

LEE SPANNHAKE, MPT

FOUNDER/OWNER IN HOME BODY IN BALANCE, PLLC, AND HOME HEALTH PT. FLAGLER HEALTH+



Fast Facts:

Bachelor of Arts, Biology University of San Diego, 1994

Master of Physical Therapy University of St. Augustine, 1998

Certifications and Specialties Osteoporosis Rehabilitation, Vestibular Rehabilitation, POTS Rehabilitation, and Certified Aging in Place Specialist

Accomplishments

- Provides free workshops for the local community on osteoporosis. "Be Hip. Don't Break One."
- Created and taught the first osteoporosis class for doctorate students at the University of Saint Augustine.
- Created and taught an Osteoporosis program for Bayview Home Health. St. Augustine, FL.
- Created and taught the first Vestibular Program at Bayview Healthcare. St. Augustine, FL.
- Designed and implemented an online exercise POTS program, "Exercise With POTS."
- Presently, creating and teaching a POTS program for Flagler Health+.

How did you get interested in your specialties? Each specialty has its own special story.

Osteoporosis became my first love about 24 years ago. My grandmother had just died soon after a hip fracture. I quickly became interested in osteoporosis and the role I had as a physical therapist. I became certified in the Meeks Method for osteoporosis treatments. I learned how we can positively affect the outcomes for

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someone with osteoporosis through proper and timely education and exercises. The key is understanding body alignment and safe exercises. A patient with osteoporosis or osteopenia may be harmed if incorrect exercises are performed. I knew 24 years ago that correct information needed to be shared. That is why I created the "Be Hip. Don't Break One" community workshops. Educating the public on safe exercise and movement patterns has been one of my professional life missions.

Vestibular certification came after evaluating a hip-fracture patient who almost fell out of bed when trying to lie

down. He had intense room spinning, and his recent fall was caused by his vestibular dysfunction. To be successful, I had to treat the cause of his fall. I worked for a company that supported my pursuit of vestibular certification, which, in turn, allowed me to educate others on vestibular rehabilitation. The vestibular system needs to be evaluated on all of our fall risk patients. If we neglect it, we are losing the opportunity to optimize our patients' well-being and function. The goal is for our patients to remain in their homes safely. We need to use every tool we can to achieve this.

My POTS specialty is personal. It is my life's work. POTS is a form of dysautonomia or a dysfunction with the autonomic nervous system. It stands for postural orthostatic tachycardia syndrome. In adults, there is a 30+ beat increase in heart rate upon standing. Adolescents have a 40+ beat increase upon standing. Symptoms of POTS include rapid heart rate, dizziness, syncope, headaches, visual changes, shortness of breath, GI issues, joint and muscle pains, sleep disturbance, poor temperature regulation, paresthesia, and the list goes on. It is a cobweb of symptoms as it is a syndrome.

I was diagnosed with POTS 17 years after my first symptoms began. As I got older, my POTS symptoms worsened. I would stand and my vision would go black. I would get numbness in my hands, shortness of breath, and I would feel like I could pass out. Some days I was scared to stand. I was repeatedly told, "You look fine, your bloodwork is fine, and you must be stressed or anxious." Unfortunately, most people with POTS are disregarded or misdiagnosed. An accurate POTS diagnosis helps the patient be understood and is the first step in getting them back to a better quality of life.

Once I was formally diagnosed with POTS, I read, researched, and took classes on dysautonomia. What I learned is we need to give our patients specific guidelines, versus general guidelines, to follow. Education and recommendations start in the diagnosing physician's office. It can be overwhelming, however, for a physician to care for a POTS patient. Therefore, care must be multidisciplinary and include physical therapists and occupational therapists.

How can physical therapy help those with POTS?

Exercise can be an excellent long-term management technique for POTS symptoms. Those with POTS typically have low blood volume, poorly functioning neuropathic venous vessel constriction, and/or a hyperactive sympathetic system. When a person with a normal functioning autonomic nervous system stands up, gravity moves blood from the upper body to the lower body. Quickly, the autonomic system senses this and the legs and splanchnic venous vessel system contracts to help push blood into the upper body. There will also be a short-lived, slight increase in heart rate.

When someone with POTS stands up, their low blood volume and poor contraction of the venous vessel system decreases circulating blood flow to the heart and brain. An exaggerated, reflexive, increase in heart rate response occurs in an effort to circulate oxygen and nutrients. If this response is incomplete, presyncope and syncope can occur.

Leg and core muscle strengthening will enhance the mechanical muscle pumping action in the lower body's pooling blood supply. Cardiovascular exercises will increase heart strength and, therefore, the prompt recirculation of blood to the upper body and brain. A proper POTS specific program can help to achieve these goals. That is why I developed the Exercise With POTS program.

What is the Exercise With POTS program?

