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Annotated Bibliography

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ANNOTATED BIBLIOGRAPHY 2

Abstract

After exploring genres common to the field of physical therapy through a preliminary genre analysis, I continued analyzing the language and genres of my field by tracing case studies related to physical therapy. I gathered articles relating to the connection between physical therapists, patients, and physicians. I found case studies relating to this topic and traced the case studies and common patterns within these articles. Through my research, I have found sources claiming that physical therapists’ knowledge of common illnesses and even severe diseases is crucial to the patient’s health and even the physician (Coulon and Landin 2012; Mcclinton & Heiderscheit 2012). I have also found that many medical specialists are still looking for the most effective treatment (Reinking 2012; Shindle et al. 2012; Theiss, Fink, & Gerber 2011) These sources have helped me to identify the various aspects of this issue in relation to the field of physical therapy. In addition, theses articles have helped me continue exploring the genre conventions that I will need to learn as I enter a new community through my major.

ANNOTATED BIBLIOGRAPHY 3

Bizinni Mario, Dave Hancock, Franco Impellizzeri (April, 2012). “Suggestions From the Field for Return to Sports Participation Following Anterior Cruciate Limitation Reconstruction: Soccer.” Journal of Orthopedic and Physical Therapy. 42.4. 304-12. Retrived From <http://www.jospt.org/members/getfile.asp?id=5610>

 In the 2012 article, “Suggestions From the Field for Return to Sports Participation Following Anterior Cruciate Limitation Reconstruction: Soccer,” Bizinni, Hancock, & Impellizzeri concentrate on the treatment of ACL injuries related to soccer. They support this by constructing examples of exercises that treat or prevent ACL injuries. The purpose of this article is to provide full recovery for these athletes with an ACL injury, in order to prove that this method of rehabilitation is accurate, and to give relief to these athletes with related injuries. Their intended audience is physical therapists, doctors physicians and athletes.

 This article is relevant to my topic because they discuss specific physical therapy exercises that aids in prevention and healing of ACL injuries. They state, “The rehabilitation may arbitrarily be divided into 4 phases: (1) protection and controlled ambulation, (2) controlled training, (3) intensive training, and (4) return to play,” which gives a direct view on a physical therapist’s goals, related to the patient. This article is directly related with Waters’s 2012 article & Mithoefer et al., as they reference the importance for the athletes to return to their sport pain free.

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Coulon, Christian L., Dennis Landin (2012, May). “Lyme Disease as an Underlying Cause of Supraspinatus Tendenopathy in an Overhead Athlete.”Physical Therapy. 92.5 740-7. Retrieved From <http://ptjournal.apta.org/content/92/5/740>

Coulon and Landin, in their 2012 case study “Lyme Disease as an Underlying Cause of Supraspinatus Tendenopathy in an Overhead Athlete*,*”examine a male tennis player and describe his conditions and what role a physical therapist plays in his healing process. The purpose in issuing this article is to demonstrate the importance of a physical therapist’s input and observations of a patient, in order to give the correct diagnosis and treatment. Their intended audience includes doctors, physicians, and physical therapists.

Coulon and Landin’s article relates to my topic because they explain the need for a physical therapist, and how they are able to aid in the patients healing process. Stating, “The purposes of this case study are (1) to demonstrate the importance of a physical therapists clinical input and observations can have in reaching the correct diagnosis in atypical musculoskeletal disorders…(3) and the importance of physical therapists being aware of non-mechanical diseases,” they explain that the physical therapist is an important factor in this patient’s treatment. This article relates to Mcclinton & Heiderscheit (2012); Moen et al (2012); and Weir et al. (2010), because they discuss the importance of physical therapist’s input in relation to the patient’s rehabilitation.

Frizziero Antonio, Maria G. Benedetti, Domenico Creta, Antonio Moio, Stefano Galletti, Nicola Maffulli. (2012, June). “Painful Os Acromiale: Conservative Management in a Young Swimmer Athlete.” Journal of Sports Science & Medicine. 11. 352-56. Retrieved From <http://www.jssm.org/vol11/n2/20/v11n2-20pdf.pdf>

 In the 2012 article, “Painful Os Acromiale: Conservative Management in a Young

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Swimmer Athlete,” the authors concentrate on the treatment of a 22 year-old swimmer with persistent shoulder pain with overhead movement. The purpose of this article is to examine this specific injury and improve treatment in order to make this a viable alternative to surgery, and provide correct diagnosis for future reference. Their intended audience is doctors, physicians, and physical therapists.

