



OT in Practice

Criteria for Home Use of Pneumatic Compression

by Karen Ashforth, MS, OTR, CHT, CLT-LANA, and Jeanette Workman-Cosentino, OTR, CLT-LANA

Introduction: Pneumatic compression is a useful adjunct to complete decongestive therapy (CDT), both in the clinic as part of the initial reduction phase and at home in the maintenance phase. It is important that clinicians receive education regarding correct clinical applications of pneumatic compression, as well as reimbursement issues which may affect a patient’s ability to obtain coverage for this equipment.

Methods: We observed treatment outcomes in a group of patients at a hospital based outpatient lymphedema center using pneumatic compression at home. A flow chart was constructed to define clinical criteria for pneumatic compression use and selection, as determined on the basis of patient characteristics and responses to therapy, in the framework of realistic anticipation of insurance coverage.

Results: In the majority of cases patients demonstrated good results and high levels of compliance with pneumatic compression at home. We discovered that in general, most upper extremity patients had edema secondary to lymph system damage due to cancer treatment and were more appropriate candidates for E0652 pneumatic systems with capacity for torso as well as extremity treatment. Conversely, most lower extremity patients displayed bilateral dependent edema due to chronic conditions such as Chronic Venous Insufficiency (CVI). These patients were largely served by E0651 systems that treat the legs only. Exceptions to this were oncological patients with damage to the torso as well as legs.

Conclusion: It is important to consider both patient need and reimbursement requirements when planning home treatment for lymphedema patients. Using this flow chart we were able to match most patients to pneumatic systems that best met their needs, within their insurance system. [OTAC](#)

So You Think You Can’t Dance?

by Heidi Dombish, MS, OTR/L, and Debbie Wang, MA, OTR/L

It has been said “Dancing with the feet is one thing, but dancing with the heart is another.” At Rancho Los Amigos National Rehabilitation Center (RLANRC), occupational therapy practitioners Heidi Dombish and Debbie Wang are proving this week after week.

In their integrated dance class, participants from all walks of life are welcome to learn a variety of dance styles and techniques. Integrated dance, also called combi-dancing, partners a standing dancer with a seated dancer. It is an art that brings people together regardless of age, experience, or ability. Some of the participants in their program have physical or cognitive difficulties as a result of spinal cord injury (SCI), acquired brain injury (ABI), stroke, neurological illness, or amputations, and others may be experienced and trained dancers. Regardless of ability, all of these factors disappear once they reach the dance floor.

The integrated dance class that Dombish and Wang lead is one of very few programs of its kind on the West Coast. What makes this class special is their emphasis on the occupational and social roles in addition to the physical, cognitive, and psychological benefits of dancing. There are a lot of adapted sports and recreation activities out there but you rarely see integrated activities. Imagine seeing wheelchair athletes on a hockey team or ambulatory athletes in a wheelchair basketball game. The integrated dance program focuses on breaking down these social barriers and partnering individuals of all physical abilities. The focus is NOT on disability, rather it is on recognizing dance styles, learning rhythm, leader or follower roles, connection, footwork and/or wheelwork just like any other dance class in the community.

To Dombish and Wang, roles are important. In International style Wheelchair Ballroom dance, the leading role is always the standing partner whether male or female. In traditional ballroom dance, the role of leader is assigned to the man, and the role of follower is assigned to the lady. It is the man’s responsibility to set the rhythm, decide which steps to use, and to manage the direction and progression of the couple around the floor. The woman’s role is equally important and she must sense and respond to the man’s lead. Dombish and Wang maintain the traditional ballroom dance partnership regardless of who is standing and who is seated.

Their dancers are free to take their skills to whatever dreams they wish to pursue. Either social dancing with their loved ones, performing on stage, or competing locally or internationally, these dancers CAN, in fact, dance.

Heidi Dombish MS, OTR/L and Debbie Wang MA, OTR/L are outpatient occupational therapy practitioners who have a variety of backgrounds in dance. They have received training through the American DanceWheels Association for integrated ballroom dancing. Their dance program is currently offered through the RLANRC Wellness Center. [OTAC](#)

