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THE ROLE OF THE PHYSICAL THERAPIST WITH SKIN CANCER SCREENING

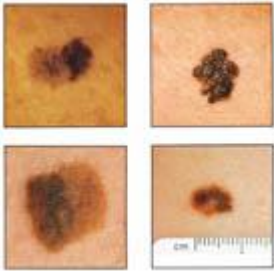
As physical therapists transition to direct access across the United States, we have quickly become the first line of defense for many medical conditions. One condition that is readily seen in practice is skin cancer. Since physical therapists regularly require their patients to expose large parts of their body, we can easily detect cancerous lesions and hopefully reduce the morbidity and mortality associated with the most common malignancy occurring in humans.

Early detection is critical in reducing the morbidity and mortality from skin cancers. Most melanomas, approximately 53% were self discovered. Twenty six percent were discovered by medical providers, 17% by family members, and 3% by others. (Koh HK, 1992) The Guide of Physical Therapist Practice has described the role of physical therapists in secondary prevention, or “decreasing duration of illness, severity of disease, and number of sequelae through early diagnosis and prompt intervention. (Guide to Physical Therapy Practice, 2001).

Skin Cancer screening can be easy as 1-2-3, or as easy as A-B-C-D. The general guide to skin cancer screening is presented in the following chart. (McGovern TW, 1992)

ABCD Checklist	What to look for....
A= Asymmetry	When bisected, one half of the lesion is not identical to the other half.
B= Border	The border is uneven or ragged as opposed to smooth and straight.
C= Color	The lesion is more than one shade of pigment.
D= Diameter	The diameter is greater than 6 mm. This is usually the size of a pencil eraser.

The following is a quick screen, but the presence of one or more of these elements raises concern that the lesion may be cancerous and should be referred out. The physical therapist can also ask basic questions such as, “Has the mole changed color, size or shape within the last few weeks?” If the mole has been present for many years with no change, then the therapist can advise the patient to monitor it. Although the gold standard for diagnosis of skin cancer remains the evaluation of the excised tissue (Whited JD, 1998), physical therapists can still play their role in the early detection of skin cancer.



TENDONITIS: *Inflammation of a tendon (the tissue by which muscle attaches to bone). Tendinitis most commonly occurs as a result of injury, such as to the tendons around the shoulder or elbow. It can also occur as a result of an underlying inflammatory rheumatic disease, such as reactive arthritis or gout. Your PT can address, treat and possibly prevent future episodes. Please call your PT or MD for a referral.*

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Q AND A: KINESIO TAPE DEMYSTIFIED?



Anyone who has watched sporting events has certainly noticed the common use of Kinesio tape on athletes. Kinesio Taping gives support and stability to your joints and muscles without affecting circulation and range of motion. It is also used for Preventive Maintenance, Edema, and Pain Management.

The Kinesio Taping Method differs from athletic strapping tape and the traditional McConnell Taping Method. Athletic strapping tape is used mostly to limit ranges of motion and to constrict muscle movement. The effect of this method is to create a bridge over the areas that are injured so that athletes can perform sport movements and have either prophylactic support or support to an injured part of the body. Athletic tape is typically removed after the end of an athletic event. The Kinesio Taping Method is applied over muscles to reduce pain and inflammation, relax overused tired muscles, and to support muscles in movement on a 24hr/day basis. It is non-restrictive type of taping which allows for full range of motion. For more information about this innovative method, please ask your PT.