Physiotherapy – Correct, or Incorrect, Based on ‘Wrong Principles of Treatment’. Example for Spine, Hip, Knee, Shank and Feet

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Abstract
The cases of spine, hips, knees, shank and feet problems are presented in the article. These patients before having contact with the author had undergone a treatment in other medical centers. I could often state that the previous therapy was not correct. The former therapy was based on wrong diagnosis connected very often with the weakness of muscles. After such diagnosis the recommended strengthening exercises never give good results. Only stretching exercises leading to the full and symmetrical movement of the joints and right loading during gait and standing is a proper method of treatment.

Keywords: Physiotherapy; Correct; Incorrect; Illnesses and deformations in movement apparatus

Introduction
On the all past years of my orthopedic activity (1961-2017) I could observe the various method of therapy - correct and unfortunately also incorrect. My teacher of orthopedics – grounder of orthopedics in Lublin District (7th December 1954)- Professor Stanislaw Piatkowski had to spoken, it is important in orthopedics: 1/ proper diagnosis, 2/ simple conservative treatment, 3/ when such therapy is not possible- surgery, 4/ in all cases - prophylaxis.

In my orthopedic activity I had to treat all my patients according these rules (literature 1-37). I also had to observe that in Poland and in other countries (during my scholarship studies) the methods of therapy were far from this instructions. Below in article some examples.

Material
In the years 1961 till 2017 I observe the changeable character of illnesses and deformities, but also change able conception of therapy and often introducing improper methods of treatment. The cases observed were in ages from a few weeks to 90 years. There were 1345 cases with full documentation, with included X ray pictures from the years 2009-2016. The patients aged from a few months to 90 years, mostly were in the age of 7-18 and of 50-75 [1-5].

Spine problems of children and youth
This group of patients mostly had problems of the so-called idiopathic scoliosis (new term introduced in 1995). All the patients witch came to me-in previous therapies were treated by “strengthening exercises” it means this therapy were entirely improper. The extension exercises have never given good results. After such therapy the curves were bigger, the rip hump more extensive and the spine more stiff (literature) [6-10].

Only stretching exercises leading to full movement of hips, to proper position of pelvis and full movement of spine are correct. Here I inform – that also “standing ‘at ease’ on the left leg” is very important in therapy. All details according so-called idiopathic scoliosis and their treatment are presented in literature, in last years printed mostly in USA www.ortopedia.karski.lublin.pl

Spine problems among adults
The older patients suffered because of back pain. In my opinion the causes of “the syndrome of spinal pain” are:
A. Anterior tilt of pelvis and secondary hiperlordosis of lumbar spine making pressure to nerves roots,
B. Degenerative scoliosis (2nd group of scoliosis in new classification) with the similar influence,
C. Stiffness of spine (3rd group of scoliosis in new classification),
D. Spondylolisthesis and other congenital and acquisitioned malformations.
E. In Poland “back pain cases” are mostly diagnosed as “the prolapsed nucleus pulposus” and is recommended to the patients to undergo a surgery. In my opinion this diagnosis is proper only in 5% – 10% of the cases. In 90% - 95% of cases the pain is because of “pressure” in intervertebral spaces.
of improper sitting manner many months or many years – with important, every day, over many years following these points:

Internal rotation and extension. Individual rehabilitation is very recommended by Polish wrongly educated rehabilitations doctors. Such way of carrying the child is entirely wrong, because the hips are without full abduction, the potential abduction and flexion of the hips. The child should be facing the carrying person. Children should never be carried improperly, this means “facing to the street or to the shops”. Such a wrong nursing is recommended by Polish wrongly educated rehabilitations doctors and physiotherapists. Such way of carrying the child is entirely wrong, because the hips are without full abduction, the potential dysplasia is not treated, the hand of mother or father is pressing very dangerously the abdomen, the child does not see the face of it’s mother. The speech and psychological development of the child is very dangerously the abdomen, the child does not see the face of it’s mother. The speech and psychological development of the child is delayed. These children very frequently develop a dysplasia or even a dislocation of the hips [16-20].

