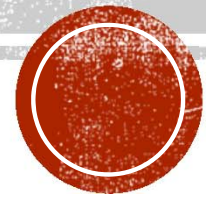
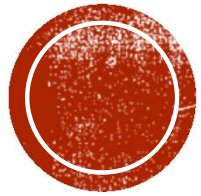


COMPRESSION INTERVENTION —

ALTERNATIVE TX APPROACH

Tammy R Gipson, MS, OTR/L





**YOU NEVER REALLY UNDERSTAND A PERSON
UNTIL YOU CONSIDER THINGS FROM HIS POINT
OF VIEW -- UNTIL YOU CLIMB INTO HIS SKIN
AND WALK AROUND IN IT.**

HARPER LEE, *To Kill a Mockingbird*

BACKGROUND PHILOSOPHY TO CHOICE OF INTERVENTIONS

- Experience with RSD
- Experience with compression bandaging
 - Lymphedema Certified (Vodder approach to treatment)
- Trial and Error with intervention

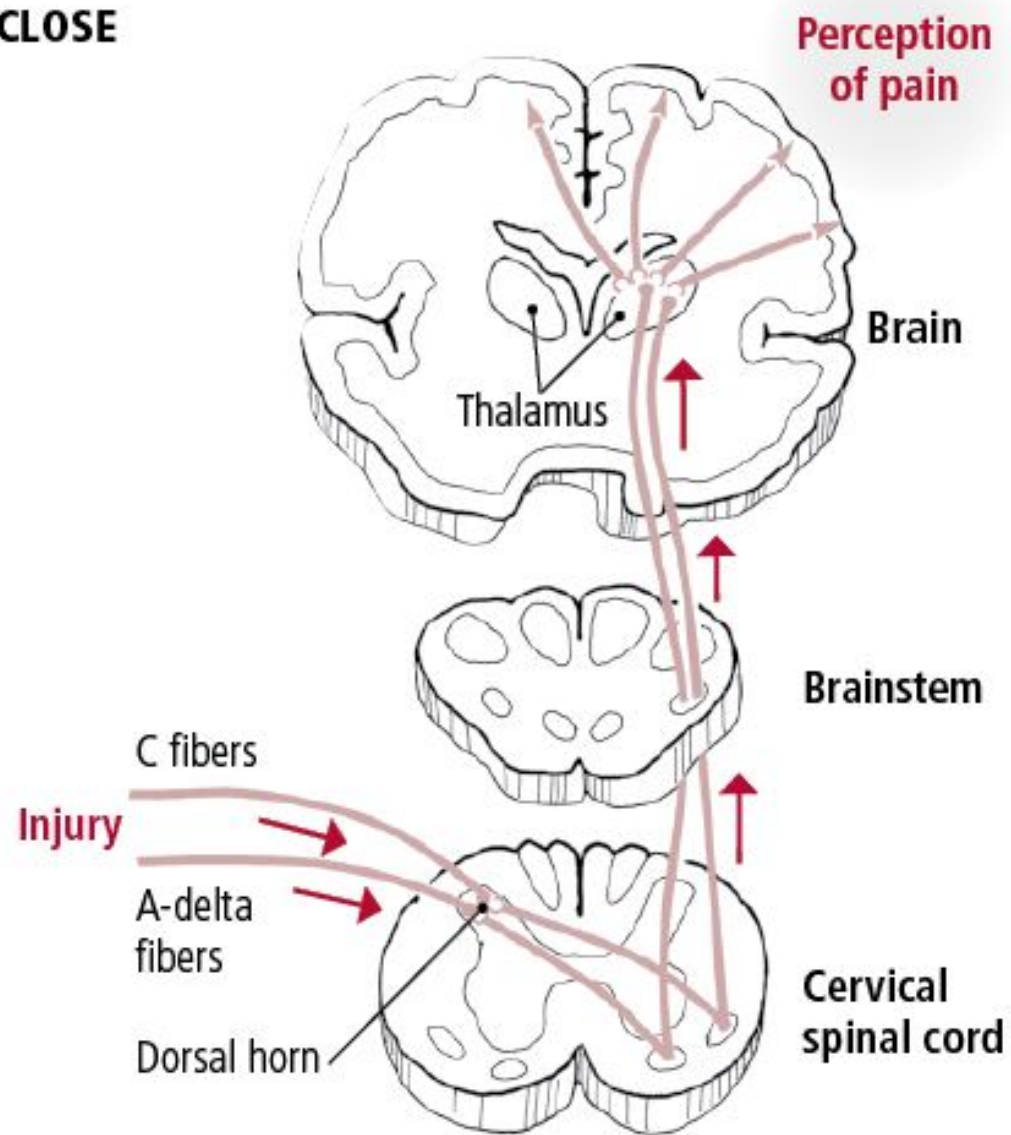


TREATMENT — COMPRESSION — WHY?

- Visit the pain signal process
- Pain signals are carried by two types of nerve fibers, A-delta and C fibers. The A-delta fiber carries the first, sharp pain. The C fiber conveys the dull, throbbing pain that follows. To get to the brain, the signals travel through the spinal cord through a dense array of nerve cells known as the dorsal horn, where the gate-control action takes place, either conveying or inhibiting pain signals
- What if compression could elicit the gate –control action and work by inhibiting pain signals?



UP CLOSE



THINK BACK TO CHILDHOOD...

- When you fell what was your first reaction?
- When a doctor/nurse gave you an immunization – what did they do to keep it from hurting so bad ?



**THEORY, JUST A THEORY — BUT IF THERE
IS A CHANCE IT COULD HELP...**

- there's a chance



SO LET'S LOOK AT IT A BIT DEEPER...

- **What Is Skin Stimulation, and How Does It Work To Relieve Pain?**

Skin stimulation is the use of pressure, friction, temperature change, or chemical substances to excite the nerve endings in the skin.

Scientists believe that the same nerve pathways transmit the sensations of pain, heat, cold, and pressure to the brain. When the skin is stimulated so that pressure, warmth, or cold is felt, pain sensation is lessened or blocked. Skin stimulation also alters the flow of blood to the affected area. Sometimes skin stimulation will get rid of the pain, or the pain will be less during the stimulation and for hours after it is finished.



