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APTS Monthly



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The Obama-Care Timetable

At first most of us were relieved that Congress averted the so, called "fiscal cliff. That was of course until we all got our first pay check of 2013 and found out that it was on the "light" side. Since the members of the Supreme Court decided to leave the human race and become jelly fish, President Obama was able to sign into law the regulation that has adopted his name; ObamaCare or the Patient Protection and Affordable Care Act (ACA). Many of us are growing increasingly tired of hearing about it, but nonetheless it is here to stay in some form. It will unquestionably affect everyone either positively or negatively, but it will affect all of us. To follow are a few notes to try and simplify a few aspects of ObamaCare. It is impossible to reduce 900 pages to 800 words but here goes nothing!

According to the Washington Post the average household pays \$15,000 or more for what some people continue to refer to as "health insurance". In fact this number would dictate that almost 20% of household income is dedicated to health insurance. New York State ranks as the state with the fourth highest health insurance premiums.

One thing the Affordable Care Act did immediately was require health insurance companies to cover preventive care at no additional cost, allow parents to keep their kids on their plans up to age 26 and prevent denial of patients with preexisting conditions. Sounds good right? Well as my dad once said, "there is no free lunch". He was right. We all pay anywhere from 5-15% extra in premiums. You see the insurance

industry just passes the cost on to us. I think the term in sales is called "bait and switch". But the Supreme Court calls it "Shared responsibility".

Once ObamaCare was signed into law in March of 2010 a timetable of sorts went into affect. In 2011, the Medicare prescription "donut hole" began to close but won't fully disappear until 2020. Over-the-counter medications can no longer be purchased with your HSA or FSA funds. Starting in 2013, the income tax deduction threshold for medical expenses rises from 7.5% to 10%. Looking ahead to 2014, for people who can't afford health insurance, the Federal government will pay the states to add them to Medicaid.

The income requirement is expanded up to 133% of the Federal Poverty Level; roughly \$29,000 for a family of four. Those who don't qualify for the expanded Medicaid will receive tax credits if their income is below 400% of the poverty level (\$88,000 for a family of four). States will be required to set up insurance exchanges to make it easier to shop for private health insurance coverage.

Those who don't purchase insurance, and don't qualify for Medicaid or subsidies, will be assessed a tax of \$95 (or 1% of income, whichever is higher) in 2014. It increases to \$325 (or 2% of income) in 2015, and \$695 (or 2.5% of income) in 2016. About 4 million people, or 1.2% of the population, will wind up paying the tax rather than purchase health insurance. The Congressional Budget Office estimates this will total \$54 billion. Pharmaceutical companies will pay an extra \$84.8 billion in fees over the next ten

years to pay for closing the "donut hole" in Medicare Part D. This will most likely raise drug costs as the pharmaceutical industry passes the additional cost onto the backs of consumers.

This is merely a list of ObamaCare regulations by timetable. Over the next four years the "winners" and "losers" in ObamaCare will be dictated by which group you fall into and how you define winning and losing. Generally speaking most people will define it by how much more they pay versus how much more or less they receive in benefits. If ObamaCare stays as it is, the biggest winners are the uninsured that receive a benefit with little or no cost. The biggest losers are Medicare recipients who are on the receiving end of approximately \$455 billion in spending cuts.

Exercise of the Month - Seated Scapular Retraction



Step 1



Step 2

The seated scapular retraction is a beginners exercise to help improve posture by decreasing rounded shoulders

and forward head posture. If you are guilty of bad iPosture, this is a good place to start!

1. Begin seated with hands resting on thighs.
2. Slowly and gently squeeze shoulder blades down and together as hands slightly slide back on thighs.
3. Hold chin gently tucked to limit forward head posture.
4. Hold for 2 seconds.

Obama-Care Timetable Cont'

For Medicare recipients ObamaCare has renamed the term Health Maintenance Organization (HMO) from the 1990's and now calls it an Accountable Care Organization (ACO) who's main purpose is to "cut costs" which in the 1990's was accomplished by rejecting claims and ser-

vices for patients who needed testing or treatment. The ACO will be coupled with an Independent Payment Advisory Board (IPAB) that will have absolute power to cut Medicare spending. This in and of itself sets healthcare back 20-years. In the past The Citizen has published my

three part series regarding healthcare. In the series, I provided thoughts and ideas on healthcare that are far more cost effective than ObamaCare. I still believe that. To access the series you can go to the following link <http://www.activeptsolutions.com/articles.asp>.

