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Vertebroplasty at Portsmouth Regional Hospital is redefining recovery for people with severe back pain

# Fixing FRACTURED SPINES

## Banish Back Pain

Portsmouth Regional Hospital performs thousands of general surgeries each year with excellent patient outcomes. In fact, PRH is a regional leader in the use of new technologies and surgical approaches. To find out if you are a candidate for vertebroplasty, call PRH at **(603) 433-4093** for details.

John G. Pierce, M.D., cites a recent patient who loved horseback riding as a poster-child example of vertebroplasty, a procedure that treats the collapse of one or more of the bones that make up the spine.

“She loves horses,” says Pierce, an interventional radiologist at Portsmouth Regional Hospital. “But the pain was so extreme it prevented her from riding. Fortunately, she was a good candidate for vertebroplasty, and a day after her procedure, she was up on a horse again.”

Caused by the thinning of bone mass within the vertebra, a compression fracture occurs when a vertebra collapses into fragments that settle into a flattened grouping.

“From the point of view of the patient experiencing this, the more important problem is likely to be intense pain,” Pierce notes. “As these bony structures break down, the pieces continue to rub against each other and nerve endings become inflamed. The pain can be extreme.”

## Minimally Invasive Surgery

Vertebroplasty is a minimally invasive technique to eliminate compression fracture pain by injecting a type of medical cement called polymethylmethacrylate, or PMMA, into the broken vertebral structure. “This cements the fragments together to stabilize the area,” Pierce says. “And, since it heats up when it’s injected, it cauterizes the raw nerve endings, significantly reducing or even eliminating the pain.”

The procedure is straightforward. With the patient lying on his or her stomach on a table in the angiography unit, Pierce uses the live

X-ray imaging of fluoroscopy to guide him in inserting a drinking straw-sized hollow needle through the skin and underlying tissue into the grouping of vertebral fragments.

The viscous PMMA cement is injected into both sides of the vertebra, which hardens in a matter of minutes. From needle insertion to withdrawal, the procedure can be done in 15 minutes, although the

patient then is required to lie still in the recovery room for two hours to allow the cement to fully harden. After the procedure, often the patient gets up and walks away without difficulty. Sometimes, the pain can take as long as 48 hours to diminish. The procedure is usually done on an outpatient basis with a local anesthetic.

## Excellent Success Rates

“Patients whose fractures are caused by osteoporosis on the average see their pain reduced by 90 to 95 percent,” Pierce says. “Patients with other problems, or whose fractures are more than a year old, may experience lower rates of success.” It’s important to add that it’s not an appropriate treatment for other back problems, such as chronic back pain or herniated discs.

Some 85 percent of vertebral fractures are related to osteoporosis, but other factors can include some cancers, or drugs that deplete bone mass as side effects, kidney failure, lack of calcium or exercise and excessive alcohol consumption.

As bone mass thins and our bones become increasingly fragile and prone to breakage, the hip, wrist and spine are the most vulnerable. While 300,000 people experience hip fractures due to osteoporosis each year, some 700,000 experience vertebral fractures. “These have traditionally been much more difficult to treat,” Pierce says. “But vertebroplasty offers a superb opportunity for treatment.” ❁

This past February, three Portsmouth Regional Hospital physical therapists were awarded board certification in orthopedics by the American Physical Therapy Association at the annual meeting in Tampa, Fla. Those being certified as specialists in orthopedics were Diane Attenborough, PT, MS with 17 years of experience, Andrea Underwood, PT with six years of experience and Mark Mailloux, PT and Coordinator of Outpatient Services with 15 years of experience. The designation confirms their depth and dedication as therapists who assess and treat patients with bone, joint and



more often they have coordination issues that can be addressed.”

Found primarily in children ages four to nine, this disorder can encompass problems as seemingly simple as getting dressed in the morning, eating or working through a sequence of multiple tasks. “We have a series of tests to evaluate them in 17 motor functions, from vision, balance and body posture to coordination issues,” Jackson notes, “and from there we can make recommendations to help.”

### Hand Therapy

Certified Hand Therapist Pam McAvoy deals with a different population of patients. She works with problems in the hands, wrists and arms, from arthritis to fractures to overuse injuries. A physical therapist for 17 years, McAvoy has been concentrating on hand therapy for 10 years and is certified for four of those years under the guidance of the American Society of Hand Surgeons.

### Orthopaedic Specialists

Certified orthopaedic clinical specialists work with a wide range of orthopaedic diagnoses, such as back pain, elbow tendonitis, management of fractures and sprain injuries. But they can also

# Well-Rounded Care

PRH's rehabilitation programs offer a wide range of specialists

muscle problems. To achieve certification, a therapist must have at least three years of experience and pass a rigorous examination.