USE OF PRESSURE...

- Giving this theory –

Pressure can be applied with the entire hand, the heel of the hand, the fingertip or the knuckle, the ball of the thumb, or by using one or both hands to encircle your arm or leg. You can experiment by applying pressure for about 10 seconds to various areas over or near your pain to see if it helps. You can also feel around your pain and outward to see if you can find “trigger points,” small areas under the skin that are especially sensitive or that trigger pain. Pressure is usually most effective if it is applied as firmly as possible without causing pain. You can use pressure for up to about 1 minute. This often will relieve pain for several minutes to several hours after the pressure is released.



NOW LET'S CONSIDER COMPRESSION BANDAGING...

- Lymphedema treatment utilizes MLD (very light touch – followed by compression bandaging)



KEY FACTORS

- Although it looks like ace bandaging the tension of the bandaging is totally different
- Compression bandaging utilizes a short stretch – therefore it maintains continuous pressure



DEMO

- Demonstration of wrap technique
- Practice

Key points

- Always use of stocking net
- Always use of padding
- Gradient pressure



DETAILS

- Clients need consistent intervention to get improved success for intervention
- Not a treatment to be completed 1x/month – more frequent the better
- Treatment can be taught to family members to carry over
- Clients have to have a tolerance for touch – may not be a candidate during an extreme exacerbation of RSD/CRPS



SUMMARY

- Not a cure – but if client gets 1 hour relief the first day – maybe the second day he/she will get 2 hours relief, then 3 and so on and so on....

When a client gains 1 hour of relief from constant pain...

- You have a client who now can eat dinner with his/her family
- You have a client that can interact for 1 hour and not be as focused on their pain
- You have a client who can take in their environment and enjoy their surroundings



Q&A

- Thank you for your attention –
- Tammy R Gipson, MS, OTR/L

