

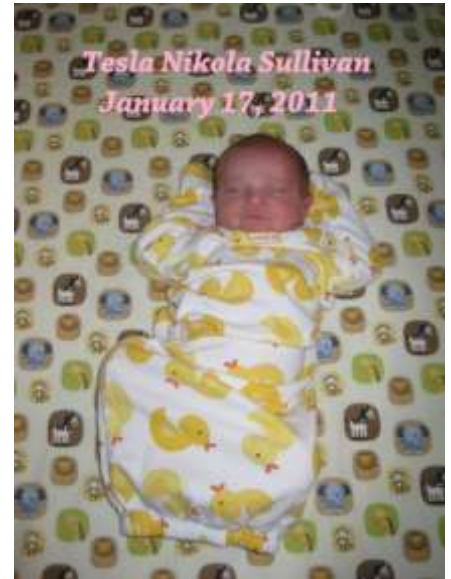


The Arizona Quarterly Spine 2011 Spring Edition!

A note from Shane

Emily and I are proud to announce the birth of our 1st child: Tesla Nikola Sullivan. She was born on January 17th, 2011, weighed 7 lbs 4 ounces and she was 20 ½ inches.

I can't believe it's March! We hope everyone has a wonderful Spring because that Summer heat is coming!



**7th Interdisciplinary
World Congress on
Low Back & Pelvic Pain**

Balanced Solutions: Effective
Implementation of Evidence
Based Research

Los Angeles // November 9 - 12, 2010 // Hyatt Regency Century Plaza

In November I attended the 7th Interdisciplinary World Congress on Low Back and Pelvic Pain. This Congress was initiated in 1991 by Vert Mooney, MD and Andry Vleeming MD to promote and facilitate interdisciplinary knowledge and to help create a consensus on prevention, diagnosis, and treatment of acute and chronic lumbopelvic pain. It is held every three years and is open to all disciplines. The theme of the 2010 Congress was: *Balanced Solutions: Effective Implementation of Evidence Based Research.*

It was divided into three main sessions and five parallel sessions that highlighted topic specific research. This year's congress was dedicated to the late Dr. Mooney. Ted Dreisinger PhD honored his life with a talk entitled, Vert Mooney, The Passing of a Giant.

Congress Content

Subjects covered in the main sessions included: movement stability in lumbopelvic pain, pelvic girdle pain, cognitive aspects of treatment, evidence based practice for low back pain along with diagnosis and treatment, connective tissue and the role of fascia, surgical management and, sports medicine and exercise.

Movement stability included presentations on anatomy of the sacroiliac joint, the connective tissue structures, neurological structures and the biomechanics of the SIJ, abdominal wall, spine, and hip.

Pelvic girdle pain: diagnostics, risk factors and motor control discussed anatomy of the region, biomechanics, and possible sources of dysfunction and pain. It included videos of maternal ligament tearing during the birth process, diagnostic procedures, and some discussion of treatment.

Cognitive aspects of treatment of lumbopelvic pain: thinking about thoughts was discussed next. Researchers presented different screening tools to help better identify patients needing broader management of their pain, and the effectiveness of cognitive behavioral therapy.

Evidence based practice for low back pain: challenges. This was led by Mauritis van Tulder. Julie Fritz spoke and opened her discussion with an early quote from Robin McKenzie related to subgroup classification. Wim Dankaerts PhD discussed identifying subgroups from a biomechanical perspective. This focused primarily on the O'Sullivan classification system.

A presentation on subclassification of radicular pain was interesting in that it focused on embryology and highlighted the differences in pain development based on the embryological origin of tissue. According to the speaker, Geoffrey Bove, DC, PhD, radicular pain can only be neuropathic (neural) or nociceptive and both can exist simultaneously. He has coined the phrase ectopic nociceptive pain based on recent understandings of axonal physiology.

Peter O'Sullivan emphasized the need for subgrouping and discussed his classification system. He commented that in chronic pain, a separate subgrouping for those experiencing more biopsychosocial problems is needed.

Eric Parent presented Development of a preliminary prediction rule to identify patients with low back pain responding to extension exercises. In this cohort study of 59 subjects with a 17% drop off, a prediction rule of six factors was established:

1. Without co-morbidity limiting activities.
2. With moderate side-glide limitation towards the least painful side.
3. Without neurological signs on most painful side.
4. Without hip ROM abnormality on most painful side.
5. Worse after repeated flexion in standing.
6. Centralization of symptoms with at least one extension test.

Patients presenting four or more of the six factors were considered positive on the rule. The probability of success with extension of patients positive on the rule increased by a clinically important amount from 28.8% without using a rule to 87% for those positive on the rule.

Effective diagnosis and treatment of CLBP. Topics included cognitive functional therapy, post surgical management, and training the multifidus.

Connective tissue matters: the role of fascia in the generation and treatment of low back pain. This included some incredible slides and a video journey under the skin to the muscles, lumbar fascia and structural architectures.

