



Enfield Health & Wellness Center

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Suffield Health & Wellness Center

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*One-to-One Treatment Always
with a Licensed Professional*

Your Therapy Team

Carla Fleck, PTA
Katie Myers, DPT
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Jennifer Meier, MPT, CLT, CKTP,
Cert. MDT
Jennifer Cavanaugh, PTA
Kevin Sadowski, BSN, RN, DC,
Cert. MDT

*Two Modern Locations for
Your Convenience*

Providing Physical Therapy for:

Orthopedic Complaints
Post Surgical Rehab
Work Injuries
Auto Injuries
Back Pain
Neck Pain
Vertigo / Vestibular Rehab
Lymphedema
Headaches
Functional Capacity Evaluations

Specialty Certified In:

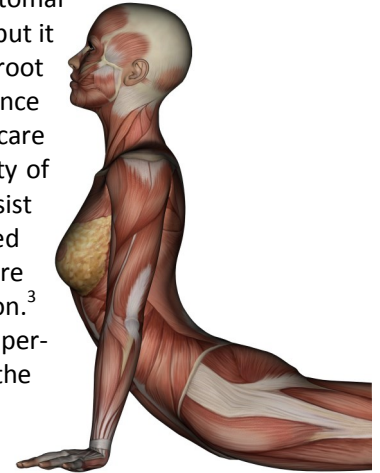
McKenzie Technique
Lymphedema Management
Vestibular Therapy
Graston Technique
Mulligan Technique
Dry Needling
Kinesio Taping®
Functional Capacity Evaluations

Payment

Accepting Medicare and most
major insurance. Letters of
protection accepted.

McKenzie Method Found Effective in Treatment of Sciatica

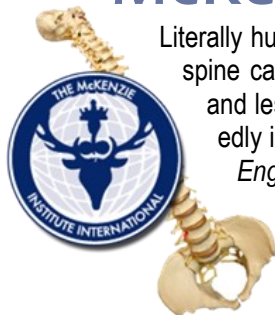
Sciatica is a symptom that involves radiating leg pain following a dermatomal pattern. The symptom may or may not be accompanied by low back pain, but it is commonly held that a lumbar herniated disc with subsequent nerve root compression causes 90% of cases.¹ Even though the problem of recurrence and underlying musculoskeletal deficits should be strongly considered in care planning, sciatica is considered to have a good prognosis with the majority of pain complaints resolving within four weeks.² However, many cases persist or recur, causing patients to seek medical care including surgery. Compared to low back pain cases without sciatica, low back pain cases with sciatica are found to have higher self-reported disability and greater loss of function.³ Furthermore, among patients age 62+, as long as the sciatica is allowed to persist, there is a two-fold greater risk of accidental falls.⁴ The research on the effectiveness of various physical therapy approaches to sciatica has yielded mixed results - often with small effect sizes.



A recent randomized, double-blind, controlled trial, however, finds that one physical therapy approach in particular proves effective in the care of severe and chronic sciatica, even when added to usual care from doctors.⁵ Researchers followed 180 consecutive patients with sciatica ranging between three and seven on a zero-to-ten analogue pain scale. Patients had symptoms that qualified them for surgery and were all referred by general practitioners, rheumatologists, and other doctors. Patients were divided into an active physical therapy group and a cardiovascular exercise group. In the active physical therapy group, patients received assessment and treatment according to the McKenzie protocols (Mechanical Diagnosis and Therapy®). All patients continued care from their doctors and were not restricted in medication use.

Over the course of eight weeks, patients in the McKenzie Method® group received an average of five sessions with a McKenzie Institute credentialed physical therapist. At one year follow-up, the McKenzie Method group experienced greater improvement in most measured outcomes including pain, functional status, and clinical findings. **The McKenzie Method group spent less time off work after one year, and they were 20% more likely to report sustained recovery. Perhaps most telling is that the number of patients in the cardiovascular exercise group electing surgery within one year was five times greater than that with the McKenzie Method group.**

McKenzie Certified Care



Literally hundreds of peer-reviewed research papers now support the use of McKenzie Method in spine care. McKenzie Method is a therapy approach proven to produce faster, longer lasting, and less expensive results for spine-related complaints. This has been demonstrated repeatedly in journals such as *Spine*, the *Journal of Neurology*, *JMPT*, *Physiotherapy*, and the *New England Journal of Medicine*. McKenzie Certified care is one of the many therapy options available at Enfield Health & Wellness Center.

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REFERENCES

1. Koes B, van Tulder M, Peul W. Diagnosis and treatment of sciatica. *British Medical Journal*. 2007; 334: 1313-1317
2. van Tulder M, Peul W, Koes B. Sciatica: what the rheumatologist needs to know. *Rheumatology*. 2010; 6: 139-145.
3. Goode A, Cok C, Brown C, et al. Difference in comorbidities on low back pain and low back related leg pain. *Pain Practice*. 2011; 11: 42-47.
4. Hicks G, Gaines J, Shardell M, et al. Associations of back and leg pain with health status and functional capacity of older adults: findings from a retirement community back pain study. *Arthritis and Rheumatism*. 2008; 59: 1306-1313.
5. Nordin M, Belague F. Exercise may be beneficial for patients with chronic, severe sciatica who would normally qualify for surgery. *Evid Based Med*. 2013; 18 (2): 63-64.