

# Use of thermography stirs up debate

**By Richard Leach**  
Staff writer

The use of thermography in medicine has sparked some heated debate among members of the medical and legal professions.

Medical thermography is a technique for measuring the amount of heat emitted by the body. Certain temperature differences are interpreted as signs of soft-tissue injuries or other problems. It was the subject of an Observer and Eccentric Newspapers story recently.

Proponents of the infrared technique say it is a means of diagnosing soft-tissue injuries and sensory nerve irritation without using needles or radiation.

They say the technique is being used extensively by pain clinics to treat patients and in court to prove individuals' compensatory complaints of pain.

The country, Judge Francis X. O'Brien currently is in the process of viewing the tapes.

Larky and proponents of thermography said those who oppose the technique have not worked with it enough to have the knowledge needed to understand it.

"There are even doctors today who question the reliability of X-rays and CAT Scans," he said. "The beauty of the technique is that thermograms are another step closer to objectively identifying sensory nerve root irritation."

One of those giving a deposition was radiologist Dr. Charles Wexler, an oncologist, a leading American thermographer. Wexler has said that in his studies he has found thermography to have a diagnostic accuracy of 93 percent, compared with 82 percent for electromyography.

BUT OPPONENTS of thermography say it is an unreliable technique that is not generally accepted by the medical profession.

They said that the doctors who do use it usually are involved in compensation medicine, trying to prove or disprove someone's injury or disability claim. Thermographic photos, with their multi-colored views of the interior temperatures of the human body, make impressive-looking pictures in court, but can be deceiving, they said.

"What they like to be able to say is that it is objective evidence of abnormality, and it is not," said Dr. Myron LaBan, director of the Department of Physical Medicine and Rehabilitation at William Beaumont Hospital, Royal Oak and Troy.

"The interpretation is subject to enough variables that you can't really say it's a definite test of abnormality," he said.

"I don't know of any radiologists of quality in the Detroit area who use thermography," said Dr. Philip Perkins, director of the radiology department at Providence Hospital in Southfield. "Most feel it is quackery."

Thermograms at this point are not considered reliable in the medical community as a whole, attorney Trenta of Avon Township said. "It certainly doesn't seem to be in the hospitals, nor does it seem to be used by the good orthopedic surgeons or neurologists."

"If this device is so great and so good, every medical school in the country would be using it, and they're not," LaBan said. "Anything that's not in medicine is out there in three or four weeks, and everybody's using it."

NONE of the critics dispute that thermograms give a heat picture of the body. They question how reliably the heat differences can be interpreted.

LaBan, for instance, said he has, using hypnosis, caused patients to change their body temperature — and the same technique could be used to distort thermograms. But proponents of the technique said well-trained thermographers take proper precautions, including taking a series of thermograms of the area of the body under study, to make sure that the image is valid.

The American College of Radiology, in a policy statement adopted in September, said "thermography of the breast is still an experimental procedure with no established clinical indications."

It was the consensus of orthopedic surgeons at the 1984 meeting of the American Academy of Orthopedic Surgery that thermography is not reliable in measuring low-back pain, Trenta said.

The American Medical Association has no formal policy regarding thermograms, an AMA spokesman said.

However, an AMA diagnostic and therapeutic technology advancement survey conducted by a panel of experts last year termed the technique experimental and not yet established for clinical use.

BUT LARKY said thermography is being used clinically at such places as John Hopkins University, major pain clinics, and the new Harper-Grace Hospital physical medicine and rehabilitation center in Southfield.

Dr. Mark Rottenberg is the center's medical director, a clinical assistant professor at the Wayne State University School of Medicine, and chief of the musculoskeletal unit at the Rehabilitation Institute in the Detroit Medical Center. Rottenberg said he has found thermography to be a good diagnostic

technique to help patients — when used correctly.

"I certainly don't think people can make much sense out of them (thermograms) from merely looking at the images, which a radiologist can do with X-rays," he said.

"To meaningfully interpret them, they have to be coordinated with other aspects of the patient's history such as a physical exam or other diagnostic tests," added Rottenberg, who was not one of those giving depositions in the lawsuit.

Rottenberg stressed that he would not perform surgery based solely on a thermogram.

But he said he considered the test an effective way to detect sensory nerve irritation which an EMG cannot pick

up. And the technique is a helpful initial screening device for people who do not want to be unnecessarily pricked with needles or bathed in radiation.

Rottenberg said the reason groups such as the radiologists are opposed to the procedure could be that they have not worked with the use of EMGs and other tests the radiologists use.

"For one thing, it may cut into their revenue," Rottenberg said. "People are not wild about the idea of getting a lot of radiation and X-ray exposure."

Trenta said one of the depositions he gathered is from someone familiar with the technique, a thermographer, Dr. Leo Mahoney, associate professor at St. Mary's Hospital at the University of Toronto.



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