Parallel sessions were devoted to:

Motor control and pelvic girdle pain. I went to the motor control session where 11, ten minute papers were presented. Debate and discussion continues about the need to address the core and trunk muscles, different ways to do this, the need for functional training as opposed to muscle specific training, the need/use of labile surfaces, the effect posture and the concept of stiffness, is it a good or bad thing. Research came from a spectrum of countries and clinicians. The overall conclusion was that more research is needed and the concept of sub-grouping in the research is needed.

Surgery, anatomy, and biomechanics on evidence based practice and sub-grouping.

This covered a variety of topics including the development of different screening tools and ideas for classification systems and outcome measures including the Spine Functional Index by Philip Gabel. This index was reported to be superior to the FRI (Functional Rating Index), ODI (Oswestry), and RMDQ (Roland Morris) and was applicable to all areas of the spine. It will be interesting to watch if this becomes more prevalent in the literature. Another interesting presentation looked at trying to identify why some patients were unable to learn their motor control exercises. Sean Gibbons discussed the incidence of cognitive learning problems (concentration, attention, memory), learning disabilities, ADD, and low level “neurological soft signs” in the chronic pain population and the type of rehabilitation techniques that might best address this patient’s motor learning issues.

The final session related to sports and low back pain and motor control.

Summary

There was a lot of information presented. Most people agreed that sub-grouping is necessary. However, there are many ideas about what needs to be included in the screening process and how many subgroups there needs to be. Most would agree that the “whole person” needed to be treated, but there were many different ways to diagnose, treat, and measure outcomes. Attending this conference allowed me to understand the areas of frustration and ongoing research being conducted in the international community. Finally, this conference encouraged all of us to continue to learn and not ignore other research just because it’s not in parallel with our own understanding.



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Using the Internet

SpineScottsdale is now using the internet to connect with the community. We are on Facebook, Twitter, Posterous, and Yelp! You can learn more about these internet sites below:



Facebook: Are you a fan?

Perhaps you have heard of this social networking site that is gaining popularity...FACEBOOK. Well, SpineScottsdale has decided to be a part of the trend. You can find a link at our website, www.spinescottsdale.com, to become a fan. You can post comments, view pictures, read articles, and tell your friends.



Twitter: Providing your patients tips on how to keep your spine healthy

Every day, millions of people use Twitter to create, discover and share ideas with others. Now, SpineScottsdale is turning to Twitter as an effective way to provide your patients and members of the community tips on how to keep your spine healthy. You can find a link to our Twitter page at: www.spinescottsdale.com



Posterous: Evidence-based blog designed for health care professionals

Too busy to keep up with all the spine related research? I will be posting a weekly blog discussing the most recent evidence-based material on spine related issues. You can view this blog by going to: spinescottsdale.posterous.com



Yelp: The purpose of YELP is to connect people with great local businesses.

1. Yelp was founded in 2004 to help people find great local businesses.
2. As of May 2010, more than 32 million people visited Yelp in the past 30 days.
3. Yelpers have written over 11 million local reviews.
4. Your patients will be able to review SpineScottsdale Physical Therapy at www.yelp.com



Moving in the Right Direction

What your patients are saying?

“I want to express how satisfied I am with Shane’s care and treatment protocols. He has demonstrated an innate ability to provide the most effective rehabilitation program while having a genuine concern for my well being. I am feeling almost 100% in less than a month from seeing Shane.”

-George

“This was my first experience with physical therapy. Shane communicated very clearly which led to a relaxed and positive experience.”

-Marcia

“Shane is fantastic. Not only did he correct my immediate problem of lower back pain, he has taught me how to be proactive in maintaining back health. I highly recommend him.”

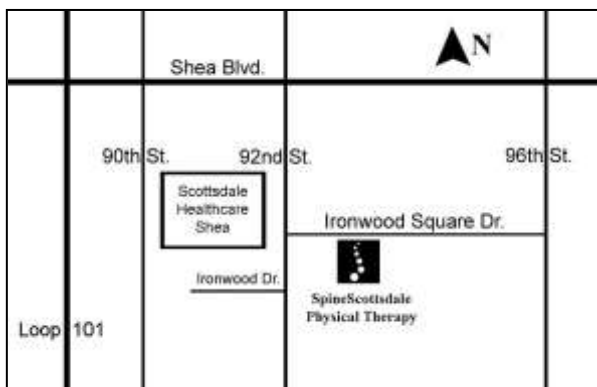
-Denise

“This has been a great experience and the results have been outstanding. Thank you for giving me my mobility back and relieving my pain. I would recommend Shane without exception!

-Stephanie

“I have been coming here for a few months. I could hardly stand when my therapy started and had major pain in both legs and lower back. Within a short time the pain in my legs is gone and the back feels great. Everyone on staff is friendly and makes it a fun time. I have been to other doctors for physical therapy and Shane and the staff has helped more than anywhere else.

-Jason



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