

Water, Water Everywhere

Aquatic therapy is making a big splash

As more people seek skilled rehabilitation following surgeries or medical events, aquatic therapy continues to rise in popularity.

Many proponents say that's because this type of therapy can work for a variety of patients. Age isn't a factor, as water treatments are good for everyone from children to seniors, and physical limitations are aided by the water's buoyancy.

"We see a variety of patients with lower back pain to spinal cord injuries," said Concetta Leach, MSPT, an outpatient physical therapist at Blake Medical Center in Bradenton, Fla. "The types of exercises are boundless and the results are phenomenal."

Water works

Leach and other therapists work one-on-one in the water with patients and also set up specific exercises they can do on their own. They often team up with their local H2U affiliate to establish an aquatic exercise program to keep former patients in the loop, and in the pool, for continued health.

"It has been proven that the buoyancy felt in the water decreases the stress and compression on the spine, discs and muscles therefore allowing for more movement," Leach said. "We also see many other diagnoses, such as stroke, paraplegia, arthritis, orthopedic issues involving knee, foot and hips. In these cases it is the buoyancy that helps assist the patient in strengthening with decreasing joint compression. The soothing temperature in the water also can decrease muscle tension and hypersensitivity of the nerves. And in very low-tone individuals such as those with spinal cord or traumatic brain injuries, we can elicit motor control in the water that cannot be done on land."

At Texas Orthopedic Hospital in Houston, aquatic therapy is a key element for many of their patients, said Kelly Sacky, PTA, ATRIC.

"Patients recovering from total joint replacements and or surgical repair of the shoulder, hip, knee, and ankle, and patients diagnosed with neurological diseases, strokes, and spinal cord injuries also benefit from aquatic therapy as part of their rehabilitation process," Sacky said, adding that patients who are undergoing limb reconstruction or lengthening also benefit from treatment in a low-gravity environment.

"Patients may initially begin aquatic therapy and progress to land based therapy, or they may alternate land and aquatic based therapies to meet their goals," she said.

Aqua equipment

At St. David's Medical Center in Austin, Texas, the 20-yard rehabilitation pool has three sets of parallel bars, two underwater treadmills, a ramp, lift and stairs.

Like other aquatic facilities, it is designed for use by patients who have specific low-gravity needs and who may eventually transition to land based therapy, or a combination of the two.

"Aquatic therapy strengthens patients who experience too much pain or are too weak to do land-based therapy, but it also instills motivation and confidence," said Katherine Tanney, PTA.

"The warmth of the water and the way that hydrostatic pressure assists and improves balance allows patients who are fall risks to move with less fear as they simul-

Kelly Sacky and one of her patients prepare for a watery workout.



taneously strengthen their lower-extremity muscles."

Indeed, the underwater treadmills are the most popular feature in the pool, adds Natasha Johnson, Senior Physical Therapist.

"We are seeing new programs develop, such as those for expectant and newly delivered mothers," Johnson said.

"As the popularity of aquatic therapy continues to grow, I believe more equipment will be designed as well as more treatment techniques."

All therapists agree that the next trend will be to find ways to take land based therapies as diverse as yoga and tai chi and adapt them properly to the water.

"There are many options available when it comes to techniques and equipment," Leach said. "We frequently use ankle/wrist weights, paddles, noodles and Styrofoam dumbbells in order to challenge patients."

"There are more elements on the way all the time, we just have to be inventive in applying them to our patients' needs."



Duty Calls

Veterans in our ranks

In a Florida hospital, a young doctor will join the U.S. Air Force upon completing his residency. Nearby, a marketing manager hopes to transfer to a similar job if her husband receives redeployment orders to another part of the country. In California, a stroke coordinator is shuttling between coasts to help with her injured son's rehabilitation in a military hospital.

Throughout HCA, thousands of employees and their families serve in or are touched by the U.S. Armed Forces. Some are in the reserves and must take extended absences from work when they train or are deployed overseas. Others have spouses or children in the service, and so must pick up and move when new orders come. Whatever the case, HCA does all that it can to support its military staff and families.

The doctor is in ... the Air Force

For Dr. Scott Hewitt, it's hard to tell where the military training ends and the medical training begins.

Hewitt, who is in the fourth of a five-year surgery residency at Largo Medical Center, is also a captain in the U.S. Air Force. He enlisted just before going to medical school and is considered a reservist while he completes his residency. After that, he'll serve as an active-duty surgeon.

"I did my commissioned-officer training before medical school, and I do two weeks of training every year while I'm deferred," Hewitt said. "They have pretty much let me know that I won't be deployed while I am completing my residency, so I haven't had the struggles that some military staff have had, but I do know how important it is that HCA really understands what's going on with military personnel and their families."

For doctors, he said, it's not just about the time away, but what happens upon coming home.

"If you're employed by a hospital and are a reservist, you're going to worry about having a practice to come back to," he explains. "Physicians want to come back to what they left. It's very hard for a doctor to walk away from a practice and from his or her patients. It's certainly hard for the patients, even if they understand that the doctor has no choice. You want to

Dr. Scott Hewitt