ORDER OF ASSESSMENT

- TAPE FEET TO SUPPORT ARCH
- ASSESS SHOES FOR STABILITY
- ASSESS TALUS
- ASSESS GAIT
- ASSESS KNEE AND TAPE THE KNEE
- ASSESS GAIT AGAIN



SHOULDER, THORACIC SPINE, CERVICAL SPINE, TMJ AND RIB ASSESSMENT

PAIN COMES FROM

- SHOULDER
- POSTURE
- FACET JOINT
- CERVICAL DISC
- OA HEADACHES
- MUSCLE SPASM
- INSTABILITY



SHOULDER, THORACIC SPINE, CERVICAL SPINE, TMJ AND RIB ASSESSMENT

ORDER OF ASSESSMENT

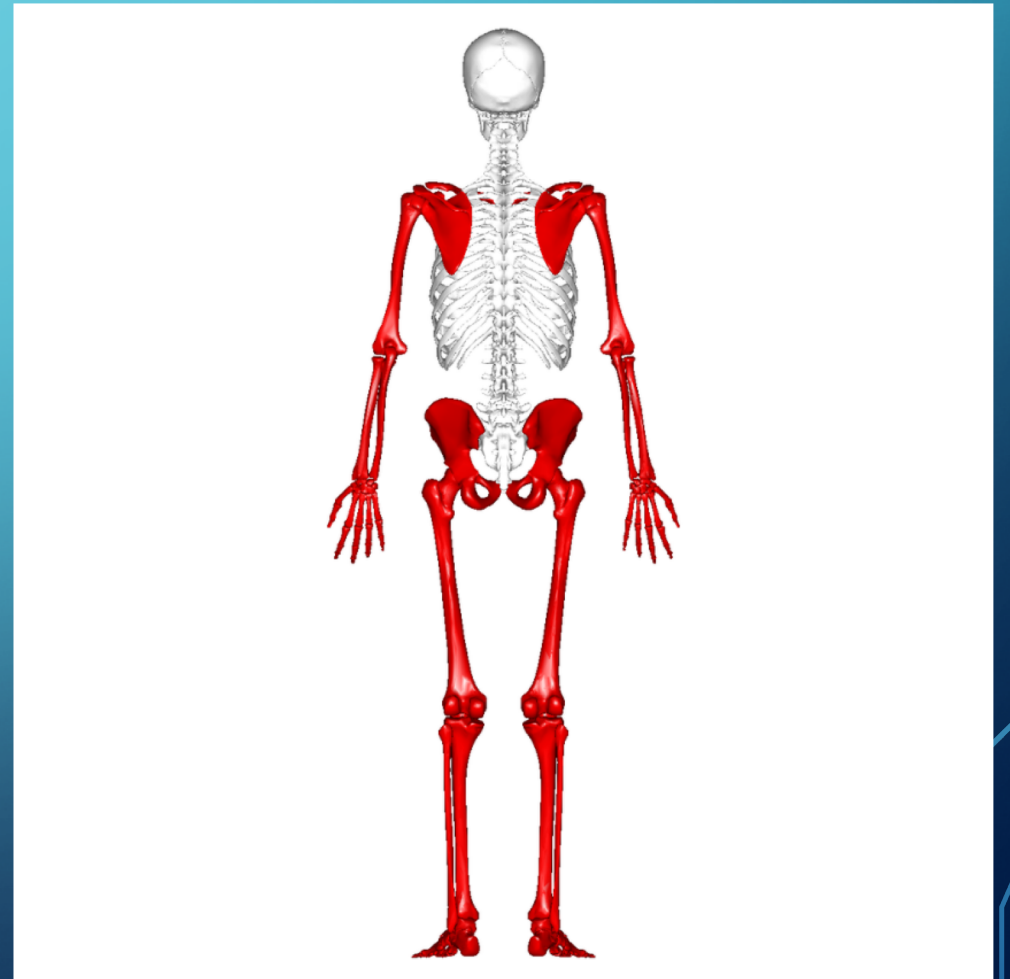
- TAPE SHOULDER
- ASSESS POSTURE TO SEE IF IT IS DIFFERENT WITH SHOULDERS TAPED
- EVALUATE FIRST AND SECOND RIBS
- EVALUATE THORACIC SPINE, FACET JOINTS AND RIBS
- EVALUATE NECK FACET JOINTS
- MANUAL TRACTION
- EVALUATE TMJ



ASSESSMENT OF ELBOW, WRIST, HAND AND FINGERS

PAIN COMES FROM

- NECK
- SHOULDER
- LAT/MED EPICONDYLITIS
- HYPERMOBILITY
- MEDIAN/ULNAR/RADIAL NERVE ENTRAPMENT
- SWELLING FROM SYSTEMIC EVENT



ASSESSMENT OF ELBOW, WRIST, HAND AND FINGERS

ORDER OF ASSESSMENT

- NECK AND SHOULDER ASSESSED PREVIOUSLY
- ASSESS ELBOW
- ASSESS WRIST
- ASSESS FINGERS, ESPECIALLY THE THUMB
- ASK IF PATIENT CURRENTLY USES UE BRACES, FINGER SPLINTS



REVIEW PLAN OF CARE WITH PATIENT

- WHAT TEAM MEMBERS DO THEY NEED TO SEE?
- WHAT AREAS ARE WE BEGINNING TO TREAT FIRST?
- WHAT ARE THEIR RESPONSIBILITIES AT HOME?
- HOW CAN FAMILY MEMBERS HELP THEM AT HOME?
- WHAT IS THEIR LIFESTYLE (WORK, KIDS, ETC.) AND WHAT PLAN IS REALISTIC FOR THEM TO CARRY OUT AND BE SUCCESSFUL WITH?



TREATMENT

- COMING 2-3 TIMES PER WEEK, DEPENDING ON AMOUNT OF SUPPORT AT HOME AND LIFESTYLE
- MANUAL THERAPY TO SPECIFIC JOINTS DETERMINED DURING EVALUATION
- STRENGTHENING ALL MUSCLES AROUND A JOINT ON WHICH MANUAL THERAPY WAS PERFORMED
- MODALITIES PRN
- TEACHING FAMILY MEMBERS HOW TO HELP THE PATIENT AT HOME
- BRACING AND ORTHOTICS AND ASSISTIVE DEVICES

**WHATEVER MAKES
YOU FEEL BAD,
LEAVE IT. WHATEVER
MAKES YOU FEEL
GOOD, KEEP IT.**

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TREAT PEOPLE, NOT THE DYSFUNCTION



QUESTIONS

