

not your average physical therapy protocol

personal attention takes time

By Adam Field, P.T.

Joseph L. of Williamsville limped into my office, his cane digging into the carpet with each step. Sitting down in my armchair required him to kick one leg forward and twist his body to sit on his right buttock. Joe was no stranger to physical therapy, having visited different practices over the eight years since his first back surgery. Joe didn't hide his distrust, believing I would implement a similar routine involving exercises, possibly some massage, and modalities like heat or cold and electric stimulation.

Judy S. of Cheektowaga exercised regularly, walked her dog daily and thought she had an excellent desk chair for her office job. She was frustrated due to chronic low back pain that extended down the outside of her leg. She tried to stick to the routine her chiropractor told her to follow – getting up every half an hour to walk around. Still, the pain was making it difficult for her to work.

I see many people who are sent to physical therapy by their doctors after back or neck surgery like Joe, or have chronic pain due to poor body mechanics like Judy. The idea of building people up with exercises, weights or machines, and teaching them stretches to perform in a corner of the clinic makes some sense. The problem is often tissue known as fascia covering our organs, bones, and muscles binds things together abnormally. Long-standing poor postural habits, illness, trauma and surgery result in altering a person's natural position causing the body's structures to apply unnatural forces on one other. This creates a situation where strengthening and manipulation of our bodies take place in an environment of tissue resistance. When this happens the spine, joints and pelvic bones become more comfortable in positions that are unhealthy and abnormal.

Neither Joe nor Judy knew what to expect when they arrived at my clinic. They weren't accustomed to having a physical therapist spend 45 minutes working directly with them.

For Joe, this meant deep tissue massage to scar tissue that was causing a death-grip of his right hip at his lumbar sacral joint. For Judy, it involved a hands-on technique called myofascial release (gentle sustained pressure to eliminate pain and restore motion), and soft tissue mobilization applied to her excessively tight hamstrings and left thigh. Before the end of each session, Joe and Judy were instructed in exercises and stretches specific to their areas of pain and easy to perform at home.

In just a few sessions, both patients were surprised at how they felt. Both agreed that it was easier to move without pain, maintain different positions at work, and experienced significantly improved sleep. Both said they couldn't imagine returning to clinics where several patients on tables or at machines receive just five to ten minutes of personal attention from a therapist.



I've learned that time, personal attention and techniques customized to each individual's therapeutic needs makes a difference, and look forward to helping Western New Yorkers who are experiencing persistent chronic pain.

About the Author: Adam Field became a physical therapist after his own experience with physical pain. He believes in evidence-based physical therapy involving a "hands-on" approach known as myofascial release, craniosacral therapy, deep tissue massage, and joint/soft tissue mobilization. To make an appointment contact Adam directly at 716-982-8200. Learn more at www.adamfieldphysicaltherapy.com.

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