

ACTIVE P.T. SOLUTIONS  
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SHOULD BE ACTIVE

# APTS Monthly



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## Office Hours:

**Monday -**

8:30am - 5:30pm

**Tuesday -**

8:30am - 7:00pm

**Wednesday -**

8:30am - 5:30pm

**Thursday -**

8:30am - 5:30pm

**Friday -**

8:30 - 4:00pm

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## Concussion: What Parents and Athletes Need to Know

Just because football season is weeks away doesn't mean that athletes in other sports can't suffer a head injury or concussion. While there are spring sports where contact is inevitable direct contact is not a requirement to suffer a concussion. Because the brain floats inside the skull a severe whiplash type motion that causes the brain to impact the inside of the skull can result in a concussion. When a concussion occurs without direct impact it is often undiagnosed for a period of time following the initial onset of symptoms. Parents and coaches should understand that the onset of symptoms may be delayed for several hours and that direct contact is not necessary for an athlete to suffer a concussion. Many of the guidelines and management strategies used in the past have been altered in recent years. Many organizations that train individuals to recognize and manage concussion have come out with consensus statements and have joined together to provide a set of guidelines on the diagnosis, management and return to play for the concussed athletes.

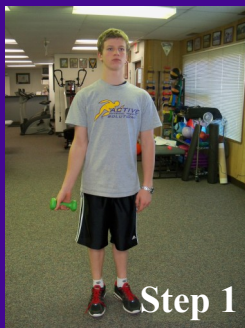
Parents, coaches and sports medicine personnel should be aware of the Zurich consensus statement drafted in 2008. This cutting edge document changed how sports medicine professionals manage concussion especially in



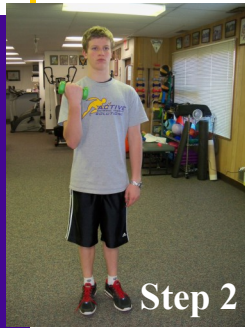
the adolescent athlete. In 2011 the American Chiropractic Board of Sports Physicians (ACBSP) also published its own consensus statement based on the Zurich paper. In addition, later this month the ACBSP will release a concussion registry (ACR) designed for any type of sports medicine professional to take an online course in current concussion protocol. The ACBSP recognized that just because the providers may have had concussion training in school, the majority of their training is obsolete and recurrent training is imperative to stay up to date. All of this information can be accessed at [www.acbsp.com](http://www.acbsp.com).

The Zurich statement defines concussion as, "a complex patho-physiological process affecting the brain, induced by traumatic biomechanical forces." This definition omits the need for a direct blow to the head. In an era where we have become dependent on technol-

ogy for most medical diagnosis such as MRI, the Zurich statement states that imaging techniques such as MRI or CT scan are not used to diagnose concussion as much as they are used to diagnose intracerebral bleeding or injury. In other words, if the MRI of your son or daughter's brain is normal it does not mean they don't have a concussion. On the contrary it means they may have a concussion but they don't have a more severe intracerebral injury. The corner stone of concussion diagnosis remains a detailed history and a physical examination performed by a professional knowledgeable in the current principles of sport related traumatic brain injury. Treatment and management of concussion should include both physical and cognitive rest until the athlete is symptom free. This means that the athlete should be restricted from physical activity and that sensory stimuli need to be reduced as well. Examples of items and activities to remove from the athlete's daily routine are computers, television, cell phones, text messaging, iPods, iPads, etc. We are unfortunately in a technologically dominant society and many of these items and/or activities force the concussed brain to work too hard. This type of rest is imperative to allowing the brain to heal properly.



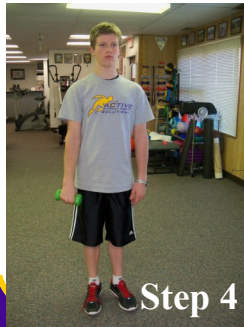
Step 1



Step 2



Step 3



Step 4

## Exercise of the Month - Con/Eccentric Bicep Curl

Complete 15 repetitions of this exercise 2 times a day for the best results. As always, if you have any questions regarding how to perform this exercise or an injury you may have, feel free to call the office to speak with one of our therapists.

