

DBC looks at Post-Surgery Rehabilitation

Dear Doctors and fellow friends. This March edition and upcoming DBC Info-letter will be focusing on POST-SURGERY rehabilitation. Validated studies have been taken from the “SPINE” journals like: “Variability of Outcome After Lumbar Disc Surgery”, “Rehabilitation following first time lumbar disc surgery – Cochrane Collaboration”.

Know more about what are the conditions and criteria that DBC sets for the DBC post-rehabilitation programme. What protocols we use to put the patient in a safe environment to rehabilitate the back. Find out from this issue of DBC Info-Letter.



Patient on the DBC Lumbar Thoracic Rotation Device

Clinical Trial Of Postoperative Dynamic Back Exercises After First Lumbar Discectomy *(Spine 1993; 18: 92-97)*

Manniche, C. Skall, H.F., Braendholt, L., Christenses, B.H., Christophersen, L., Ellegaard, B., Heilbuth, A., Ingerslev, M., Jorgensen, O.E., Larsen, E., Lorentzen, L., Nielsen, C.J., Nielsen, H., and Windelin, M.

Ninety-six patients who had undergone first time discectomy for herniated lumbar intervertebral discs were consecutively randomized to two physical rehabilitation programs: a program of high intensity, dynamic back extension and abdominal exercises with occurrence of low back pain being the limiting factor or a traditional program of mild, generally mobility-improving exercises within pain limits. Both groups underwent 14 hours of treatment during a 6-week period 5 weeks after the surgery.

At 26 weeks' follow-up, results indicated that back patients who did the high intensity exercises experienced greater success with regards to the patients disability- index and work capabilities. After 1 year, a trend that favoured the use of intensive exercises could be observed. No difference were found in pain or objective measurements.

A rehabilitation program with intensive exercises with occurrence of back pain being the limiting factor appears to increase patient behavioural support, resulting in work capacity improvements and patients' self-rated disability levels. The results indicate that a 6 week, 14 hour postoperative rehabilitation program is inadequate if objective postoperative deficit improvements are the desired goal.

Dear Doctors, if you need more DBC prescription pads, please feel free to call us at 03 2144 1195 or email us at dbc.ampang@dbsam.com

BackToHealth Malaysia signs agreement with PERKESO / SOCSO

Monday, 28 February 2005 - BackToHealth (M) Sdn Bhd the technology provider of DBC in Malaysia signed an agreement with PERKESO in running the PERKESO Return to Work programme. The agreement was signed between Dr. Soh Chee Seng, CEO of PERKESO and Mr. Petri Kiviranta representing DBC Malaysia and DBC International, Helsinki, Finland.

At the moment, SOCSO insured persons with prolonged MCs because of back and neck pain due to employment injuries; and employees seeking for invalidity pension because of back & neck problems may be treated with the DBC Treatment under the Return to Work program. All treatment cost will be borne by PERKESO.



Signing witnessed by Datuk Wira Dr. Fong Chan Onn, Minister of Human Resource

DBC Devices Settings in Postoperative LBP (Fusion, Discsectomy, Posterior Space-releasing Techniques)

DBC back & neck devices are designed bio-mechanically to emulate the movements of the back and neck. Our devices can be adjusted electronically and mechanically to cater to the different height, weight, gender etc. This way we could have specially designed individual settings to suit each patient that the doctor refers for the DBC programme. With such specific settings we could limit the resistance and the range of motion of these patients to put them in a very safe environment during the whole programme.

Discectomy

Aims: To facilitate disc healing and augment spinal dynamic stabilization. To decrease load transmission through intervertebral disc.

The DBC Extension, Flexion and Lateral Flexion Devices would be adjusted to a “pain free” Range of Motion (ROM). The same ROM will be used throughout the rehabilitation programme with small progressions. The setting of the Lumbar Thoracic Rotation devices have to be limited with continuous passive motions.

Fusion

- Posterior instrumentation (PLF)
- Anterior Interbody Fusion (Allograph or Fusion Cage)
- Circumferential (combined) Fusion

Aims: Enhance spinal stability and strength. Limit mobility. *(In patients with spinal fusion, adjacent levels have shown to have increased intradiscal pressure. With this evident, initial loads and progression should be kept small. Especially in circumferential and anterior interbody fusion, patients have limited ROM)*

The DBC Extension, Flexion and Rotation Devices would be adjusted to a limited Range of Motion (ROM). The same ROM will be used throughout the rehabilitation programme with small progressions and continuous passive motion. The setting of the Lumbar Thoracic Lateral Flexion devices would be in a pain-free ROM. Repetitions must be improved before resistance is improved.

Posterior Space-releasing Techniques

- Laminectomy
- Laminotomy
- Foraminotomy
- Spinal cord stimulation

Aims: Facilitate healing and improve trunk stabilization within a narrow range of motion.

Warning: Due to surgical alterations to disc and bony laminae instability may result. Maintain a confined ROM and monitor subjective progress slowly. Never increase ROM much throughout the programme. Always monitor patient symptoms with particular attention to sharp pain in axial rotation.

All DBC Device (LTR, LTF, LTE, LTL) must be set to a “pain-free” ROM with small progression and continuous passive motion. Durations and repetitions of the exercise must be improved before improving the resistance.

For more detailed explanation on DBC’s postoperative rehabilitation programme, please contact us or view the DBC Back Manual.

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