

February 2012

## Keep Fit Through the Winter Months



**C**old winter temperatures in many parts of the country make it a challenge to keep fit during these months. People who run or walk outside may find regular exercise difficult. Now is a good time to schedule a visit with our office to benefit from a winter exercise program that complements your schedule and fitness goals.

Given the limited daylight and unpredictable weather, it might be a good time to think about **joining a fitness facility** for a few months. This opens up a world of exercise opportunities, including access to

- **full-body strength training with free weights and machines**
- **cardiovascular equipment, such as the treadmill or elliptical trainer**
- **fitness classes**

On your own, you can walk the mall, wear a pedometer to count the steps you take each day, rent an exercise DVD or borrow one from the library, engage in active housework or join an indoor sports league (basketball, indoor soccer, volleyball or swimming). If you prefer not to join a gym, have limited time during the day or do better with a specific program, we can suggest alternative forms of exercise you can perform at home:

- **strength training with handheld dumbbells, barbells, olympic plates or kettlebells, or weights strapped onto your ankle or wrist**
- **elastic bands that increase resistance as you continue through your range of motion**
- **running up and down the stairs for 10 minutes several times a day**
- **investing in one piece of equipment for total body conditioning**

With festive holidays and shorter days, it can be all too easy to eat more and exercise less. Our support can keep you motivated and on track each week. For those who plan to continue with outdoor running or sports, we can ensure that you do so safely.

Once the milder spring months come along, we can assess your progress in terms of fitness. Then, we can revamp your program to incorporate outdoor activities and other forms of exercise to ensure that you continue to achieve your fitness goals.

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### Add Strength Training to Your Stretching



Let's face it: Stretching feels good. It is relaxing, and getting all the kinks out of scrunched-up muscles can be liberating. Unfortunately, improving flexibility through a stretching class is simply not enough, either as a therapeutic approach, or to protect your body from future damage. **Strength training is a necessary companion to your stretching class.**

As we age, the natural loss of muscle makes it harder for our bodies to handle daily activities, such as bending, walking and picking up heavy objects. This loss of muscle tone contributes to back problems, knee injuries and a myriad of other body ailments. No matter how limber you may be, the cardinal rule for muscle is “use it or lose it.” Strength training not only helps maintain muscle but it can also

- reduce the risk of osteoporosis by increasing bone density
- help you maintain a healthy weight—lean muscle mass burns more calories than fat
- protect your joints and ligaments, helping you to avoid future injuries
- improve balance and overall well-being

It is important to engage in the right kind of stretching, as well. Some studies have suggested that the traditional **static stretching** (stretching a muscle or muscle group to its farthest point and then holding that position)—often a part of stretch and tone classes—is not ideal when used alone before exercise. Instead, the **dynamic stretching** (slow, controlled leg and arm swings or torso twists) often used by athletic teams to warm-up or a **combination of the two** (gentle general exercise to warm up and gentle dynamic stretching after exercise) may be more helpful. A 2008 study by the U.S. Centers for Disease Control and Prevention found that engaging in both static and dynamic workouts reduced the risk of knee injury in female soccer players by half.

To truly improve your physical health, heal from injury and prevent future chronic ailments, a good overall fitness plan is needed. We can design an individualized plan that incorporates the right kind of stretching, strength training and aerobic exercise to turn your body into a well-oiled machine.

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## Relieve Neuropathic Pain Through Physical Therapy



**A**ffecting up to four million people in the United States, chronic neuropathic pain is a type of pain relating to the nerves. It is more difficult to diagnose and treat than other kinds of chronic pain and comes about when there is damage or dysfunction to the nerves, spinal cord or brain.

This damage could result from **nerve damage, nervous system diseases, swelling, nerve compression** or tiny bundles called **neuromas**.

Diabetes is a common cause of neuropathic pain. Pain following an outbreak of shingles—called postherpetic neuralgia—is a serious neuropathic pain problem, especially in the elderly. For as many as 30% of cases, however, the cause is unknown.

The pain related to nerves is very specific. It can be sharp, burning or stabbing. It may occur primarily around a dysfunctional area or it **can travel through the nerve to various parts of the body** (referred pain). In addition to the pain, a person can also experience **tingling, numbness, weakness** and **pain from a simple light touch to the skin**.

Clearly, neuropathic pain can be very debilitating to sufferers and, if left untreated, can lead to **depression**. Medications used to treat neuropathic pain include adjuvant drugs (antidepressants and antiseizure medicines), nonsteroidal anti-inflammatory drugs (NSAIDs), opioids, corticosteroids and nerve blocks.