*"Parents and coaches should understand that the onset of symptoms may be delayed for several hours and that direct contact is not necessary for an athlete to suffer a concussion."*

## Concussions: What Parents and Athletes Need to Know Con't

Parents, providers, coaches and anyone else involved in the athletes care need to educate the athlete on the healing benefit of reducing sensory stimuli or cognitive rest. Recovery times vary from athlete to athlete and trying to place all athletes into time frames of recovery is simply wishful thinking. Once the athlete is symptom free a graded program of exertion is employed that starts with light aerobic exercise and ultimately ends with return to play (RTP).

According to Bill Moreau, DC, DACBSP Managing Director of the United States Olympic Committee's Department of Sports Medicine, "The key point regarding concussion is that all concussions are significant. In the adolescent athlete the proper care of the concussed athlete is especially important because the adolescent's brain is still developing. All segments of society have a responsibility to help decrease concussions in sport by athletes playing by the

rules, healthcare providers should protect concussed athletes by not returning them to play, officials should enforce the rules of sport and parents should support any health care provider that holds their child out of athletics because they sustained a head injury. Each and every sign, symptom and modifying factor needs to be considered when managing concussion, especially in the adolescent population."

By: Dale Buchberger, PT, DC, CSCS



## APTS Welcomes Newest Member - Kara Rosen, PTA

Kara is the newest member of the APTS team. She has served 6 ½ years with the United States National Guard and was deployed to Afghanistan in '08-'09 for Operation Enduring Freedom. There she was cho-

sen to cross train as a physical therapy technician and became the non-commissioned officer in charge of the physical therapy clinic at Camp Phoenix, Kabul. This experience sparked an interest for her in the field of physical therapy. When Kara arrived

home she was accepted into the physical therapy assistant program at Onondaga Community College where she graduated this past May.

The APTS staff is very excited to have Kara as part of the team!



# Healthcare Part III: Fixing a Broken System

Last month's article left off speaking of the coding aspect of health care and how the insurance industry creates and maintains an inefficient system. Now, I will itemize key areas of repair that will improve the efficiency and delivery of healthcare in the United States.

It is a common misconception that the health care system is broken. The health care system is not broken; the third party reimbursement system is broken. Health care services in the United States are the best in the world.

Health care has become a contract between the health care provider and the 3rd party insurance company. The patient has become a bystander in his or her own care. Yet it is the patient (or patient's employer) that pays the premiums for "discount" care. That is exactly what they get, "discount" care. The basis of the insurance industry is to sell a product the buyer won't use. You (your employer or both) pay excessive premiums, an excessive co-payment and the insurance carrier pays a minimal reimbursement. In the process, the insurance carrier laughs all the way to the bank. As an employer the insurance plan we carry costs \$10,000/year for an employee plus one dependent. That is not a type-o. This is how the health insurance industry is killing small business and choking the economy in the United States. Just this week a patient confided to me that they "couldn't continue to be treated because I can't afford my co-payment". His co-payment was \$50/visit. This means his insurance carrier paid \$5 of the \$55 contracted fee. The formula is simple: Excessive premiums + Excessive co-payment = Insurance carrier price gauging. Fix the price gauging and many of the dominos fall into the correct place. The insurance carrier's portion should not be less than the co-payment.

Because of these complicated discount contracts health care offices are forced to hire excessive staff to process the minutia of paper it requires to receive the discounted fee. Some offices not only have insurance staff but they have specific individuals for each specific type of insurance such as Workers com-

pensation, Medicare, group plans etc. They even have to hire special "coders" to figure out what to bill the carrier or minimize rejected claims for the discounted fee. So as I said in last month's article, simplifying the coding and billing procedures is the first line of correction.

In the meantime, insurance carrier CEO's continue to receive inflated salaries and inflated year-end bonuses. Why don't they receive the 2% cost of living increase the rest of us hope to receive? They receive the 7-figure bonus and we receive a double-digit increase in premiums. The providers don't see an increase in reimbursement and there is no improvement in care.

Below are my key points in the process necessary to repair the access, delivery and reimbursement of health care. This is not the entire plan but it is a start.