 This article relates to my topic because the authors discuss specific treatments that are helpful with this injury and provide an alternative to surgery. Stating, “Rehabilitation using a conservative management regimen may represent, in responder patients, a valid alternative to surgery in athletic patients,” the authors further explain the importance of this case to patients and physical therapists and even doctors. Since this can replace surgery, doctors have extra time to spend on other patients with more extreme cases. This article relates to Lampert (2012); Nelson & Hall (2011); Reinking (2012); Theiss, Fink, & Gerber (2011); and Shindle et al. (2012), articles because they discuss regimes that can improve the effect of treatment.

Lampert Rachel (2012, Mar-Apr). “Evaluation of Management of Arrhythmia in the Athletic Patient.” Progress in Cardiovascular Diseases. 54. 423-31. Retrieved From <http://www.sciencedirect.com/science/article/pii/S0033062012000035>

 In Rachel Lampert’s 2012 article, “ Evaluation of Management of Arrhythmia in the Athletic Patient,” she concentrates on the three common arrhythmia conditions in athletes, atrial fibrillation, premature ventricular contractions, and an implanted device. The purpose of this article is to discuss the treatments regarding these three arrhythmia conditions, in order to find effective treatment. Her intended audience is physical therapists, doctors, and physicians.

This article relates to my topic because Lampert discusses different treatments to these three arrhythmia conditions. Providing great detail, she states, “Although intense athletic activity is associated with high levels of sympathetic activation, athletes also

have a greater resting vagal tone than sedentary individuals, demonstrated by a greater resting heart rate variability, as well as a more rapid heart rate recovery after exercise,” which falls into one of her conclusions. She found that many endurance athletes are more susceptible to these arrhythmia conditions, even though they are generally healthier. This article relates to Fizziero et al. (2012); Nelson & Hall (2012); Reinking (2012); Theiss, Fink & Gerber (2011); Shindle et al. (2012), because they discuss different treatments to provide better atmosphere for the athlete.

Mcclinton Shane, Bryan Heiderscheit (2012, Aug). “Diagnosis of a Primary Task-Specific Lower Extremity Dystonia in a Runner.” Journal of Orthopedic and Sports Physical Therapy. 42.8. 688-97. Retrieved From <http://uwnmbl.engr.wisc.edu/pubs/jospt12_mcclinton.pdf>

 In Mcclinton and Heiderscheit’s 2012 article, “Diagnosis of a Primary Task-Specific Lower Extremity Dystonia in a Runner,” they concentrate on a case study with an older male who has an extremely rare case of lower extremity dystonia. The purpose of this article is to increase awareness of this rare disease in physical therapists, physicians and even athletes, in order to improve the treatment and diagnosis. Their intended audience is doctors, physicians, physical therapists, and athletes.

 This article relates to my topic because they discuss how physical therapists and physicians need to work together to conduct the correct diagnosis. They need to be

aware of specific indications and be able to declare the right injury or disease so that

they do not waste time treating the wrong disorder. Stating, “In the case presented here, dystonia diagnosis was not initially considered in the differential diagnosis, despite evaluations from multiple healthcare specialists,” Mcclinton and Heiderscheit exclaim that it is evident that specialists need to recognize features associated with this rare issue. Also, they state, “Diagnosis and management should include a multidisciplinary effort to include physical therapy and a physician specialist in movement-related disorders,” in order to impose the idea that professionals need to understand correct diagnosis to ensure a higher healing rate. This article relates to Coulon & Landin (2012); and Weir et al. (2012), because they also stress the need of knowledge on specific diseases to detect correct diagnosis.

Mithoefer Kai, Karen Hambley, David Logerstedt, Margherita Ricci, Holly Silvers, Stefano Della Villa (2012, March). “Current Concepts of Rehabilitation and Return to Sports After Knee Articular Cartilage Repair in an Athlete.” Journal of Orthopedic and Physical Therapy. 42.3 254-73. Retrieved From [http://www.jospt.org/issues/articleID.2719,type.2/article\_detail.asp](http://www.jospt.org/issues/articleID.2719%2Ctype.2/article_detail.asp)

 In the 2012 article, “Current Concepts of Rehabilitation and Return to Sports After Knee Articular Cartilage Repair in an Athlete”, the authors concentrate on the

rehabilitation of different athletes with articular cartilage repair. They support this by providing specific examples of exercises and treatments that will aid in the prevention and healing process of this injury. The purpose of this article is to provide full recovery for these athletes with cartilage repair, in order to prove that this method of rehabilitation is accurate. Their intended audience is other physical therapists, doctors, physicians, and athletes.

This article is relevant to my topic because it specifies in physical therapy with athletic injuries. Stating, “The focus of the rehabilitation program for all articular cartilage repair procedures is to provide a mechanical environment for the local adaptation and remodeling of the repair tissue that will enable the patient to safely return to the optimal level of function,” the authors agree that the main goal is to return the patient to their activity at the pre-injury level, with the aid of a physical therapist. Without the therapist, it would by nearly impossible for these athletes to return to a normal active level. This article relates to Waters (2011); and Bizinni, Hancock, & Impellizzeri (2012), as they directly relate to athletic injuries in sports physical therapy.