The arthrosis can be in left hip as result of “not fully treated hip dysplasia” or in right hip as result of “Syndrome of Standing ‘at ease’ on the Right Leg”. The prophylaxis of coxarthrosis should include – recovering of full movements of hips joint – especially abduction, internal rotation and extension. Individual rehabilitation is very important, every day, over many years following these points:

a. Special position of standing – in abduction 20 or 30 degrees and in internal rotation,

b. Sitting – in internal rotation,

c. Walking – in small abduction,

d. Skeeping - in flexion and abduction of the hip joint (to this subject publication in Jacobs Journal of Physiotherapy and Exercise, 2016 / Texas / USA). In program of physiotherapy in my country it is spoken only about “necessity to strengthhen the muscles”. Such therapy never gives the positive results. On end of such improper therapy it is only – surgery - hip prosthesis [21-25].

The valgus deformity of children mostly develops because of improper sitting manner many months or many years – with legs placed on side of the body and in maximal internal rotation of the hips. The valgus deformity of knees can develop also among children with Minimal Brain Dysfunctions (MBD - publication in Czech Republic in 2017). Pediatrician, orthopedic surgeons and rehabilitation doctors should inform parents about necessity of sitting in proper position – it means in “butterfly position” (term taken from the karate) -feet together, knees apart, hips in maximal abduction [26-29].

Knees problems of adults

The adult patients can suffer because of arthrosis of knee or of patello - femoral joint. The following factors lead to the arthrosis:

a. Primary valgus deformity and after years instability of knee.

b. Varus deformity and next instability of joint.

c. Contracture (limited extension) of the knee.

d. Recurvation of knee in patients with symptoms of MBD (beginning of the deformity in childhood).

e. Arthrosis of patello - femoral joint, in result of various pathological influences (need special article). The patients were very commonly treated by extensive movement of knee – from full flexion to full extension. Such kinesiotherapy is incorrect. Proper exercise - there are only isometric exercises for m. quadriceps. The leg should be in permanent extension position of the knee regularly lifted up for 8 – 10 second and placed down for 2 -3 second, plus extension / flexion movements of foot for better blood circulation.

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Shank problems among children and adults

Mostly the problem is connected with varus deformity- and here can be distinguished three types of deformations. First type - Blount disease, second type- rickets, third types – deformity in kidneys illnesses. Till 70 years of XX century we treated the children with varus deformity only by surgery. After the ’70 we found out, that the rejecting or reducing the “load” during standing or walking (see Heuter- Volkmann law), leads to the proper axis of shanks. Our method is simple, we recommend only - no standing and no walking during 2-3 months. The correction of axis of shank is coming spontaneously. Children aging from 1 to 2.5 years can be successfully treated with such a method (the first article about this subject was published in Germany in 1994). The varus deformity in adults needs surgery – corrective osteotomies.

Feet problems of children

Among almost 12% of children in Poland we observe the symptoms of MBD. These are:

a. Anterior tilt of pelvis with lumbar hiperlordosis,

b. Recurvation of knees and

c. Valgus, or plano – valgus deformity of feet. The cause of this feet deformations is: laxity of joints (changed collagen) and shortening of Achilles tendon and m. triceps surae because
of sub-spasticity. Valgus of feet has the character of "the secondary deformation". The physiotherapy in Poland of such feet is mostly incorrect. The correct therapy is only stretching exercises for Achilles tendon and m. triceps surae, the best in warm water. Additionally are recommended - inserts for shoes and among 5% of children - surgery.

Foot problems among adults

There are four common problems:

a. Valgus deformity of feet – if such deformity is persistent from childhood.

b. Hallux valgus.

c. Pain syndrome of anterior part of foot" caused by the limited plantar flexion of the toes (articles from the 1961–1990).

d. Ankle joint pathology-left ankle among drivers, right one among passengers – caused by permanent distortion during getting out from the (small) car (article publish in American Research Journal of Medicine and Surgery, June 2017). The treatment of all the deformations mentioned above need proper physiotherapy and prophylactics' managements.

There are:

- Incorrect therapy in %
- Correct therapy in %

Table 1

<table>
<thead>
<tr>
<th>Diagnosis and Therapy in Observation of Author Among the Patients Coming from Others Centers</th>
<th>Spine – Children (Scoliosis) and Adults (Back Pain)</th>
<th>Hips – Children (Dysplasia) and Adults (Arthritis)</th>
<th>Knees – Children (Valgus Deformity) and Adults (Instability of Knee and Pain)</th>
<th>Shanks – Children (Varus Deformity) and Adults (Instability of Knee and Pain)</th>
<th>Feet – Children (Valgus Deformity) and Adults (Hallux Valgus, Pain Syndrome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrects therapy in %</td>
<td>20%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>Incorrect therapy in %</td>
<td>80%</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
<td>80%</td>
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References


29. www.ortopedia.karski.lublin.pl