

Typical Day of Exercise Therapy for Children with Amplified Musculoskeletal Pain

The overall goal is to restore normal physical function. The restoration of function usually comes before the pain starts to diminish. We focus on doing the things that are most difficult in order to desensitize the child to the pain including tactile stimulation for those with pain to touch (allodynia). This is the first part of the program; the second part is maintaining normal function, usually counseling, and doing a home exercise program. Most children resolve their pain during the second part of the program.

0800 - 0900: Therapy Pool

Most are seen in a small group although younger children may require one on one supervision for safety and compliance. Pool activities may include: weight bearing laps in shallow water such as hopping, running, or jumping, water aerobics, flutter kicking laps with a kick board, upper extremity resistive exercises wearing hand paddles, swimming laps, and water polo. The child may take extra long showers to desensitize painful body areas.

0900 - 1000: Physical Therapy

Children are seen one on one. Endurance exercises are selected with the child's interest, independence, and symptoms in mind. Sessions begin with warm up activities and then timed activities such as animal walks, 90 foot run and step-ups. Endurance exercises include: stationary bicycling with varying resistances, treadmill jogging and running at various speeds and inclines, mini-trampoline jumping, weight shifting and balance activities, skipping rope, and calisthenics such as jumping jacks, squat thrusts, mountain climber steps, push ups, and sit ups. Ball exercises are used for trunk stability and rotational activities especially in children with back pain. Every effort is made to simulate physical education or sport specific activities.

1000 - 1100: Occupational Therapy

Children are seen one on one. Timed activities are used to measure functional progress such as stepping in and out of bathtub in 1 minute, carrying a wooden box around an obstacle course, arm step-up, and getting up and down off the floor. Non-timed activities included window painting, grip strength, biometrics, writing, and kitchen activities such as stirring cookie dough. Endurance activities include arm bike and overhead activities. Quality of movement is continuously monitored by the therapist who may give verbal cues to correct abnormal gait or arm movements. Regions of allodynia are treated with contrast baths, towel rubs, ice or lotion massage, texture desensitization and vibration (both local and total body vibration). Children are encouraged to do the desensitization themselves but initially most are unable to do so. Children time themselves and otherwise are encouraged to take an active role in the therapy program.

1100 - 1200: Physical Therapy

This is a continuation and advancement from the morning physical therapy.

1200 - 1300: Lunch

Lunch is provided in the Day Hospital room. Parents may eat with their children the first week but not subsequently in order to better simulate a typical school day.

1300 - 1400: Psychological evaluation or Music Therapy (time may vary from 0900 to 1500)

All children have a psychological evaluation to explore the individual and family psychodynamics and music therapy. Music Therapy may include music-assisted relaxation, progressive muscle relaxation, and expression through music production. The child may have brief meetings with our education specialist to help her work on school re-entry issues. Academic testing may be done if deemed necessary.

1400 - 1500: Occupational Therapy

This is a continuation and advancement from the morning occupational therapy.

1500-1600: Physical Therapy

This is a continuation and advancement from the morning physical therapy

1600 +

Occasionally a child will need to stay beyond the normal end of day in order to make up activities missed due to procrastination or need to improve upon a timed activity. The therapists are very good at judging the child's limits and setting goals that are reachable. We will not expect more than the child can do, but we will expect each child to reach his or her potential each day.

Evening:

Evening assignment may include specific activities such as walking, chores, sleeping with covers, etc. We expect the child to engage in normal evening activities such as dinner with the family, talking to friends, doing homework.

Weekends:

Each child will have a specific home exercise program that will take about 30 to 60 minutes to complete. This should be done twice a day. Additionally, they are encouraged to participate in active recreational activities such as walks, shopping, or sightseeing.

Schoolwork:

Schoolwork is generally put on hold and make-up work done once the child returns to the classroom. Some schoolwork can be done and in the evenings and weekends. We will assist in getting the school to help make re-entry as smooth as possible. We will need HIPPA forms signed for this, to get school records and to share with the school the results of any academic testing we may do.

References:

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www.childhoodrnd.org

email: rndprogram@email.chop.edu