

New ROM Device to Impact PT Community

By: Daniel Rosman, DPT

Over the past three years I have had the opportunity to incorporate the use of a new medical device into my clinical treatments for a majority of patients. The ROM (range of motion) board was created by a former patient following a Total Hip Arthroplasty to explicitly address what he realized was an obvious void within the rehabilitation process. The unique qualities of this device allow patients to address specific limitations and achieve their individual goals through the implementation of clinically directed exercises. The implementation of this device, combined with the proper professional and clinical guidance, has resulted in significantly better patient outcomes, and quicker achievement of functional goals.

Excellent PT for Patient Recovery

Physical therapy prerequisites for excellent outcomes following joint arthroplasty surgeries include, early patellar mobilization and knee ROM designed to minimize ROM restrictions and scar tissue formation. The resulting decreased joint swelling and pain, allows for earlier muscle activation and strengthening, therefore retraining / re-educating function within the expanding available ROM. Early rehab goals, especially for post-operative patients, emphasize decreasing pain and swelling and increasing joint ROM.

Closed / Open Chain

The debate within the rehab community over closed chain vs. open chain exercises continues today. Recent studies, however, have begun to provide increased legitimacy to the closed chain exercise argument, especially following ACL reconstruction. These aforementioned studies demonstrate improved patient outcomes, including quicker recovery to achieving prior levels of function. Decreased pain, improved overall ROM and strength, as well as improved joint stability were also found throughout the majority of these studies.

Early Phase Closed Chain

Often times post-operative pain, joint swelling, and weight bearing restrictions prevent patients from performing closed chain exercises. The ROM board provides patients the ability to begin these specific prescribed closed chain exercises safely during early phase rehabilitation. This product seamlessly changes simple exercises like the isometric quad set or hamstring set, into a closed chain resistance exercise. The generic terminal knee extension exercise can be enhanced to emphasize eccentric quadriceps control and neuromuscular re-education, while remaining non-weight bearing. With the ROM board bilateral or unilateral bridges transform into higher-level closed chain exercises, emphasizing co-contraction of the hamstring, quad, adductor, and abductor muscles.



AROM Supine Hip Abduction and Resisted Supine Knee Flexion with TKE

Financial & Mental Benefits

The scope of impact that is evident with the use of this product doesn't end solely with the physical or physiological rehabilitation benefits. A major expense to patients and insurance companies comes from the duration of hospitalization following a surgery. Through comparison studies of patient confidence and independence, the resulting decreased duration of hospitalization following surgeries presents added mental and financial benefits.

Current Study for DME

The current patient comparison studies being performed at a Baltimore hospital have been designed to transition this product towards a durable medical equipment (DME) classification. The initial financial investment by insurance companies in this product would quickly be recouped by the aforementioned shorter hospitalization. Allowing confidently independent patients to return home following surgery, instead of attending in-patient rehab or skilled nursing facilities, will also significantly decrease insurance expenses. A final added benefit for both insurance companies and individual patients is the decreased need for prescription medications and lower volume of outpatient physical therapy. ■

Daniel Rosman, DPT, graduated from the University of Delaware in 2004 with a Doctorate in Physical Therapy. He has more than ten years of experience working in outpatient orthopedic rehab facilities. Dr. Rosman has studied various techniques and styles within the PT profession through continuing education courses, peer demonstrations and personal studies of research papers and article reviews.



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