

# CLAIMS COMPANION™



*Chesapeake Disability Management, Inc*

*Reclaiming Lives, Improving Outcomes.*

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**Maturity Concepts: Care Management & Consulting** is a subsidiary of Chesapeake Disability Management, Inc and provides geriatric case management, senior assessments, and planning. To receive more information on services provided by Maturity Concepts or to receive the newsletter *Managing Maturity*, please call 410-665-2027.

## Managing the Client with Rotator Cuff Tear

By, Michael Wah, PT, OCS, Active Life & Sports Physical Therapy.

Rotator cuff tear is a common and sometimes disabling condition of the shoulder. The rotator cuff is actually a group of four muscles. These muscles work together to stabilize the humeral head within the socket as the arm is raised. The actual raising of the shoulder is performed mostly by the large deltoid muscle. However, if the rotator cuff is significantly disrupted, the deltoid will be unable to raise the arm.

Functional loss in individuals with rotator cuff tear primarily involves reduced ability to reach overhead, reach behind their back, perform constant or repetitive overhead activities, or perform lifting overhead.

The incidence of rotator cuff tears in the general population has been reported to be as low as 5% to as high as 40%. One study of **individuals who did not have shoulder pain**, revealed that 34% actually had at least a partial rotator cuff tear. This statistic is similar to the MRI statistic that 40% or more of **individuals who do not have back pain**, will show a herniated disc on MRI. Just another example, in my opinion, where what you don't know won't hurt you (and may make you less likely to have surgery).

Injury to the rotator cuff can be degenerative, traumatic, or a combination of both. Rotator cuff tears may result in pain, a loss of motion, and weakness in the shoulder. However, depending on the size and location of the tear, the patient may have pain but no weakness or loss of motion. There are also cases where the patient may have weakness but very little pain.

As is common with many shoulder problems, the patient may not feel that the pain is coming from their shoulder. Most will feel the pain on the upper outer aspect of the arm. This pain may radiate down towards the elbow when it is aggravated. Pain is mostly aggravated by raising the arm overhead. Many patients with shoulder pain have difficulty finding a comfortable position in which to sleep.

### Conservative care

Conservative treatment usually includes:

- Activity modification (avoiding overhead activities, avoiding heavy lifting, and avoiding repetitive use of the painful extremity)
- Ice
- Anti-inflammatory medication

Physical therapy (modalities for pain relief, range of motion activities, strengthening)

Studies examining the effectiveness of conservative care have shown that approximately 50% of patients with rotator cuff tear will be satisfied with the results of conservative interventions. Satisfactory results refer to improved motion and reduced pain. If there was significant weakness, this is not likely to improve with conservative care. Individuals with large tears (greater than 3 cm and those with a duration of symptoms more than six months are less likely to benefit from conservative care).

Continued on page 3.....

## OUR DRINKING WATER IS DRUGGED, by Ellen Platt, M.Ed, CRC

The testing of public drinking water done in major metropolitan areas all over the United States resulted in finding of over 56 different types of drugs in the water, used for treatment of all types of illnesses and diseases. Filtering of this water is very difficult, expensive, and time consuming, and many municipalities are trying to address remediation of this problem. At this time, however, very few have taken steps to solve this dilemma.

Expired drugs, or left over drugs should not be kept, and should be destroyed carefully. Everyone needs to take care of how they dispose of their medications, so that these ingredients do not make it into the water systems.

The U.S. Fish and Wildlife Service and the American Pharmacists Association both recommend disposing of medications by the following method:

- Pour pills into a plastic bag before crushing to prevent airborne particles.
- Pour liquid medications into a plastic bag. (Birth control patches may be folded over and disposed of in the garbage.)
- Mix kitty litter or coffee grounds in the plastic bag containing the medication.
- Seal the plastic bag to reduce the risk of potential poisoning.
- Place sealed plastic bag in household trash for disposal.
- Remove and destroy *all* identifying personal information (on the prescription label) from the medication container.

Recycle empty medication container as allowed in the local recycling area or throw it in the trash.

Source: <http://www.fws.gov/news/newsreleases/showNews.cfm?newsId=BD972725-A176-1841-9F1266DD535BE6B1>

## Life Care Planning

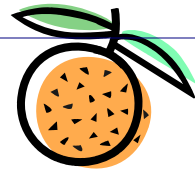
The Life Care Planning Division at Chesapeake Disability Management, Inc. focuses on the delivery of services that are hallmarked by a consistent methodology for analyzing the needs made necessary by the onset of disability or chronic health condition through the life expectancy of the individual. The Life Care Planner considers an assortment of variables, all of which are analyzed in a step by step review via the Life Care Planning process. Life Care Planning involves an interview with the client and an understanding of all the portals of life that will be impacted by any change in medical status going forward. Life Care Planning can be used in personal injury cases for settlement or for trial requirements to determine damages in two major areas.

The first and most significant will be the cost of future health and medical care and the second consideration is the loss of capacity to work and earn money. Catastrophic injuries lend themselves particularly well to the application of a Life Care Plan.

Chesapeake Disability Management, Inc. has experience in all arenas of life care planning for defense and plaintiff. We have completed plans for seniors, traumatic brain injury, spinal cord injury, amputations and multiple traumas. Please see our new website for some testimonial comments about our services.