Moen Maarten Hendrix, Leonoor Holtslag, Eric Bakker, Carl Barten, Adam Weir, Johannes L. Tol, Frank Backx (2012, March). “The Treatment of Medical Tibial Stress Syndrome in Athletes; A Randomized Clinical Trial.” Sports Medicine, Arthroscopy, Rehabilitation, Therapy & Technology. 4.12 1-8. Retrieved From <http://www.smarttjournal.com/content/pdf/1758-2555-4-12.pdf>

 In the 2012 article, “The Treatment of Medical Tibial Stress Syndrome in Athletes; A Randomized Clinical Trial,” the authors concentrate on preforming experiments to determine which type of treatment best aids in healing Tibial Stress Syndrome. They support this by setting up three experiments and randomly setting 74 athletes within these three experimental groups. The purpose of this article is to examine the results of using different techniques, in order to cure Tibial Stress Syndrome. Their intended audience is physical therapists, doctors, physicians and athletes.

This article is relevant to my topic because it specifies in sports physical therapy, and concludes results concerning athletic injuries. Stating, “No significant differences in

baseline characteristics were found between the treatment groups,” the authors concluded that the differing treatments produced the same results, and therefore neither technique is best. This article relates to Coulon & Landin (2012); Weir et al. (2010); and Mcclinton & Heiderscheit (2012), because they discuss athletic injuries in a physical therapist’s perspective.

Nelson Rebecca, Toby Hall (2011, Feb). “Bilateral Dorsal Foot Pain in a Young Tennis Player Managed by Neurodynamic Treatment Techniques.” Manual Therapy. 16

 641-645. Retrieved From <http://www.sciencedirect.com/science/article/pii/S1356689X11000403>

 In the 2011 article “Bilateral Dorsal Foot Pain in a Young Tennis Player Managed by Neurodynamic Treatment Techniques,” Nelson and Hall concentrate on a 12 year-old male tennis player who showed peripheral nerve sensitization and needed neurodynamic treatment (working the mobilization of the nerves). The purpose of this article is to investigate the role of neural muscular disorders in order to provide more information about them and safer and effective treatment. Their intended audience is physical therapists, doctors, and physicians.

 This article relates to my topic because Nelson and Hall discuss the effect of neural musculoskeletal disease with neural treatment. It is important to be knowledgeable about this treatment because this disease does not generally affect children. Stating, “This case report suggests the effectiveness of neurodynamic treatment in a child with bilateral foot pain who fulfilled published criteria for PNS (peripheral nerve sensitization). The presentation of peripheral neuropathic pain in a child is highlighted and demonstrates that this disorder is not confined to adults,” the authors prove their case that this disease can

occur in younger children as well as adults. This article relates to Fizziero et al. (2012); Lampert (2012); Reinking (2012); and Shindle et al. (2012), because they discuss the importance of knowledge of disorders and diseases, while providing the right treatment.

Reinking Mark (2012, Feb). “Tendinopathy in Athletes.” Physical Therapy in Sport. 13.1. 3-10. Retrieved From <http://www.sciencedirect.com/science/article/pii/S1466853X11000460>

 In the 2012 article “Tendinopathy in Athletes,” Mark Reinking concentrates on an experimental athlete to find what causes tendinopathy and how to treat it. The purpose of this article is to determine the causes and treatments of this athletic injury in order to provide quicker treatment and prevention. Their intended audience is doctors, physicians, physical therapists, and athletes.

This article relates to my topic because they discuss the different types of treatments that are associated with tendinopathy, and how physical therapists use these treatments to treat patients. Stating, “The treatment of tendon pain is multifactorial and thereby challenging and requires careful consideration of the chronicity of the problem and the athlete-specific impairments associated with the tendon pain,” Reinking suggests that it is difficult to provide the exact treatment one patient needs because the circumstances are different for every patient. Therefore, he explains, “The intervention plan for an athlete with tendon pain should be based on an integration of the clinician’s clinical judgment, the patient’s values, and the best available evidence.” This article relates to Lampert (2012); Nelson & Hall (2012); Shindle et al. (2012); and Theiss, Fink, & Gerber (2011), because they all are testing different treatments to determine which treatment is best, and which factors affects the injury.

Shindle Michael K., Yoshimi Endo, Russell F. Warren, Joseph M. Lane, David L. Helfet,

Elliot N. Schwartz, Scott J. Ellis. “Stress Fractures about the Tibia, Foot and Ankle.” Journal of the American Academy of Orthopedic Surgeons. 20.3 (2012) 167-176.