“This is a great achievement,” says Joanne Brooks, Director of Rehabilitation Services at Portsmouth Regional Hospital, and a certified orthopedic clinical specialist (OCS) herself for 12 years. “It means they’ve made the time and taken the effort to achieve and confirm their high level of expertise.” She is proud to say that she has a growing staff of clinical specialists.

### Occupational Therapy

Brooks points to PRH's Certified Occupational Therapists, Cate Jackson and Lise Herrholz, as a rarity among hospital rehabilitation programs. Both are sensory integration therapists certified to perform testing for sensory processing issues in children.

One example is children who have dyspraxia—difficulties performing coordinated actions.

“It’s an invisible disability,” Jackson says. “These children are often mislabeled as having learning disabilities when

subspecialize in other areas based on special interests. Mailloux, for example, has additional interest and certification in balance problems and vestibular disorders. Underwood, very early in her career recognized her interests and strengths in treating patients with orthopedic problems. In addition to being a physical therapist, she coaches diving and utilizes her skills in orthopedics to treat young athletes in diving and swimming. Diane Attenborough focuses on jaw (TMJ) and neck disorders. She also specializes in musculoskeletal issues of gymnasts, which she began to concentrate on after treating a young gymnast several years ago. She also now sees a great number of young athletic patients.

“It’s a reflection of PRH's commitment to this kind of capability among our staff so that patients have access to knowledgeable, skilled practitioners,” Brooks says. “We had three OCS therapists receiving certification this year and expect to have two more next year.” ❁



## Our Specialized Rehab Programs

Portsmouth Regional Hospital offers a wide range of specialized programs, from hand therapy to cardiac rehabilitation. To find out if you could benefit from our programs, visit us online at [www.portsmouthhospital.com](http://www.portsmouthhospital.com) or call (603) 433-4014.

# 'I Can't Live Without It'

Think the distinction is clear between people who abuse alcohol or drugs? Think again.

Increasingly, a distinction is being seen among clinicians between the straightforward abuse of alcohol or drugs and addiction. But if such a difference is understood in clinical terms, it often is not so apparent to the general public—both substance “abuse” and substance “dependence” involve out-of-control drinking or use of drugs.

“A dependent person starts his or her addiction as an abuser,” says Maureen Byrne, MSW, LICSW, LADC, addictions program coordinator at Behavioral Health Services at Portsmouth Regional Hospital (PRH). “But it’s clear that not all people who are abusers move into dependency. For some, substance abuse has a volitional quality that allows them stop when the consequences of their use become onerous. Prime examples would be college students who consume ‘massive’ amounts of alcohol or drugs but who are able to leave it behind when they move on with their lives.

“Addiction, on the other hand, isn’t a ‘too much, too often’ problem. It’s an ‘I can’t live without it’ problem,” she says.

## A Chronic Illness

“Chemical dependence,” Byrne says, “isn’t an acute illness that’s dealt with and cured. It is a chronic illness, like diabetes, that needs to be treated throughout a person’s life. A person with chemical dependence seeking to recover needs continued care, whether in the form of 12 Step or other self-help groups, therapy, exercise, or other means. They need assistance in maintaining the changes they have made in their lives so they can avoid relapse and live a productive, healthy life.”

The Intensive Outpatient Program at PRH works with both substance abusers and people with substance dependence. The treatment plans and lengths of stay are individualized to each person’s needs. The IOP places a focus on helping recovering addicts get better in their own community, helping them learn to re-connect with people and activities that are important to them. It teaches relapse prevention skills that can help them return to their regular lives with reduced risk of resuming their drinking or using behavior.

## Don't Wait, Get Help Now!

For information about Behavioral Health Services and our substance abuse programs, please call the PARS department at **(603) 436-0600**.

“Detoxifying someone on an inpatient unit is just the beginning of the process. The next step is to help them map out a program where they can receive the support and tools they need in their regular lives,” Byrne says.

## Continuing Care

The Intensive Outpatient Program runs its programs on Mondays, Tuesdays, Thursdays and Fridays from 4 to 7 p.m. “The emphasis is on group therapy, psycho-education and relapse prevention skills, with a focus on helping people reconnect to the things that are important to them,” Byrne says.

With the distinction drawn between those with chemical dependency who may need some form of extended treatment and abusers who can stop using, it’s important to point out that non-dependent abuse still can represent high-risk behavior that needs intervention. Every year, some of those college students mentioned earlier fall out of windows, die of overdose or find themselves victims of sexual abuse or physical violence related to substance abuse.

“Abusers can still require counseling,” Byrne says. “They can need coping skills and risk-reduction tools as well.” ❄

