

# Case Study

Picc Line Injury: Self Treatment with the Neubie

**PERFORMED AT:**  
*The Exerscience Center*

## DIAGNOSIS:

Patient is a 35 year old female with loss of sensation in LUE, left axillary region, left scapular region related to prolonged hospitalization with improper picc line insertion. Properly inserting and suturing the PICC line after insertion is essential to prevent the PICC line from becoming dislodged from its original site. Nerve Injury occurred during the insertion of the catheter leading to numbness, weakness or further injuries.



## TREATMENT AND OUTCOME:

Started treating May 2020 3x/week 1 hr sessions + 30 minute master reset. Hand Baths 5-30minutes with water depth up to biceps and triceps (elbows, wrist, hands submerged) grounding on rhomboids with therabar activities of pronation, supination, ulnar and radial deviation, flexion and extension of intrinsic and extrinsic (Stop-drop-flexion and extensions waves). Therapeutic Exercises with 500hz: Theraband station with low rows 2 minutes, high rows 2 minutes, 1 minutes maxing out at highest tolerance 500hz in high row extended position with ER reps until fatigue. At times each minute pt. Progressed to single leg stance for global activation of core and mind/body connection. Modified planks on high/low table slowly progressing to a standard plank with arms extended on floor, progressing to inverted plank, legs on wall, pads on biceps/triceps, shifted pads on different locations during this set whether rotator cuff, forearms or bicep/tricep. D1/D2 flexion extension with NO weight, 500 hz to highest tolerance x 2 minutes each arm. Glove work medial to belly of biceps with ER/IR, nerve flossing at a moderate intensity. Master Resets nightly 30 minutes in a closed environment.



## RESULTS AFTER TREATMENT:

Patients overall strength has increased and now equals that of the RUE with subjective MMT and pt. feedback. Pain radiating symptoms have decreased by 90% however light touch, two point discrimination and hot/cold reception is still severely diminished. ROM is normalized r/t the reduction in pain. Treatment frequency and duration after 1 year reduced to 1x/week. Due to travel or life demands, whenever treatments are separated by more than 4-6 week windows the patients symptoms start to return.

## DISCUSSION:

This patient is myself. I have had the most amazing experience with the neubie mind and body. As a physical therapist and a yogi, I have experienced the amazingness from first hand mind-body and spirit..I love my neubie and it is my favorite modality of all time. I have noticed maintenance is very important with chronic pain conditions. Whether its regular master resets to keep the nervous system in check or treatment on the affected limb, it's a must. After feeling better I stopped treating myself and the pain returned after 4 weeks of no NMES and then progressively increased. When I treat myself intermittently the pain 99% dissipates. I will remain to treat myself at least 1x/week and more as needed based on symptoms. Not only did I heal myself, reverse a colostomy bag, but I have built a business healing others and providing the same treatment that healed me while supporting my family. It is truly a blessing and I am so grateful to be a part of this community