

SPINOMED III BRACE

“The most significant advancement in the conservative management of osteoporosis and compression fracture

EVER” *

See inside story for updates on coding and use of the **Spinomed III.**

With its new, removable lumbar and abdominal supports, this brace can now be fit to persons with severe postural change and back pain and, when patients improve, the extra supports can be removed. As the patient advances in treatment, the removal of these supports signifies improvement that is both documentable and reimbursable.

If a patient can put on a sweater or jacket, he/she can don and doff this brace.

**Sara Meeks*



Medi USA LP Receives Expanded L-Code Medicare Billing Approval for Spinomed® III

Whitsett, NC, September 22, 2008. Medi USA LP receives expanded L-Code Medicare billing approval for the Spinomed® III spinal orthosis for osteoporosis treatment. The assignment of L-code L-0456 to the basic version of the Spinomed® III spinal orthosis for osteoporosis will allow the product to be used for more applications and with more ease by the prospective patient. The L-code approval means that there are now two versions of the Spinomed® III available; a basic model as referenced in the successful study published in the American Journal of Physical Medicine and Rehabilitation, March 2004 and a model with expanded torso coverage provided by additional support panels. According to the U.S. Surgeon General, 10 million Americans over the age of 50 have osteoporosis. By 2020, half of the population over 50 will be at risk for fractures from osteoporosis and low bone mass. It is estimated that 1.5 million people each year will sustain a fracture related to osteoporosis and 700,000 of those fractures will be vertebral compression fractures.

The Spinomed® III consists of a rigid moldable support contained in a garment that is worn like a backpack. This patient friendly "backpack" design permits easy donning and doffing and allows for freedom of shoulder and arm movements. In addition, the Spinomed® III does not obstruct thoracic or abdominal breathing and a padded abdominal panel provides additional comfort. The low profile design is lightweight and can be worn under clothing for discreetness. To ensure an ideal fit and to further enhance patient compliance, the Spinomed® III is adjustable and available in four sizes to fit most body types. By activating the back muscles, the support straightens the dorsal spine to decrease the osteoporotic kyphosis. When optimally fitted, this dynamic orthosis stimulates the body's own muscle power, eases patient pain and improves mobility. The patented Spinomed® III is indicated for hyper-kyphosis with chronic back pain, juvenile Scheuermann's disease, and osteoporotic bone collapse in the thoracic and lumbar spine.

An evidence-based medical study of post-menopausal women with vertebral compression fractures supports the Spinomed® III as a leading-edge therapy in the treatment of osteoporosis. Study results revealed a significant increase in core strength (73-percent in back extensors and 58-percent in abdominal flexors) as well as a marked reduction of hyper-kyphosis (11 percent). The study also documented a 38-percent reduction in daily pain, a 25 percent reduction in body sway, and a 7 percent increase in vital capacity.

Medi USA is a worldwide leader in medical compression and orthopedics for more than 80 years. Medi USA offers a full line of [compression stockings](#), therapeutic and support hosiery as well as a complete line of prescription and over-the-counter [orthopedic products](#). Medi USA products are designed to treat musculoskeletal deficiencies with specific emphasis placed on joint function, treatment, protection and rehabilitation.

For more information about Medi USA and the Spinomed® line of products, visit www.mediusa.com or call 1-800-633-6334.

The **SPINOMED III BRACE**, manufactured and distributed by Medi USA (see articles Page 2 and Page 4) continues to be an integral and important of the comprehensive management of the patient with osteoporosis. Now, it is even better. The brace is now available with extra support for the more involved patient and with less support for those that don't need so much. The extra supports are removable lumbar and abdominal panels that can be taken out as the patient improves. The use of the brace continues to expand and, with it, patient compliance for exercise and movement programs. It's been my experience as a P.T. that, once pain is reduced, patients are more likely to do what is asked of them and compliance goes up. I have reports from therapists using the brace for patients with compression fracture, postural change from osteoporosis and other pathology, post vertebro- and kyphoplasty, as well as other causes of back pain. Please see information on coding updates in above articles. Feel free to contact Medi USA for more information and to have a rep contact you. 1-800-633-6334.

[It may be the best thing you ever do for your patients with osteoporosis who have trouble controlling back position due to weakness and pain.](#)

ANOTHER SUCCESSFUL PROGRAM USING THE MEEKS METHOD

BONES IN BALANCE

A Self Management Class For People With Low Bone Density

Information on results of an Osteoporosis Exercise Class presented as a poster at CSM 2008.

