

Recovery & Resolution

A LEGAL NEWSLETTER FOR
HEALTH CARE PROFESSIONALS



Graham Lundberg & Peschel *Founded 1979*

Chronic Muscle, Tendon and Ligament Pain and Sensitization Post MVC

Guest Article by David Musnick MD

It is not uncommon for a patient to be complaining of pain 8 to 10 weeks or more after a Motor Vehicle Collision (MVC). It is important to determine if your patient has developed chronic pain of tendon, muscle or ligament origin. Early determination of certain tissue problems can lead to a plan to resolve the tissue dysfunction.

Has your Patient Developed Sensitization?

Sensitization is a process in which the nervous system has developed changes in any or all of the following locations: peripheral receptors, spinal cord and brain. Most commonly our patients develop a lower threshold for pain and changes are in all three areas. The neurophysiology of the receptors is complex and involves many different biochemical mediators. Details of this are beyond the scope of this article but are available from this author and from online and journal reviews. As sensitization increases patients will perceive pain with less stimulus until they are feeling pain with very little stimulus (chronic pain) except their own nervous system dysfunction. This is a relatively common problem especially after a moderate to high speed collision. It is more likely if a patient has any of the following conditions: Depression, Anxiety, Sleep Dysfunction, Hypermobility and ligament laxity or Fibromyalgia.

How do you know if your patient has developed

sensitization? You will find that an area is sensitive to touch and takes less pressure for the patient to complain of discomfort. Motion that is active or passive may lead to exaggerated pain responses or guarding. The tender points of Fibromyalgia are always sensitized. Trigger points are sensitized muscular areas. Ligament, joint capsules and tendons can also develop sensitization. If your patient has Fibromyalgia they have generalized sensitization and the focal areas of injury will be regional areas of sensitization.

Trigger Points are Sensitized

Trigger points are palpable focal areas of muscle dysfunction that are fibrous and quite sensitive. They may respond to manipulation of the nearby joint. If they do not respond to manipulation and soft tissue work it is wise

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Legal Educational Seminars

Chronic Muscle, Tendon and Ligament Pain and Sensitization Post MVC, continued

for these patients to be referred for trigger point injection. These injections should be done with local anesthetic rather than steroid. Post injection care is light massage as well as hot and cold applications. Patients should avoid excessive use or over stretching of the muscles. Trigger points may recur or persist if the underlying cause is not treated. Often the underlying cause is second degree sprains with joint hypermobility. The hypermobile joint will lead to a reaction in surrounding muscle or muscles which may start with spasm and turn into a trigger point.

Tendons may Become Sensitized

Tendons that are hurting for more than a few months are unlikely to have much inflammation. In fact the condition may be called a tendinopathy. In tendinopathy there is sensitization of the tendon and some degenerative and tissue level changes in the tendon. The most common tendons to behave like this are the supraspinatus, long head of the biceps, extensor tendons of the elbow, patella, quad and Achilles tendons. How do you identify this? First of all it is important to do a good history, physical exam and pain diagram. Palpate the tendon as well as do muscle testing to see if it is recruiting poorly or if pain can be provoked.



Treating Tendinopathy

Treatment of tendon pathology should be comprehensive including:

1. Treat the joint dysfunction that relates to the tendon.
2. Advise the patient to decrease the exercise and activities that flare up the tendon.
3. Give the patient advice on posture in sitting and sleeping to improve blood flow to the tendon.
4. Advise the patient to exercise the tendon with some sets of higher reps such as 25–35 so as to stimulate blood flow. After this exercise is pain free consider demonstrating and prescribing eccentric exercise in one set of 8–12 reps. The eccentric set should be the last set of exercises done.

If the above is not effective along with spinal care consider referring for a consult. Possible treatments for tendinopathy are: topical PLO gels with KetoCam, Lidocaine and Neurontin. An injection that can be quite effective is a trigger point injection with local anesthetic, Dextrose and Glycerin to deal with the “neovascularity” of the tendon or the above solution with a small amount of testosterone to lead to a strengthening of the tendon.

Is the Pain from Ligament?

Ligaments, in general have poor circulation and can become sensitized. Try palpating the spinal area so you can locate tenderness where the ligament is. Consider doing ligament stress tests for laxity on physical exam. These stress tests for the low back and Sacroiliac joints are well illustrated in “The Pelvic Girdle” 3rd edition by Diane Lee from Vancouver, BC. Consider also doing flexion

extension or open mouth views of the neck to determine if there is regional hypermobility there. You can consider a referral to determine if there are ligament issues as reasons for nonresolving pain in your patient.

Prolotherapy

Prolotherapy is an injection technique which can stabilize hypermobile joints and sprained ligaments by injecting the ligament; leading to a release of inflammatory mediators and growth factors. This injection technique can be done every 4–6 weeks to achieve joint stability. In PIP or private insurance cases, preauthorization can be requested.

Conclusion

Chronic pain is common but not normal after an MVC. Specifically diagnosing, documenting and treating the tissues involved as early as possible can shorten the time of pain and disability in our patients. The earlier this problem is diagnosed the more likely it is that treatment can be effective.