## Recipe: Summertime Orange Splash Cake

Courtesy of Janet Burgess, Chef, Culinary Adventures, San Diego, CA.  
Email: cooksrule2@yahoo.com



<b>Cake:</b>	1 cup walnuts	Preheat oven to 325 degrees.
3 eggs	2 cups flour	Oil baking dish. Hand mix all wet ingredients together for 1 minute. Add cinnamon, carrots, nuts and flour and stir for 2 minutes. Add baking powder and soda; stir for 30 seconds. Pour immediately into 9 by 9 baking dish. Bake for 35 minutes. Flip cake onto wire rack to cool.
½ cup vegetable oil	2 teaspoons baking soda	
1 can crushed pineapple with juice, 20 oz.	<b>Icing:</b>	Mix 1 cup of cream cheese and 2 teaspoons of honey. Spread on top of cake. Decorate with cut orange slices.
¼ cup orange juice concentrate	1 cup cream cheese	
1 cup shredded carrots	2 teaspoons honey	
1 teaspoon baking powder	1 orange	

## Managing the Client with Rotator Cuff Tear, Continued

Many patients wonder if the tear is likely to worsen if it isn't repaired. In a 5-year study, results showed that 40% of the patients with rotator cuff tear showed enlargement of the tear over that time frame. Of those individuals whose tears increased, 80% developed an increase in pain. So there was still a significant population who did not have an increase in pain, despite an increase in the size of their tear.

### Surgical intervention

There are a number of surgical techniques used to repair the rotator cuff. These include: the open repair, the mini-open repair, and the all arthroscopic repair. The choice of surgical technique is, among other things, based on the size of the tear, the condition of the tissue, and the surgeons preference. Results in terms of pain relief, and strength improvement, and patient satisfaction were largely equal for the three different types of repair.

The rehabilitation process following rotator cuff repair typically lasts four to six months. In the first six weeks after surgery, the shoulder is usually held immobilized in a sling. By three months, most individuals will be able to use the shoulder for light activities. These activities must allow the arm to be held close to their side. This will vary depending on the size of the tear, the quality of the patients tissue, and the physicians satisfaction with the repair and the patient's progress.

Studies show that 80 to 95% of patients are satisfied with the level of pain relief, improvement of function, and improvement in range of motion following rotator cuff repair. The likelihood of an unsatisfactory result is associated with: poor tissue quality, large or massive tear, poor compliance with postoperative rehabilitation and restrictions, age greater than 65, and workers compensation claim. Despite these strong statistics, most patients with medium or large rotator cuff tears, in my experience, have difficulty returning to heavy overhead lifting or repetitive overhead lifting following rotator cuff repair.

For more information about any of our Work Rehabilitation or physical therapy program offerings, please call Active Life & Sports at our office in Perry Hall – 410-529-3303. We encourage and welcome your referrals.

## In Case of Emergency

Some of you already have programmed in your cell phone ICE- In Case of Emergency but what you might not know is that Paramedic Bob Brothie who originated the concept of ICE has a data call center. ICE stickers ([www.icestickers.com](http://www.icestickers.com)) can be placed on your cell phone to let first-responders know ICE contacts are stored in your phone. The call center has stored information such as your emergency contact as well as your medical history including current medications. When someone finds the ICE Card or sticker on your phone they will quickly be able to contact your family and friends and be aware of your medical history. For more information please visit [www.icecontact.com](http://www.icecontact.com).

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**Chesapeake Disability Management, Inc.** offers a unique approach to complex catastrophic and disease case management. We have designed our services to empower individuals to succeed in their own rehabilitation and proactively reclaim their lives. We believe that our focus on maximizing the individual's role in functioning more independently—at home, in the community, and at work or school—can significantly reduce the emotional, economic, societal and legal costs for all parties involved throughout the treatment.

**Specialized Catastrophic Injury and Disease Management Team:**

Carole Stolte-Upman, a registered nurse with a Master's Degree in Rehabilitation Counseling, founded CDM in 1991. She has first-hand experience with the most complex, chronic and catastrophic cases, and has carefully selected a team of credentialed case management nurses, all with hands-on experience with catastrophic injury and disease management. They understand the importance of immediate treatment planning and rehabilitation activities to assist the individual in returning to a productive life. They also know that the careful management of this process will reduce emotional, economic, societal and legal costs, and they work hard to make this a reality for every stakeholder involved throughout the case process, while ensuring the best possible outcomes.

**Please visit our new website! [www.chesapeakedisability.com](http://www.chesapeakedisability.com) Please note that there is a new referral form on the bottom of the contact page. Please feel free to use this form to make a referral to Chesapeake Disability Management, Inc.**

**Word Search**

managing	pineapple	g	p	m	e	s	c	e	o	a	t	p	n	t	n
rotator	improvement	m	l	s	a	l	u	o	n	a	n	o	n	e	o
summertime	emergency	s	a	g	t	c	p	m	s	r	i	e	f	e	i
orange	activity	t	n	n	t	s	t	p	m	t	m	e	e	i	t
drinking	modification	e	n	i	a	m	i	i	a	e	s	i	m	i	p
life		y	i	k	c	g	a	c	v	e	r	e	t	e	i
care		a	n	n	s	a	i	o	a	i	n	t	a	i	r
planning		o	g	i	o	f	r	n	r	m	t	i	i	i	c
pharmacists		n	t	r	i	p	n	e	g	o	r	y	p	m	s
prescription		o	t	d	m	u	v	e	g	e	t	a	b	l	e
costs		n	o	i	t	a	t	i	l	i	b	a	h	e	r
rehabilitation		m	y	c	n	e	g	r	e	m	e	p	t	p	p
vegetable		a	o	g	p	l	i	f	e	g	n	a	r	o	c
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This Newsletter is published by Chesapeake Disability Management, Inc. as a service to its clients and friends. It is not intended as a substitute for professional advice and we suggest that it be used in conjunction with professional consultation. Please send all comments and questions to amills@chesapeakedisability.com.