 In the 2012 article “Stress Fractures about the Tibia, Foot, and Ankle,” the authors concentrate on describing the stress fractures that are associated with the tibia, foot, and ankle, and the factors that cause the stress fractures. The purpose of this article is to discuss the conditions that create this injury and how surgery can aid in the healing process of stress fractures. Their intended audience is doctors, physical therapists, and physicians.

 This article relates to my topic because the authors discuss different medical treatments for specific stress fractures. They go into detail describing how each surgery is, how they affect the patient, and how the fractures occur. Stating, “Intrinsic factors include metabolic state, menstrual patterns, level of fitness, muscle endurance, anatomic alignment, microscopic bone structure, and bone vascularity. Extrinsic factors include training regimen, dietary habits and equipment,” furthers explains how the stress fracture develops. This article relates to Fizziero et al (2012); Lampert (2012); Reinking (2012); and Theiss, Fink, & Gerber (2011), because they all explain different treatments and how they effect the injured area.

Theiss Justin L., Michael L. Fink, John P. Gerber (2011, Dec). “Deep Vain Thrombosis in a Young Marathon Athlete.” 41.12. 942-47. Retrieved From <http://www.jospt.org/issues/articleID.2674/article_detail.asp>

 In the 2011 article, “Deep Vain Thrombosis in a Young Marathon Athlete,” the authors concentrate on a young male who appeared to have a simple calf strain but was

later diagnosed with deep vain thrombosis. The purpose of this article is to evaluate the process on diagnosing deep vain thrombosis in order to improve the diagnosis of this injury and therefore provide better treatment. Their intended audience is doctors, physicians, physical therapists, and athletes.

 This article relates to my topic because the authors discuss the importance of knowledge in determining specific diseases or injuries. They also conclude what treatment would best heal this injury. Stating, “It highlights the need for careful scrutiny and differential diagnoses during each patient encounter,” the authors exemplify the importance of a physical therapist’s input in diagnosis and connection with the patient. This article relates to Lampert (2012); Nelson &Hall (2012); and Shindle et al. (2012), because they communicate the needed knowledge a therapist needs to have to correctly treat a patient.

Waters, Eric (2012, April). “Suggestions From the Field for Return to Sports Participation Following Anterior Cruciate Ligament Reconstruction.” Journal of Orthopedic & Sports Physical Therapy. 42.4. 326-36. Retrieved From [http://www.jospt.org/issues/articleID.2737,type.2/article\_detail.asp](http://www.jospt.org/issues/articleID.2737%2Ctype.2/article_detail.asp)

 Eric Waters’s, in his 2012 article “Suggestions From the Field for Return to Sports Participation Following Anterior Cruciate Ligament Reconstruction” concentrates on the treatment of ACL injuries. He supports this by setting examples of specific exercises that treat or prevent ACL injuries. His purpose is to show how treatment works with an ACL injury and explain how to prevent it, in order for others to educate themselves with the study that he has done. His intended audience is physical therapists, doctors, physicians, and athletes.

Water’s article is relevant to my topic because he focuses on rehabilitation of athletes. Stating, “Preparing a basketball player for an effective return to play requires

that the final and most functional phase of the rehabilitation program encompass a

thorough protocol based on exercises that maintain proper lower extremity alignment throughout all the conceivable scenarios of a basketball game,” (333) he exemplifies that it is important to preform certain exercises in order to compete at the best ability. This article relates to Bizinni, Hancock, & Impellizzeri (2012); and Mithoefer et al. (2012), as they both exhibit information concerning athletes and the treatments associated with them.

Weir, Adam, Jaap Janson, Joyce van Keulan, Jan Mens, Frank Backx, Hank Stam (2010, Aug). “Short and Mid-term Results of a Comprehensive Treatment Program for Longstanding Adductor-Related Groin Pain in Athletes: A case series”. Physical Therapy in Sport. 11. 99-103. Retrieved From <http://ejournals.ebsco.com/Direct.asp?AccessToken=9II51IQ8X4R5DM15UPQ5RPPJZUR48QM5X&Show=Object&msid=-419303987>

 In the 2010 “Short and Mid-term Results of a Comprehensive Treatment Program for Longstanding Adductor-Related Groin Pain in Athletes: A case series*,”* the authors assess the short-term effects of physical therapy on groin pain on 44 athletes. The purpose of this article is to test the effectiveness of new treatment programs in order to rehabilitate the patients back to their athletic condition. Their intended audience consists of doctors, physicians, physical therapists, and athletes.

This article relates to my topic because they explain treatment associated with athletes, and reports detailed information on how to treat these athletes. They conclude, “After completing the comprehensive treatment program 34/44 (77%) of athletes returned

to the pre- injury level of sports without symptoms” (101). This exemplifies that their specific treatment program was a success. This article relates to Coulon & Landin (2012); Mcclinton & Heiderscheit (2012); and Moen et al. (2012), because they communicate the relationship between athletes and physical therapists.