Seeing a physical therapist soon after your pain is diagnosed is vital to learning how to manage the pain and function in your daily activities. We can work with your physician to complement any medication you may already be taking. Treatment incorporates a broad range of tools, such as **strengthening exercises, psychological support** and **techniques to improve range of motion**. For those with significant pain, even **light exercises** and **stretching** can provide improved function and reduced pain. **Manual therapies** and **therapeutic massage**, along with **electrical stimulation** where appropriate, may be added to your customized program to alleviate painful muscle spasms.

Neuropathic pain, especially when chronic, can be a major challenge. A regular physical therapy program that we can devise may help you to successfully cope and feel more like yourself again.

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## That Groin Pain May Be Your Hip



**B**oth male and female competitive athletes often develop an unexplained pain in the groin. This pain occurs most often when the athlete pivots or twists and can be intense enough to end a career. Recent research suggests that this groin pain may actually arise from damage to the hip joint.

The hip is a **ball and socket joint**. The ball, or head of the femur, fits into a socket called the acetabulum. Both ball and socket are lined

with cartilage so that the joint can move smoothly. Any abnormality in the shape of the femur or the acetabulum can wear away the cartilage, creating a painful condition in the hip called **femoroacetabular impingement (FAI)**.

There are two types of FAI.

- **Cam impingement** occurs if the head of the femur is not completely round. As the joint moves, irregularities in the femur head bite into the labrum or lining of the acetabulum, wearing it away.
- **Pincer impingement** occurs if the front edge of the acetabulum extends too far. When the hip moves, the labrum is crushed against the neck of the femur.

FAI can be difficult to diagnose because other muscles and joints attempt to compensate for damage to the hip joint. As a result, pain may appear to come from the lower back, groin or gluteal muscles.

People are born with the bone abnormalities that cause FAI. Nonathletes usually will not develop impingement symptoms until middle age or older. But athletes who perform repeated movements and put high loads on the hip can develop pain from FAI in their teens and 20s.

Surgery is the most frequent treatment for FAI, and it is usually successful. Some studies have shown that more than 75% of competitive athletes who have arthroscopic surgery for FAI are able to return to their sport.

Following surgery, **physical therapy is essential to prevent scar tissue formation, restore range of motion and develop strength in the hip**. When you plan surgery for FAI, our experienced physical therapists can work with your surgeon to develop a rehabilitation program aimed at getting you back to athletic competition.

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## Repairing a Meniscus Tear



**R**emember the old children's song that went, "the knee bone's connected to the thigh bone"? Those lyrics are a bit misleading. The thigh bone is actually connected to the shinbone; the knee joint rests between these two bones, cushioned by an important portion of cartilage called the **meniscus**. When this cartilage becomes torn or damaged, it can lead to **swelling, pain, restricted movement** and **arthritic symptoms**.

Meniscus tears are common injuries. However, the approach to these injuries has changed dramatically in the past decade. Surgeons used to favor "partial meniscectomy," where they would simply cut out the damaged portion of the meniscus cartilage. In severe cases, they would remove the entire meniscus altogether.

Patients tended to do quite well in the short-term with this approach but would suffer early and intense onset of arthritic symptoms. This brought to light the importance of the **protective nature of the meniscus**, which provides stability and lubrication to the joint and minimizes the load exerted on the knee from the daily grind of standing and walking.

Nowadays, most surgeons prefer to fix the tear whenever possible. The rehabilitation process for this procedure is long and arduous, but it is quite effective when performed properly. After surgery, you will be asked to wear a brace (which will lock your knee in place) for at least a month.

Most of the time, physical therapy can begin shortly after surgery. In the initial weeks, it will focus on **gentle mobilization** to encourage healing of the soft tissues and ensure that you do not compensate by putting too much stress on the other side of your body, which can lead to further problems in the future.

After about eight weeks, a more **intensive strengthening and stretching** rehabilitation program will ensure that knee flexion is equal to that of the uninjured knee. By three to four months, you will be able to resume normal activities and forgo knee protection. A return to sports will be slower, but a properly healed meniscus means that you will no longer have restrictions on motion and will not be required to wear a brace when competing.

Whether or not your torn meniscus requires surgery, a well-designed rehabilitation program can make a return to normal life and sports smooth and successful. We will be happy to work with you and your physician to devise an individualized program appropriate to your age, health status and activity level.