

DMA

DEDHAM MEDICAL ASSOCIATES, INC.

Orthopedics/Physiatry

781-329-1400

BACK, NECK, ARMS OR LEGS: TREATING PAIN, RESTORING FUNCTION

Pain is the most common reason patients come to see Dedham Medical's physiatrists – that is, physical medicine and rehabilitation specialists concerned with musculoskeletal problems. But while the pain issue is important, it's only a part of their concern.

"The major basis of our field is restoring function," says Michael A. Marciello, MD. "We'll work to deal with the pain, but our goal beyond that is to help patients sit or walk or use their hands in ways that treat or compensate for the problems underlying their pain or disability."

Adds physiatrist Lorraine A. Gomba, MD, "It's really about quality of life. If we can help patients achieve maximum self-sufficiency, then they have a chance to make their experience of life the best it can be."

While the term musculoskeletal suggests physiatry's close association with orthopedics, the physiatrists deal with issues as diverse as simple sprains, back pain, overuse problems like carpal tunnel syndrome, walking disorders and peripheral neuropathies, and the functional problems caused by stroke or multiple sclerosis.

Faced with such broad issues, physiatrists incorporate the knowledge bases of orthopedics, neurology, rheumatology, physical and occupational therapy, behavioral medicine and pain management, Dr. Marciello says.

"We may use the techniques of any of these specialties," he says. "We may find it appropriate to give a patient a trigger point steroid injection to address a pain issue, or to prescribe a course of occupational therapy to treat a hand injury. But at bottom our goal is both the resolution of pain and the overall rehabilitation of the patient, the restoration of the ability to be as self-sufficient as possible."

TO MAKE AN APPOINTMENT

If you would like a consultation in physiatry, you can make an appointment with Drs. Marciello or Gomba by calling the main number at 781-329-1400 and asking for the Orthopedics/Physiatry Department.

Dr. Marciello received his medical degree from Thomas Jefferson University Medical School before serving his internship at the University of Massachusetts Medical Center and his residency in Physiatry at Spaulding Rehabilitation Hospital.

Dr. Gomba received her medical degree from the State University of New York's College of Medicine at Syracuse and served her internship with Boston University School of Medicine and her residency at New England Medical Center.

They are both certified by the American Board of Physical Medicine and Rehabilitation.

Physiatry first arose as a medical field in the 1930s and came into its own following World War II, when large numbers of injured war veterans needed rehabilitation. It was recognized as a medical specialty in 1947 and today there are some 80 accredited residency training programs in physiatry in the United States.

If pain isn't the physiatrists' only focus, it is the most frequent symptom that leads patients to them. Ninety percent of patients present with pain of some kind. And while back pain is a common issue, they're concerned

Continued

Continued from front page

with all types of functionality problems, from as simple as sprains to as complicated as brain injuries and strokes.

“We deal with non-surgical spine medicine, overuse problems like carpal tunnel syndrome, work- and sports-related injuries, spinal cord impairments, pinched nerves, sciatica, walking disorders and peripheral neuropathies,” Dr. Marciello notes. “But along with patients with acute situations, we help patients with chronic disabilities, problems like polio or multiple sclerosis, in regaining function as well.

“We work with all age groups, and may help with the assessment of elderly patients. We can help them be as self-sufficient as possible by finding ways to modify their living environment. A parallel goal is to figure out not only how to help the patient improve self-care capabilities, but also to help the caretaker.”

In line with their concern for restoring function to patients with a wide range of issues, the DMA physiatrists rely on a diversity of diagnostic and treatment resources.

“The first step in treating a patient,” Dr. Gomba says, “is to determine what the problem is and its extent. This may involve x-rays, nerve conduction/EMG studies and MRI or CT scans. The x-ray and EMG tests are done on site at our offices in Dedham.

“We try to assess whether the impairment is being driven by pain or by an underlying disability, where the pain is coming from and what the generator is – whether it’s pathologic, traumatic, repetitive or from complications of a surgical procedure,” she says. “From there, we’ll figure out the best way to treat the pain, resolve the underlying problem and restore function.”

Treatment possibilities include steroids and other medications, joint, bursal and muscle trigger point injections, nerve blocks and other techniques.

“We’re quite fortunate in having the capability to do acupuncture treatments on-site, as well as botox injections, which have proven to be a useful tool for pain control,” she notes.

The physiatrists have recourse to the use of physical agents such as heat and cold, biofeedback techniques and therapeutic massage. They may prescribe physical therapy or occupational therapy treatments such as bracing and wrist exercises for carpal tunnel disorders. These exercise programs can be provided by therapists at Dedham or elsewhere.

“As an example of a physiatrist’s approach,” Dr. Marciello suggests, “for treatment of a severely sprained ankle it’s likely that in addition to directing pain medications, icing and rest to reduce swelling, I might prescribe therapeutic exercise and shoe orthotics that would restore the ankle’s position and assist in building strength. The goal is not only to help with recovery but to reduce the chances of re-injury in the future.”

There are times when the patient’s injury isn’t able to respond to a treatment, and then it’s the physiatrist’s duty to say so, Dr. Gomba notes. “Sometimes,” she says, “the problem is of such a nature that a surgical procedure like a knee replacement is the best solution. In that case, the patient is referred back to an orthopedic surgeon.”

In the same context, the physiatrists work with other specialists, focusing on treatment of the musculoskeletal issues in coordination with patients’ principal doctors.

“We manage their disabling problems,” Dr. Marciello says. “We should perhaps be a part of the decision to have a surgical procedure, but we’re not a replacement for the patient’s principal physician.”

TO MAKE AN APPOINTMENT

If you think you could benefit from a consultation with Drs. Marciello or Gomba, speak to your personal physician about a referral, or call 781-329-1400, and ask for Orthopedics/Physiatry.