

Modalities Case Study

Name
Institution

Course
Professor
Date
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Recognition of All Problems

The patient was previously diagnosed with lateral epicondylitis. While her physician ordered rehabilitation, for the past month, she had continued severe pain. However, over the past three days, the patient has been taking an NSAID prescribed by her physician with the pain severity lessening. The patient did similar state pain had occurred after playing tennis, but also resolved after a day or two of rest. Noted was the patient's activity in pulling up weeks before the occurrence of pain.

Lateral epicondylitis occurs as an injury of the tendons attached to the lateral aspect and may have begun to degenerate at the attachment point. The occurrence is normally due to a traumatic event such as the patient's pulling weeks.

Prioritization

Pain is obviously a conditional priority. The assessment listing to determine such prioritization includes the duration of the pain (1 month) and the severity of the condition (without the NSAIDs what level, 1-10, 1 being a low pain, 10 being a high pain). The signs and symptoms beyond the patient's pain include a notable mild swelling with inflammation on the patient's lateral epicondyle (right elbow). Other considerations, just as valid necessitates the determination of the types of tissues involved, the client's suitability for the remedial kind of therapy measures, and if the signs and symptoms suggest a common condition of the elbow region. Patient has claimed similar occurrences of pain after playing a vigorous game of tennis, but the pain usually dissipates after a day or so.

- Pain is number one prioritization of problem

- Minimal swelling and tenderness is number two prioritization of problem

Goals

Short-term goal to establish directs the treatment determined by the symptoms. In this case, the patient is having pain, and the NSAIDs are controlling said pain. The short-term goal would be to continue managing the pain.

Patient short-term directed goals:

- Reduce swelling lowering from 3 cm to 2 cm
- limit pain from an 8 of 10 to a five of ten within the next 10 days

Long-term established goals focus on contribution or predisposition factors such as the underlying structural feature and specific individual lifelong factors. The long-term, in this case, necessitates determining the causation of the pain and implement the appropriate required treatment measure.

Patient long-term directed goals:

- Patient will have no swelling by 4 weeks after injury
- Patient will be pain free by 5 weeks after injury and will be back to playing tennis full time granted she rests in that time period

Treatment plan

There are several modalities that can be used for therapy of this patient. Specifically, the use of iontophoresis therapy, game ready therapy, ultrasound therapy, ice cup massage therapy, or laser therapy, all have potential positive patient outcomes.

The use of iontophoresis therapy was questioned to use; however, four other types of symptomatic treatment include game ready, ultrasound, ice cup massage, and laser. Any one of these therapeutic measures could potentially assist the patient. The determination for which treatment or combination of treatments would produce the best, longest lasting and the more productive therapy for the current patient.

The use of game ready therapy offers a method for the injured area to be perpetually iced down through a compression device that looks like a sleeve. This sleeve-like apparatus is filled with cold water and ices the injured area. This is continued for 20 minutes. However, the overall patient outcome is nominally short-term and utilized for those with a low pain threshold or in combination with another modality such as laser treatment.

Ice cup massage therapy as well, is used as a short-term treatment method. This therapy consisted of ice on a Dixie cup or frozen to a popsicle stick and used to massage the patient's injured area. This has only short-term affects and is not recommended for those patients with deeper tissue injuries.

Laser treatment offers phototherapy which applies light from a device that sends out wavelengths to the injured area. While the use of this treatment has been deemed akin to iontophoresis, the use of this combined therapy continues to have conflicting results in its effectiveness of treatment. However, laser therapy alone has been established as the most productive of these listed therapy types and provides a higher recovery rate.

Ultrasound offers a low does of MHz (from 1-3) for those injuries that are deeper. This method of therapy places the treatment directly on the patient's injured area and uses an immersion method with the patient's extremity positioned in water with the ultrasound head approximately 0.5 cm away.

Addressed each problem. Since the objective examination showed patient to have tenderness and mild swelling at the right lateral epicondyle, but no weakness with the resisted wrist extension,

and since the patient's ROM, strength, and upper extremity sensation are all in normal limits, the first addressed problem is the pain. This has been handled by the physicians scripting the NSAIDs. The second issue to address is where is the pain coming from. Since there are tenderness and mild swelling in the right lateral epicondyle, the most ideological treatment method is any one of the previous four listed. It must be noted that these treatment options all have positive potential outcomes, but no one single treatment is completely effective. The combining of any two or three or even all four in the patient's treatment regimen is recommended.