It is an online, five days a week, five month, POTS-specific exercise program. This program includes educational materials on POTS, the structured exercise routine, and videos demonstrating each exercise. Each day the exercises are performed by me, where I go over safe exercise techniques and how to progress with each activity over time. The program consists of two types of activities. First is the Recumbent Cardio Activity, Patients with POTS need to start with exercises in the recumbent position to allow their bodies to adapt to the exercise, not the position they are in when exercising. Recumbent Cardio Activity is started at a two minute, slow-paced intensity. Even those who have difficulty getting out of bed can do this.

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The second part of the program is the Leg and Core Strengthening Activity. This is performed based on each person's level of tolerance. I remind patients to listen to their bodies and not push beyond their abilities. The POTS program has been a big undertaking, but it has been fun! In a strange way, I consider myself blessed to have POTS. It is the reason that motivates me to help others with POTS.

What is your message to the medical community about POTS?

As someone in the medical profession diagnosed with POTS, I know there needs to be greater awareness of postural orthostatic tachycardia syndrome. POTS affects women and men of all ages. Many people who have tested positive with COVID are now afflicted with POTS as a post-COVID syndrome complication.

The average POTS patient takes five years to receive their diagnosis. Eighty-three percent of affected patients are diagnosed with a psychiatric condition before they receive their POTS diagnosis. Research shows those with POTS do NOT have a higher risk of mental illness compared to those in the general population. This delay in diagnosis and treatment results in years of patient distress, possible repeated ER visits and hospitalizations, and injuries caused by presyncope and syncope. Those with POTS often feel seared and unheard. An accurate and timely POTS diagnosis allows the patient to take charge and begin a pathway for management.

Having a successful interdisciplinary approach is necessary for both the patient and the physician. It can be overwhelming for a physician to treat the array of symptoms associated with POTS. Medical management can include neurologists, cardiologists, rheumatologists, immunologists, dermatologists, gastroenterologists, geneticists, podiatrists, physical therapists, occupational therapists, psychologists, and more. It is imperative that medical professionals work together in the management of the POTS population so that every patient has an opportunity to maximize their health and live their lives to their fullest.

How is your company, In Home Body In Balance, unique?

Over the years, insurance changes have altered the way we perform physical

therapy visits. Visits have become shorter in both duration and frequency. Physical therapy assistants are often involved to accommodate more patients. Two years ago, I started my own company, In Home Body In Balance. I provide licensed, personalized physical therapy and wellness programs to seniors who want to exercise in the comfort of their homes but are not sure what to do. Getting started with an exercise program may be intimidating and often needs monitoring for technique and compliance. That is where we step in.

Many of my clients have multiple co-morbidities like generalized weakness, unstable balance, osteoporosis/osteopenia, multiple sclerosis, Parkinson's disease, vertigo, or POTS, or are recovering from post-surgical care, post-cancer treatment, or a CVA. These patients feel more secure having a skilled PT working with them. Visits are approximately one hour long and can include counseling on increasing home safety and reducing the risk of falls. Visits may be in person, in home, or scheduled on Zoom. Other people engage us because they desire an ongoing, quality, one-on-one exercise guidance, progression, and motivation program. We provide programs based on individual wants and needs.

Exercising should be a way of life. My desire is for my patients to WANT to exercise. I want them to feel and see the benefits of their exercise routine. It takes work, but it can still be fun. I am lucky I have formed some strong, lifelong connections with my clients. I am not sure who gets more out of these visits, them or me.

Do patients need a physician's order to schedule skilled physical therapy?

Florida is a direct access state. Patients may directly access physical therapy services for up to 30 days without a physician prescription. After 30 days, a physician order is required to continue skilled PT services. If treatments are focused on wellness, prevention, and/or fitness, a physician's order is not required.

Does In Home Body in Balance accept insurance?

We are a fee-for-service practice. We are not in network with any insurances. In today's world, physical therapists often have to see two or more patients at the same time due to decreasing insurance



reimbursements. We pride ourselves on providing quality time, service, communication, and expectations. We base our visits on what the client needs and provide experienced physical therapists for all of our services.

How do you spend your free time?

I enjoy spending time with my family. I have been married for over 20 years and have two beautiful teenagers. I am also blessed to be a twin and exercise with my sister often. On a beautiful day, you might find me biking, walking, or kayaking along one of Florida's beautiful waterways.

You strive to have a positive impact on people. Who is the most significant person who changed your life?

My father. He is strong with a kind and genuine heart. He lives his life with joy and a sparkle in his eyes. He is simply one of the best people I know. There is a saying he would tell me when I was younger. I still think about it when times seem tough. He would say, "You always have a choice." That has helped me at times when I think I am "stuck" in a situation. We always have choices. Choices give us hope.

What else gives you hope?

Kindness and compassion give me hope. The ability to help those in need and to feel for what another person is going through is crucial. Kindness and compassion can easily change another person's life.

Contact us to start a program to improve your quality of life!

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