

CASE STUDY:

REHABILITATION OF A PATIENT WITH MID/LOWER THORACIC PAIN

PATIENT:

60-year-old female referred to physical therapy for treatment of chronic mid/lower thoracic pain. She was referred with a medical diagnosis of trapezius/rhomboid myofascial pain. The patient previously participated in a course of 18 physical therapy sessions at another provider without longstanding relief of pain or improvement in the functional use of the left upper extremity.

REHABILITATION:

Medical history: The patient experienced intense pain along the inferior aspect of the left scapula after completing 4 ½ hours of yard work and using a lopper. The patient's medical history included bunion surgery, kidney stones and generalized vasospastic disorder.

Subjective complaints: The patient complained of chronic pain along the inferior aspect of the left scapula and the inability to wear a bra since the injury. The patient avoided the use of the left upper extremity and used bracing at the side to minimize pain. She was unable to walk her dogs, cook, eat with her left hand, perform her job responsibilities, drive comfortably or turn pages of the newspaper.

Initial evaluation:

- Thoracic and chest radiographs were normal.
- Fully functional and independent prior to the above noted event.
- Visual Analog Scale (VAS) was 4/10 at time of evaluation. It was 2/10 at best and 7/10 at worst. The patient reported numbness along inferior aspect of the left scapula and described pain as sharp, itchy and achy.
- Side sleeper and no issues sleeping.
- Posture with forward head and decreased thoracic kyphosis.
- Subtle loss of end range left shoulder flexion, and pain reproduced with passive stretching into end range.
- C-spine involvement cleared. BUE reflexes intact.
- Pain also reproduced at end range left shoulder passive external rotation and abduction, and with manual muscle testing of left latissimus.
- Posterior-Anterior (P-A) springing over mid- to lower thoracic spinous processes negative and passive intervertebral movement WFL.
- Subtle decrease in mobility of lower left thoracic ribs.
- Tenderness to palpation of left superior latissimus and intercostal spaces of ribs 8 and 9/9 and 10.

Treatment diagnoses:

- Decreased mobility left lower thoracic ribs
- Chronic left latissimus dorsi pain
- Subtle decrease in left shoulder end range flexion

REHABILITATION CONTINUED:

Treatment:

- Manual therapy including targeted stretching/left lower rib mobilization/soft tissue work to left latissimus
- Movement analysis/re-training
- Chest expansion exercises
- Left upper extremity functional activities
- Postural education
- Instruction in self-management strategies/home exercise program

RESULTS:

The patient was seen for a total of 9 outpatient sessions. Her pain was completely resolved, and she had no functional limitations. She was able to resume wearing a bra. The left shoulder end range flexion was restored, and the mobility of left lower thoracic ribs was normalized. Manual muscle testing of left latissimus was pain-free, and the patient was completely independent with a home exercise program/self-management techniques.

PATIENT TESTIMONY:

“I am doing great, and I can do everything again. I can’t thank you enough.”

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