How Botsford physicians aid patients to heal

By ELIZABETH TULLY

"I don't like to go to the doctors, I'll tell you that. But if you've got back pain like mine, you're gonna go right away," said a factory worker undergoing heat therapy in Botsford Hospital physical therapy department.

He lay prone under several sheets of Hydroculator packs, canvas-enclosed silica gel heated to 160 degrees. They covered his shoulder and back. Application of heat is commonly the first step in treating muscle spasms, pain and motion problems.

Dr. James Newman, physical and rehabilitation medicine specialist, explained that his patient had a ruptured disc which put pressure on a nerve root. Newman, 30, and his senior partner, Dr. Victor Gordon, spearhead a rehabilitation program which includes physical therapy, social services and speech and language pathology departments.

The focus of their efforts is on physically disabled patients.

A low back pain service, currently non-existent in the Detroit metropolitan area, is being developed at Botsford. Programs to improve care of the neurologically handicapped and patients who have undergone amputation, also are planned.

"THERE ARE pain clinics all over the country," said Gordon, "but we concentrated on low back pain because it is a considerable problem.

"Individuals with this condition don't obtain definitive care and they're shuffled from one place to the next. We will address ourselves to this in the very near future."

Some of the causes of low back pain are metabolic diseases, birth defects, and herniated intravertabral discs.

"Most back pain is associated with some psychogenic dysfunction. But the idea is to effectively help the patient deal with this disability so that he can be more functional.

"When we speak of rehabilitation, we mean return of ability."

Gordon has been at Botsford for 2½ years. Formerly a family practitioner, he took a residency program in rehabilitation medicine after treating many chronically disabled patients. Two of the most common problems he treats at Botsford are stroke and orthopedic injuries.

"We see ruptured aneurysms in relatively young people," Gordon said. "We see strokes in people in their thirties and in younger people, especially in females who have been on birth control pills. But, generally, stroke patients are in their fifties and older.

"All cases of closed head trauma that we see are generally young people. Auto and motorcycle accidents mostly, and swimming pool accidents during the summer. These are acute neurologic emergencies.

"Rehabilitation must be instituted immediately to prevent secondary disabilities such as contracture formations, in which joints are impaired because they aren't used and become fixed."

Follow up examinations of stroke patients are necessary after they return home because the improved functioning achieved in the hospital frequently declines. Emotional support for patients and their families is vital to the final outcome of treatment, according to Gordon. Family conferences are held regularly for this reason.

"We try to prepare patients to return to the mainstream of society. But once they go home there seems to be a rapid drop in the level of function. They are anxious and away from people who share their disabilities.

"Input from society isn't always positive. We see patients after awhile for further evaluation and reinforcement. Additional therapy may be required."

Newman graduated from the Chicago College of Osteopathic Medicine and took a three year residency program at Detroit's Rehabilitation Institute. Helping patients to help themselves is the most rewarding aspect of the speciality, says Newman.

"The patient is the captain of the rehabilitation team," he explained. "We are only as effective as patients allow us to be. We are helping to teach them to use whatever remaining function they have.

"Our speciality cuts across many different specialities. It's very diversified. It's amazing the different types of cases I might see in a day—anything from spinal cord injury to a pinched root to a stroke.

"I think what I really like is that we deal with practical aspects of survival. Things like being able to sit up, walk, dress oneself. A patient can't walk unless he can sit up first. What we try to do as a team, is increase the quality of existence for people."

An important factor, said Newman, is treating a person's emotional response as well as the physical condition.

Newman explained that for every disability there is a particular physical therapy program tailored to the individual patient. He described a 77-year-old woman who lived alone until a stroke left her severely handicapped.

"She's quite a remarkable woman. The speech therapist is treating her slurred speech, physical therapists are teaching her how to stand from a sitting position, her attending physician is treating her medical condition and social services workers meet with her.

"We are teaching her to use what functions she has left so that she can compensate for the physical disability."

Newman issued a warning about traction, which relieves pressure on the nerve root so that it has time to heal.

"Some patients can't tolerate traction. Before any patient gets traction, he must be evaluated. Never go to a hardware store and purchase a traction unit to treat yourself if you're having neck and arm pain, even if the directions tell you how. You may have a condition that contra-indicates traction."

In addition to traction, other physical therapy methods such as massage and range of motion exercises are employed. Ultrasound therapy is used for deep heating in conditions such as a frozen shoulder, while Hydroculator packs, hot water bottles and heating pads supply superficial heat for treating local pain and muscle spasms.

The efforts of the rehabilitation team are hampered by patients who don't want to get better, said Newman.

"The most important thing is giving patients an opportunity to do for themselves. We can kick them in the butt to get them going, but eventually it's all up to them."