Informed Consent

Treatment should never begin until the patient has given their consent. Unauthorized physical contact can lead to allegations of “battery.” What’s more, the consent given must be an informed one. (One can hardly be said to have consented when they’ve no idea what they’re consenting to). Take, for example, our photo model with the bruised thigh. She’d not likely have consented to receiving IASTM therapy just prior to her photo shoot were she aware her leg was about to turn blue. And as for your howling patient, it’s only natural he’d associate the pain he’s feeling at your hands with the infliction of injury. You might, instead, have informed him about how IASTM’s promotion of blood flow accelerates healing and that some discomfort may accompany treatment- he’ll be much more likely to tolerate it and less likely to feel you’re doing something wrong.

Standard of Care? – Who cares?

Courts do, and so should you. Depart from professional standards of care and you’re easy pickings for a negligence lawsuit. Think of standards of care as degrees of caution – more precisely, the vigilance a reasonable person under similar circumstances would exercise when providing care to a patient. It’s a term that crops up in malpractice suits as judges look to determine whether a practitioner failed to provide the required standard of care under the circumstances.

Science does. You’ll recall how doctors used to bleed their patients - this was once an acceptable standard of medical care for a wide variety of conditions (that is, until science thankfully jettisoned that notion). We’re now left sifting through “best evidence” to make decisions about patient treatment. Similarly, courts evaluate treatments by making sure they withstand scientific peer review, are published in scientific journals, and are accepted as valid by their relevant scientific communities. As with bleeding, only protocols passing scientific muster will ultimately withstand the test of time. Practitioners who refuse to dispense with flawed versions are subject to suit.

Standard of care may be many things, but they’re not static.

Two examples are illustrative: consider the fact that failure to prescribe antibiotics for a bacterial infection amounted to negligence shortly after WWII, though the very term “antibiotic” didn’t even exist prior to 1942. Or take Viennese physician, Ignaz Semmelweis, who observed how mothers in labor who were assisted by doctors with dirty hands were more likely to die following childbirth. The younger physicians embraced Semmelweis’ innovative “wash your hands” standard while their more senior colleagues clung to older notions, refusing to acknowledge any association between clean hands and reduced mortality. Science has since caught up with the Viennese elders, trashed their outmoded protocols, and now threatens unsanitary deliverers with pain of prosecution.

The Good News

Good news is, ConnecTX designed its protocols mindful of standard of care’s ever-evolving nature - linking them to prevailing science through NIH’s data-gathering PROMIS system (Patient Reported Outcomes Measurement Information System) which is renowned for its precise measures of patient-reported health status for physical, mental, and social well-being. PROMIS’ reliable feedback is used to continuously shape and reshape protocols and instrument registration with the FDA is yet another step toward scientific transparency. Clearly, standards of care will continue to change - just as science does - making it all the more critical that protocols keep pace with this endlessly moving target.
Comprehensive Strategies for Addressing Plantar Fasciitis

As my father, a carpenter, often told me, “The right tool at the right time results in the best job.”

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Plantar fasciitis, a common and debilitating condition, is the most frequent cause of heel pain in adults, accounting for fifteen percent of podiatric visits and nearly ten percent of running injuries. We will discuss some comprehensive strategies that include the use of ConnecTX instrument assisted soft tissue mobilization (IASTM) and functional evaluation techniques.

Irritation to the plantar fascia is widely treated with immobilization and injections - interventions that are to some extent incomplete and, at times, short sighted. When faced with these sorts of complex kinetic chain pathologies, healthcare providers should ask, “Is the treatment I am about to render comprehensive?” IASTM provided by a chiropractor can offer significant and long lasting relief.

Form & Function:
Static analysis and orthotic correction is commonly used to treat plantar pain. Pronated positions of the foot increase stress to the plantar fascia. Functional movement analysis is useful to find faulty movement patterns and muscle imbalances that contribute to dysfunction. Screening tests by Janda, Liebenson, and Cook can gauge the “quality” of movement, help identify areas of overuse and identify underlying causes of injury.

Functional testing may include observing a subject squat and evaluating the degree to which the subject’s heels lift as the squat deepens. This is indicative of calf/ankle hypo-mobility. Having the patient repeat the squat with the heels in the elevated position and noting greater competency further validates calf and foot shortening.

While plantar fasciitis is a musculo-skeletal issue, its proximal origin is the medial calcaneal tubercle. Reference to Tom Myers’ “Anatomy Trains” may help to show what else may be associated with plantar aponeurosis.

In the illustration above, note the long track of fascia running contiguously from the plantar aspect of the foot to the top of the skull. Accordingly, contracture along the superficial back line preloads the plantar aponeurosis bone, causing cephalad migration of the calcaneous. I’ve observed both in my clinical experience and in the literature that shortened calf/heel chords are commonly noted in cases of plantar fasciitis. While most know how to
isolate the gastrocs calf group, similar efforts with the soleus are more challenging for patient and doctor, alike.

**Treatment:**

ConnecTX therapy lends itself to an effective “pin and stretch” technique - an ideal adjunctive modality that initiates an inflammatory cascade (to stimulate fibroblastic activity) and successfully reach an area like the soleus (beneath the gastrocs).

Reorganizing irregular connective tissue that is associated with adaptive muscle shortening would help restore functional range of ankle dorsiflexion. Muscle energy techniques may be appropriate for muscles situated along the superficial back line as well as any facilitated muscle groups. Restoring ankle dorsiflexion through joint mobilization (Cook’s tall half kneel) of the ankle together with manipulation of the subtalar joint will help restore proper biomechanics. Finally, Boyle’s joint by joint approach may be used to evaluate foot stability.

Self care and long range goals should include activities such as Yoga that would affect the superficial back line. Sparing strategies cannot be ignored, as self care helps move the patient towards independence and heightened participation in their favorite activities. There is a wealth of tools and techniques available. As my father, a carpenter, often told me, “the right tool at the right time results in the best job”.

**References**

Candi will be happy to assist you with Postgraduate registration for ConnecTX courses and will process orders for the ConnecTX instruments and emollient. Additionally, she will verify fulfillment of certification requirements in order to send doctors their certificates of course completion. As if that’s not enough, Candi will also help schedule and prepare classes and respond to customer inquiries regarding course sites and content. So keep an eye out for Candi’s updates on both the ConnecTX website and on social media.

Candi may be contacted at cquill@connectxtherapy.com or by telephone at 315-568-3330.

Meet Candi Quill -
Your ConnecTX Coordinator !!!!