

Case Study

Knee Pain and Decreased Range of Motion

PERFORMED AT:

New Era Wellness Center

DIAGNOSIS:

Right knee pain, PFS, Severe Bursitis. 49 year old Caucasian female presents to the clinic with right knee pain and decreased range of motion from an original injury in 1994 during her military service.



TREATMENT AND OUTCOME:

The patient required a combination of soft tissue care (Fascial Distortion Model) 2x per week for 4 weeks with Neufit Rehabilitation 2x per week for 4 weeks.

Electrode placements:

Positive: Rectus Femoris

Negative: VMO

Positive: Lumbar Erectors

Negative: Biceps Femoris

ROM and exercises included for the first 4 sessions pain free range of motion knee extension/ flexion, hip circles and toe touches. After 4 weeks of care we progressed to exercises that included machine squats, barbell deadlifts, wall sits and hyperextensions. The patient was able to perform all exercises pain free and progress on to a consistent biking routine.

After four sessions the Ms. N was able to touch her toes, restored knee flexion/extension and she could perform a back bend on the floor. We then progressed into weight bearing exercises.

After 4 weeks of care the she was able to perform segmental flexion/extension and overhead squat functionally and without pain. Patient was also able to begin a regular weight training and cardiovascular exercise routine pain free. Ms. N reports that she has been able to enjoy improved ROM with reduced crepitus, dramatically improved duration of pain free time and sts when her knee does “act up” that the pain is not as intense and duration of these episodes have decreased as well.

CLINICAL FINDINGS:

Assessment: ENT: TM clear with normal light reflex, turbinates with mild inflammation and clear rhinorrhea, pharynx pink and without signs of infection or inflammation.

Neck: supple, full ROM, no lymphadenopathy noted.CV: NSR, RRR

Resp: BS CTAB, no respiratory distress noted.

Abd: deferred, focused assessment.Gu:

Deferred, focused assessment.

Musculoskeletal: assessment based on SFMA (Selective Functional Movement

Assessment)protocol. Cervical

Extension/Flexion DNP, Shoulder

Internal/external rotation DNP, Extension DP,

Flexion DP, Overhead squat DP, Single leg

balance DNP. Increased laxity noted in drawers

test. Palpable crepitus in passive knee ROM

DISCUSSION:

After four sessions the patient was able to touch her toes, restored knee flexion/extension and the she could perform a back bend on the floor. We then progressed into weight bearing exercises. After 4 weeks of care the she was able to perform segmental flexion/extension and overhead squat functionally and without pain. Patient was also able to begin a regular weight training and cardiovascular exercise routine pain free.

PATIENT PERSPECTIVE:

Patient reports that she has been able to enjoy improved ROM with reduced crepitus, dramatically improved duration of pain free time and sts when her knee does “act up” that the pain is not as intense and duration of these episodes have decreased as well.