

Wholeness Therapy Center



Wholeness Therapy Center
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Empire Life
259 King Street East
Kingston, Ontario K7L 3A8
Canada

To whom it may concern,

My name is Amanda Hart and I am a Registered Massage Therapist who has had the opportunity to treat the patient Tom Drake, born October 6, 1982, for rehabilitation. A request has been made by the Empire Life Insurance Company to disclose information regarding Tom Drake's situation. With his full consent the following letter will explain his treatments in detail. After performing many special tests I suspected that there may be problems with the sciatic nerve being compressed by the piriformis muscle, which was causing pain to radiate down the posterior lower leg into the foot. The purpose of this report is to inform you of the information I have obtained based on the assessments I have done to confirm my clinical suspicion of Piriformis Syndrome.

Subjective information by patient

Tom Drake is an employee for FedEx who drives a mail truck making deliveries for long periods of time throughout the day. Drake has felt symptoms of pain and altered sensations down the right gluteal region and posterior lower leg and foot. His functional limitations include not being able to drive for longer than 20 minutes without experiencing a sharp pain in the lower back and right leg. Upon entering my care, I began to ask subjective information regarding how severe his pain was (7/10 on the visual analog scale for pain), what the pain feels like (tingling sensation, shooting and sharp) and what his goals for treatment were (to be able to drive without pain). I immediately noticed his gait was ataxic (abnormal).

Objective information by assessments

During assessments for active range of motion of the lumbar region I noticed decreased flexion with pain. During range of motion (ROM) of the hip, in active ROM there was decreased range in internal rotation, during passive ROM there was decreased range in internal rotation and flexion (with mild pain), and during resisted ROM there was pain and weakness in internal rotation. During palpation there was point tenderness in the gluteal muscles and trigger points (taut bands in the muscles) in piriformis, and hypertonicity in the iliopsoas, quadriceps and quadratus lumborum muscles. A postural assessment was done, which showed restrictions in the right sacroiliac joint and excessive lumbar spine lordosis with a head forward posture.

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Analysis of information obtained

Based on the results from my assessments with Drake, I have made a clinical massage therapy hypothesis of Piriformis Syndrome. I believe it is indicative from the assessments done due to problems in the sacroiliac and gluteal regions, especially with the pattern and quality of pain described by Drake. Based on the impairments noted in the Objective assessments heading, the outcomes of care include working towards decreasing the trigger point in the piriformis muscle, decreasing hypertonicity in iliopsoas, quadriceps group and quadratus lumborum, and decreasing the tenderness felt in the gluteal region. Furthermore, as there are restrictions in the sacroiliac joint, working towards mobilizing this region to improve postural alignment and gait was also a goal. There were also restrictions in ROM in flexion of the lumbar spine, so working to increase his ability to flex this region was also an outcome of care. Drake's functional limitations were that he was unable to drive for more than 20 minutes without feeling the sharp pain in his lower back and right leg, so we worked to enable Drake to drive for 1 hour without pain and also provided him with remedial exercises that would alleviate the pain in certain positions.

Treatment Planning

Initially Drakes assessments indicated that for his short term goals he should be seen for two 45 minute treatments twice a week for two weeks, then for 1 hour twice a week for four weeks. We also created long term goals for eight treatments over six weeks (four treatments over two weeks, reassess his condition, followed up by four treatments over four weeks). Before each treatment consent was obtained. Areas that were treated included the gluteal region, lumbar spine, pelvis, and structures that supported posture in the lumbar region. I used modalities such as a thermophore for heat on the gluteal region to decrease hypertonicity and increase pliability of muscles in the gluteal region. I used advanced massage therapy techniques and Swedish massage techniques to address the trigger points and restore normal muscle resting tension and decrease sciatic nerve compression of the piriformis. I have suggested to Drake some home care such as strengthening exercises for the hip and piriformis, with passive stretching and resistant exercises. After reassessment following the short term treatment plan, I will make the decision to continue with the care I am providing his condition or referring him to another health care practitioner if required for his benefit.

As indicated by my treatment planning that I have provided for you, his condition of Piriformis Syndrome was indicative of needing a Massage Therapy treatment. As his condition impacted his ability to carry out his job, with my help he will be able to perform his duties with much less pain and improve his posture for better overall health as a whole. My Massage Therapy diagnosis of Piriformis Syndrome is confirmed through the many assessments I have performed with him and his response to treatments so far have been positive with noticeable improvements. I would suggest to Drake to continue the home care I have provided him with for his hip and piriformis muscle so that he can help himself during his treatment goals.

Should you have any questions do not hesitate to contact me at 905-867-3543 or email me at hrtm0160@humbermail.ca.

Thank you for your time,

Amanda Hart, RMT

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