David Musnick MD is board certified in Internal and Sports Medicine. He has a private practice at his clinic in Bellevue Washington of Orthopedic Medicine, Sports Medicine and Pain Management. He has a subspecialty in motor vehicle collision injuries, trigger point, scar and ligament injection. He does consultations for Chiropractic and Medical colleagues for pain management, hypermobility of the neck, shoulder and low back as well as Impairment Ratings. He is a national speaker and educator. He is the author of *Conditioning for Outdoor Fitness: Functional Exercise and Nutrition for Every Body*, a book on exercise, rehabilitation and injury prevention. He can be contacted by E-mail at drmusnick@msn.com or by phone at 425-462-7325.



Coordination of Care Solution – Treatment with a Massage Practitioner

Guest Article by Loretta Lanz, Licensed Massage Practitioner

How can we, as massage practitioners, communicate more effectively to the rehabilitation team about the needs of our patients? Primary care doctors are gate keepers to rehabilitation patients so use your time wisely and keep your questions concise. For example, massage practitioners can work smarter by keeping track of referrals and prescriptions that the primary care doctor has requested. If a referral is about to expire, call ahead to the referral coordinator in the medical clinic and give them the information needed to continue the referral. If a prescription for massage is about to expire, an easy suggestion is to have your own “Treatment for Massage” form. Fill out the treatment form with your patient’s medical information. Leave the physician signature “blank” for him/her to sign. Attach your own

cover sheet “to the attention of the “MD or DC.” Be sure to include your return fax number on the form making it easier for the form being faxed back to you.

Here are some suggestions to include on your “Treatment for Massage” form:

1. Your name, clinic name, address, phone and fax number
2. Current date
3. Patient’s name
4. Diagnosis and/ or ICD code
5. Area of concern:
 - a. Cervical
 - b. Thoracic
 - c. Lumbar
 - d. Scapular
 - e. Other _____
6. Condition/Injury is related to: Auto, Work, Medical
7. Treatment Plan:
 - a. Number of massages needed; include frequency

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Did You Know?

Graham Lundberg & Peschel successfully handles wrongful death cases. Wrongful death cases arise when someone is killed as a result of another’s negligence. Such cases can oftentimes involve multiple parties, multiple sources of recovery, and are typically litigated. Under Washington law, any personal injury claims the deceased person could make “survive” to his or her Estate. Wrongful death claims are brought by a Personal Representative, who is typically appointed by the Superior Court in the County where the victim resided at the time of death.

In addition to claims brought by the Estate, there may be individual claims that can be brought by the immediate family members of the person that has died. For

example, a surviving spouse, the parents of a child under the age of 18, or surviving children may have claims for “loss of consortium” under Washington law. Loss of consortium is the claim of a spouse, parent and/or child, to the loss of company, society, cooperation, affection and aid of the other in the course of the relationship.

Our attorneys and staff have worked as a team as advocates for families and dependents killed in automobile collisions, pedestrian accidents and work place accidents. Our firm handles all aspects of these cases from beginning to end, including investigation, appointment of the Personal Representative, trial preparation, litigation and resolution for the family members.

Attorney Spotlight – Jin Lien

Jin Lien is an Associate Attorney based in the Seattle law offices of Graham Lundberg & Peschel, P.S. Inc. Jin and her paralegal, Lorna Holland, focus their practice on personal injury.

Jin held a variety of positions prior to joining Graham Lundberg & Peschel. Her diverse professional background includes roles as an associate attorney at prominent law offices in the Puget Sound Region.

Prior to practicing law, Jin worked in human resources, program development, and internal auditing for the information technology, non-profit, and food industries. Her well-rounded and diverse background has proven to be a valuable asset to the team.

Jin attended St. Olaf College in Northfield, MN where she earned a Bachelor of Arts in English Literature and Composition, as well as studying at Bodenseehof and Universitaet Paderborn in Germany for two years. Later, she decided to pursue law and completed her Juris Doctor at Seattle University School of Law.

She is a current member of the Washington State Bar Association and is an Eagle Member of the Washington State Trial Lawyers Association.

Jin is a classically trained musician having studied piano for 18 years and violin for 8 years. In her spare time she enjoys hiking, cooking, reading, and writing fiction. Among her many ambitious goals is to someday combine her passion for literature and talent for writing to create The Great American Novel.





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Coordination of Care Solution, continued

- b. Hot/cold packs needed
c. An evaluation note is/ is not enclosed
8. Treatment Goals:
a. Restore posture
b. Increase mobility
c. Increase function
d. Decrease edema
e. Decrease pain
9. Additional Comments:
10. Line for the Physician's Signature Date
Have these forms in a file ready

to be used when needed. Working smarter not harder for your patients will be appreciated by the entire rehabilitation team. Loretta Lanz has been a Licensed Massage Practitioner in the State of Washington, since December 1995, a licensed Registered Nurse in the State of Washington, since July 1981 and Certified in Rehabilitation Nursing, since 1985. She can be contacted at 425-770-0677.



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