



Preventing Injury: Understanding Myeloma Bone Lesions, Damage and Pain

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Andrew Schorr:

Mike Varilla sent in this question. He said, "We discovered my myeloma when a plasmacytoma broke my humerus near my shoulder. The bone scan and CT scan showed no other significant lesions, but he later found significant to my right ankle during his surgery."

So, he's wondering, "Is it safe to assume I have damage elsewhere?" He just doesn't know what to do. So, "Do I have to be particularly careful about bone injuries going forward?" What do you say?

Melanie House:

Yeah. This sounds like a classic case of where you know there could be some other problem in there, but you can't see it, you don't know about it, so that fear creeps in and that could paralyze somebody, really, from doing exercise that could be benefiting them.

So, I would definitely recommend that he meet with his doctor or primary care provider who has access to his films, his recent scans. So, like the whole-body MRI or the PET scan. And go through, "Where are the lesions that I should be concerned about and how would that guide my exercise?" or working with a physical therapist to come up with a safe program.

Because if you don't know where they are and you fear that there's something there, I'm gonna do the same thing, I'm gonna think it's safest to stay in my recliner, probably.

Andrew Schorr:

So, the point is what about changing sort of activities of daily living so you can be active but be safe?

Melanie House:

Well, the first thing that comes to mind—and this is again going back to where I am most concerned for my myeloma patients and that is the vertebral fractures because it's so sad to me when I see folks progressively losing their height knowing that it's because these vertebrae are literally collapsing.

The biggest force that causes the collapse is flexion. So, when you think about in your daily life how often do you have to flex – oh, I've got to bend over to put my shoe on, I'm pulling my sock up, oh, I dropped the paper, or maybe I'm just picking something up off the floor that normally sits there, like the food bowl for my cat.

So, these motions can result in significant pressure forces going down the front of the vertebrae that actually lead to their collapse. So, one way that a person can change the way they're moving throughout the day is hamstring stretching is a good start because the longer your hamstrings are the less you have to flex through your lumbar spine.

But for others it's beneficial to even use adaptive equipment like, our occupational therapist will train people on how to use something called a reacher and that just allows you to be able to bend over safely but not then too far and still pick an item up. So, you are at less risk of losing your balance and falling but also at less risk of causing a flexion, compression fractures of the spine.

Andrew Schorr:

Well, so, you're saying don't bend down for the cat's bowl, maybe there's some grabber or something that'll help you do it?

Melanie House:

Well, in that case, there are different ways to approach it. If you can squat rather than bend through—the thing is we all have our habits and we don't even realize what we're doing until we see a video of ourselves or someone points it out.

But if you know that you're at risk for compression fractures in your spine, going through some training to actually learn what ways could I move differently, what strategies could I use that are safe and still let me do the things I need to do? There's always a way to accomplish it, it's just very individualized for each person.

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