We attended Sara Meeks Level I: Osteoporosis: A Comprehensive Treatment Strategy in May, 2004 In Rockford, Illinois. Then, a team of therapists and a nurse educator met two times a month for approximately one year to prepare for the class. During that time, we compiled the current information from the National Osteoporosis Foundation, Sara Meeks course and enlisted other disciplines to develop our comprehensive program.

Our strongest advertisement comes from past participants, spreading the news and encouraging their friends to take the class. Our local newspaper(s), a medical journal and our hospital's newsletter featured the program.

Charges for the program are based on insurance guidelines. We charge for a physical therapy assessment as well as therapeutic exercise. The nurse educator, pharmacist, medical social worker, or dietician do not charge for their services.

We are currently collecting data to show the effectiveness of our program.

Two and a half years of data has been collected on 226 women. Measurements that demonstrated statistical significance included an average pain decrease of 2.5 points on a 0-10 scale, average improvement of the REEDCO posture scale assessment of 9.6 pts, as well as an average height gain of 0.35 cm. (.14 in)

For information about this program, contact Sherry Becker, P.T.

Lakeland Orthopedic Physical Therapy 3950 Hollywood Road, St. Joseph, MI 49085.

(269) 556-7150.

**NEW UP-DATED GUIDE TO PHYSICAL THERAPY MANAGEMENT OF BONE HEALTH
THE MEEKS METHOD**

The new, second edition of "The Guide" is being published by OPTP and can be purchased through www.optp.com or www.sarameekspt.com. Changes include information on Fracture Risk Assessment, updated Groups of Persons with Diagnosed Osteoporosis—there are now 4 Groups, information on Redcord, and some comments on the increasing problem of the "myth" of osteoporosis which is tending to cause people not to seek care from qualified exercise professionals.

Price is the same.....\$15.00

SARA SPEAKS

TO BEND OR NOT TO BEND

The response to the last column was quite good as many people contacted me for copies of the articles. They are still available for anyone who contacts me via email. I'd welcome any feedback from those who have the articles and would be interested to know if the information has helped with, or changed, clinical practice and/or thinking in any way.

REIMBURSEMENT

I have compiled a document, based on the information received from those who wrote in and gave me reimbursement and treatment codes they are using for osteoporosis management. Therapists in my seminars are eager for this information so, if anyone has any more to share, it is welcome. Also, if any of you would like a copy of the documents I have prepared for the Level 1 course on reimbursement, please send me an email and I can send that out to you also.

NETWORKING

I have sent out many lists of therapists to the public and also to other medical professionals, yoga and Pilates teachers.

I'm wondering if any of you have received calls and, if so, how does this idea work for you? People, especially the public, are hungry for good information on osteoporosis management and many of them have been to physical therapy with less-than-optimal results. For them, going to therapy with someone who has had special training in osteoporosis-management can make all the difference. Please send any feedback on this to me via email or call me directly.

FRACTURE RISK ASSESSMENT

Many of you, by now, probably are aware of the World Health Organization and National Osteoporosis Foundation initiative on Fracture Risk Assessment which was introduced in early 2008. Bone mineral density is now considered a risk factor for fracture and there are new guidelines on medical management. For a copy of the new course handout on Fracture Risk Assessment, please contact me via email.

FOUR CLINICAL GROUPS OF PATIENTS DIAGNOSED WITH OSTEOPOROSIS

At the course you attended, I had a handout on Three (3) Clinical Groups of Patients with Diagnosed Osteoporosis with management suggestions for each group. There are now four (4) and I would be happy to send this handout to anyone requesting it via email in PDF.

EMAIL ADDRESS FOR ANY OF THE ABOVE INFORMATION: sara@sarameekspt.com

NEW RESEARCH

Huntoon EA, Schmidt DO, Sinaki, M. Significantly Fewer Refractures after Vertebroplasty in Patients Who Engage in Back-Extensor-Strengthening Exercises. Mayo Clin Proc January 2008;83(1):54-57. Log onto Pubmed and search for Sinaki. It comes up on the first page and the download for the full article is free. Back Extensor-Strengthening Exercise alone is better at preventing subsequent fracture than either Vertebroplasty alone or Vertebroplasty and Back Extensor-Strengthening together.