- 1) As previously stated in article two, the ICD9 system needs to be restructured and expanded to provide higher specificity to treatable diagnoses. Higher specificity allows for better tracking of utilization.
- 2) Expand the CPT system to include new and more effective treatments.
- 3) Control administrative expenditure in 3rd party insurance companies. Reimbursements should be improved and premiums reduced before CEO's bonuses.
- 4) Eliminate insurance industry sponsorship of sporting arenas.
- 5) Eliminate pharmaceutical company advertising on television. Wouldn't you like to watch the news or a television show with your kids without being bombarded with Viagra and Cialis advertisements?
- 6) Unify billing procedures for group, individual, Medicare, Medicaid, workers compensation, Etc. This in and of itself will reduce the paper chase and improve efficiency.
- 7) Establish reasonable and customary fees NOT discount fees.
- 8) Place the emphasis on quality care

to fix problems instead of cheap care to band-aid problems.

9) Reduce 3rd party over regulation!

10) Establish real penalties for "insurance carriers" that clearly use "deny and delay" tactics.

My last recommendation would be for all federal and state elected officials including the President of the United States to pay an increasing percentage of their healthcare benefits over a four-year period. They would be responsible for 10% per year, cumulating at 40% individual contribution at the end of the four years. If they have to pay for it like we do they may actually try to fix the problem.

This is my top-10 of readily correctable health care issues. As you can see there was no mention of cutting services and no issue of raising the deficit. It is also evident that there is a direct connection between the price gauging of the health insurance industry and the state of our economy. Correcting many of these problems will allow health care providers to do what they were trained to do; care for you and your family.

Article By: Dale Buchberger, PT, DC, CSCS

The Concentric/Eccentric Bicep Curl is a great way to strengthen the muscles of the forearm. Many of which play an important part in your everyday activities.

1. Start by holding a 3# weight with arm down by your side and palm facing up.
2. Take 2 seconds to slowly bend elbow up toward your chest.
3. Once your elbow is fully flexed, turn palm down, extend wrist slightly, then lower weight slowly (5 seconds).
4. Relax and return to start position and repeat. If your pain increases after a couple reps lower your weight to 2#.





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**Get Well...Get Active...Be Active!**

**At Active Physical Therapy Solutions, we utilize the most cutting edge treatment and management techniques available. Our goal is to deliver the best possible health-care in a friendly, caring and well-organized environment. Our staff is here to provide active solutions to achieving your functional goals!**

**...Because Life Should Be**

***ACTIVE!***

## **Ergonomics - 101 : Preventing and Managing Tennis Elbow**

One of the more common repetitive injuries seen in Physical therapy is tennis elbow or lateral epicondylitis. This injury involves the tendons of the wrist that attach to the lateral elbow. The tendons are prone to overuse and poor ergonomics and are a contributing factor to symptoms. Becoming aware of poor ergonomic positions with the upper extremity can help limit the likelihood of developing an overuse injury.

Any task that requires you to contract the wrist extensors will fatigue the tendons. This is frequently seen in people using the keyboard or hand tools for prolonged periods of time. There are several things you can do to help avoid these injuries. To start you may want to evaluate your daily activities to identify any repetitive activities you perform during the day. For example, when at the computer try to maintain the wrist in a neutral position where it is not bent forward or back to avoid strain on the tendons. Don't lift the



back of the keyboard as this will cause increased tension on the tendons. Ergonomic mice are also available to help maintain a neutral wrist position, but these do take some getting used to. Taking frequent breaks and stretching in the opposite direction is also helpful. This

would involve stretching the wrist down for about 20-30sec. A simple strengthening exercise that can be used in the recovery stage as well as a preventative aid is the Concentric Eccentric bicep curl. Please refer to the exercise of the month for a description and photo of this exercise. The most important part of this exercise is the lowering of the weight. It must be slow and controlled for a count of 5-6sec for the motion.

If symptoms persist for several weeks without improvement you may require more advanced treatment, which may include Physical Therapy. Contact your physician for an evaluation.

**Article Written By: Tom Zirilli, PT**