

Hawaiian Rehab News

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Functional Manual Therapy in the Treatment of Pelvic Girdle Dysfunction by Genelle Botje, PT, DPT

Recently I had the opportunity to attend a two day hands-on workshop in Maui on “The Pelvic Girdle Puzzle: Putting the Pieces Together Through Functional Manual Therapy” led by Ryan Johnson, PT, DPT, CFMT, FAAOMPT. Ryan is the son of Gregg and Vicky Johnson, co-founders of the Institute of Physical Art, whose vision is to implement an integral evaluation and treatment system for full-body mechanical, neuromuscular, and motor control function.

The premise of this approach, for the pelvic girdle in particular, is to provide a segmental look at articulations of the coccyx, sacrum, innominates, lower lumbar vertebrae, and hips with a systemic approach to the restoration of proper biomechanics and function. This system employs a combination of end-feel assessments for the soft tissues, joints, neurovascular and visceral structures with PNF techniques emphasized to improve ROM and motor control. Manual facilitation techniques are used in conjunction

with a directed home exercise program to improve global muscle initiation, strength, and endurance.

During a quick pelvic girdle scan, both anatomical observations and biomechanical measures are taken, including but not limited to bilateral leg swing efficiency, physiologic pelvic and spine motions, cervical rotation, and even shoulder abduction. It is imperative to realize that the pelvic girdle is essentially the “hub” of our entire body; this is where our center of gravity lies and therefore can easily cause a domino effect of impairments both above and below the dysfunctional system. By first analyzing coccygeal mobility and function, therapists can initiate a series of treatments to tackle chronic lumbosacral issues.

Some of the soft tissue techniques utilized prior to segmental mobilization includes shortening of tissues for acute conditions as well as providing tissue traction/lengthening and varied frequency of associated

oscillations. Then a functional mobilization approach is applied with a combination of deep breathing techniques, active/resisted lower extremity movements, and neuro re-education.

By following an eclectic and interdisciplinary approach to care, we as healthcare practitioners have the tools necessary to significantly improve the well-being of those who present with a wide range of problems associated with the pelvic girdle and surrounding structures. Decreasing inflammation and improving body habits through proper nutritional education, regular exercise, and correction of biomechanical and neuromotor dysfunctions can help even the most difficult cases of chronic low back pain, moving our patients toward an overall improved quality of life



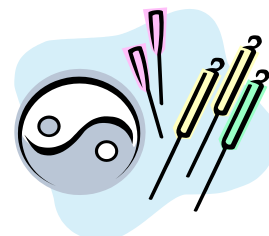
Treating Pain with Acupuncture by Paul Thompson, LAc.

Chinese medicine views pain as injured qi (life force). Pain is seen as our life force working to heal injuries and diseases. Therefore, suppressing pain may delay the healing process. Stagnant qi and congealed blood result from injury and disease and cause pain.

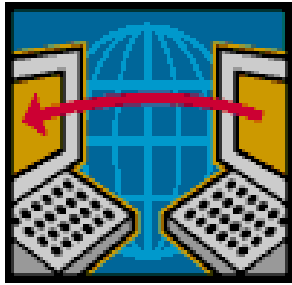
Treatment seeks to

move the qi and accelerate the healing process, frequently resulting in the patient experiencing qi sensations. The sensations are variously perceived as electric, radiating, flowing aching tingling, heavy, etc. The acupuncturist also feels the qi energy as it grabs the needle, not unlike ‘getting a nibble’ when fishing.

If pain is viewed as the body trying to heal itself by sending signals to speed that healing, it can be useful to resolve the injury/disease process at its roots.



Clinic Update



EMR– Hawaiian Rehabilitation Services, Inc. has successfully transferred the patient record keeping to electronic format in Kona. We are using WebPT which allows us to fax or email referring health-care providers our reports. Due to some insurance regulations, we do require a referral source signature on our “Plan of Care” which will then be scanned into the record. Hopefully in the future, when we are all connected by internet, medical reports such as radiology reports, will be loaded directly into our records as well (rather than scanned from fax).

If you have any concerns regarding timely access to our reports, formats, or delivery, etc., please let us know.



Insurance Update

Most providers know that Medicaid is combining the Quest programs into a single program called Quest Integration as of Jan. 1, 2015. Though administered by individual groups, such as: HMSA, UHC, AlohaCare, etc., the contract terms will be consolidated. What this means to providers is a bit cloudy.

The bottom line is that Quest reimbursement for Physical Medicine and Rehabilitation Codes, continue to be below sustainable levels. In addition, reductions for “MPPR” codes have been applied inappropriately to some Quest/Medicaid services, though the reductions are targeted only for Medicare. Hawaiian Rehabilitation Services will continue to fight unfair rules, reductions and restrictions placed on providers. We hope it will not come down to dropping UHC/Medicaid in the new year.



CONTINUING EDUCATION

Thomas Thornton, PT DPT

-SMT-2: Cervicothoracic Dysfunction & Cervicogenic Headaches: Diagnosis & Management with HVLA Thrust Manipulation & Exercise
Honolulu, HI
July 11-12, 2014

Jean Thompson, PT

Genelle Botje, PT, DPT
-The Pelvic Girdle Puzzle: Manual Therapy to Address Mechanical, Neuromuscular Function, and Motor Control Impairments
Kihei, HI
September 27-28, 2014

Katie Crabtree, OT, MOT

-Treatment the Patient with Hemiplegic Shoulder Pain (AOTA/Dynamic Learning)
Online Index Study

-Early Childhood: Occupational Therapy Services for Children Birth to Five SPCC

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Transition

The Kamuela clinic of Hawaiian Rehab has transferred to a former HRS therapist. Jonathan Camacaylan, PT, DPT now operates the Kamuela clinic as Mana Physical Therapy. HRS continues to operate the **Waikoloa** and **Kailua Kona** clinics. Mana Physical Therapy and Hawaiian Rehab services work collaboratively to continue locally owned quality care in West Hawaii.

Therapy Continues in the Community

By Katie Crabtree, OT, MOT

Following a stroke, people often have a difficult time engaging in activities they participated in prior to their stroke. These include leisure activities such as bowling, driving or other activities.

Occupational therapists are able to: assist people in recognizing their abilities and inabilities, following a stroke, and empower them to make their own decisions choosing and participating in meaningful activities.

They also engage clients in leisure activities that address performance skills needed to participate in meaningful activities. By empowering stroke survivors to make their own decisions, occupational therapy practitioners strive to enable people to feel as much a part of their community as possible, while participating in activities they enjoyed prior to their stroke.

*Our O.T. Department offers adult and pediatric rehabilitation services to those that are neurologically impaired. Our keiki gym provides a unique environment for structured and play activities as a part of a therapy program.



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