APTS Staff Trains in Basic Life Support for Healthcare Providers

On Friday 3/22/2013 the APTS staff spent the afternoon with three of the Rochester Fire Department's finest. These gentlemen all whom have experience in Advanced Life Support are professionally trained by the American Heart Association to provide training of Basic Life Support for Healthcare Providers. The training course taught us the skills to save a life by recognizing an emergency, providing CPR, use of an AED, and how to relieve a victim who is choking. After four hours of high quality training, the staff at APTS is fully confident in providing Basic Life Support if an emergency arises. Great job team!!

Welcome to the team Aiden Patrick!!

We would like to welcome Aiden Patrick Collier as the newest member of the APTS family! He arrived ten days early on Saturday, September 28 at 2:19 am, weighing 7.0

pounds and measuring 20 inches long. His big sister Erin loves him & he is looking forward to celebrating his first Thanksgiving!



IPosture: The New Cause of Back Pain



Making it through a meal these days without someone grabbing a cell phone and making a call, sending a text, taking a picture, checking email, looking up something online, or participating in any other electronic errand is all but impossible. Cell phones have become a sort of appendage for most people and there is a constant list of things that “need” tending to online. It has become the addiction of the 21st century. Somehow there is always a justification for grabbing the phone and checking whatever is the “latest and greatest” online, sending that last email, or checking your Facebook status. For the millions of smart phone users out there, cutting down on screen time takes more than a conscious effort.

Researchers have developed a name for the slouching while texting and surfing the web. It is now referred to as “iPosture”. It is the driving force behind a wave of back pain in millennials. A recent survey of 3,000 adults in the United Kingdom revealed that the addictive use of smart devices such as phone and tablets is the cause of early onset back pain in the “millennial generation”.

The study reported 84 percent of 18- 24 -year-olds reported experiencing back pain in the past 12 months. The average number of working days the group

lost to back pain was 1.5 days more than their parents' generation and higher than any other age group. Researchers said people from almost all age groups spend just as much time in front of a screen as they do participating in one of their other favorite hobbies, sleeping. The difference between age groups seems to come from how they behave in front of the screen, according to the study. Two thirds of 18- 24 year olds admitted to slouching in front of their computers at work and half said they repeat the behavior at home. Researchers said 45- 54 year olds were twice as likely to report sitting up straight in front of the screen.

According to Dr. Brian Hammond, “Slumping and hunching over computers and hand-held devices appears to be a contributory factor in the difference in types of back pain between the generations,” He added, “Younger people are far more likely to be hunched over a device on a sofa, and would benefit from paying close attention to the basics of good posture.” Fortunately, back pain related to iPosture can be avoided by simply sitting or standing up straight. Etiquette and department expert Jean Broke-Smith stated, “Although it has been decades since people learned good posture at finishing schools, the time seems right to recognize its potential to help younger people avoid the risk of back pain associated with increasing use of hand-held devices”. The first step is admitting you have a posture problem. The second is correcting it on recognition.

Here are four ways to limit cell phone use and save your back:

Replace smart-phone time with book time. Back in the old days, most people carried a paperback wherever they went. Now, instead of opening an actual book we read the top five reasons Miley Cyrus has lost her mind, or we check out what our Facebook friends ordered at Starbucks.

Make of a list of the situations when a smart-phone isn't a necessity. When cell phones came about, the justification for their existence was found in their ability

to help people in an emergency. Now we are paralyzed without one. Sit down with your family, friends or coworkers and make a list of places where phones are not necessary, and then leave the devices behind or off. In our house phones are not permitted during any meal involving more than one person. This encourages actual human communication and lets the people you are sharing a meal with know that they are more important to you than an electronic device. If the person on the other end of the smart phone is more important you should be having dinner with them.

Store your device while driving. Cars have become mobile offices. Even if the driver isn't texting, they usually have the phone close by. Put the phone in the storage compartment before starting the car and don't touch it until you reach your destination. The new rallying cry against texting while driving states “it can wait”. This should include all other smart phone distractions, including but not limited to: checking social media, making unnecessary calls and checking the weather. Hand the phone off to a passenger if some sort of communication needs to be made.

Turn the phone off or place it on silent. This simple suggestion will decondition you from the “Pavlov” response of reacting to every sound the phone makes and reduce your “need” to check the phone for various responses.

These simple tips can prevent you from developing “iPain” before your time!



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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 personal goals!

...Because Life Should Be

ACTIVE!

Ergonomics -101 Preventing MSD's in the Workplace

When dealing with a new ache or pain, many of us assume that with a little time and rest the symptoms will resolve. This may be the case with minor strains and sprains, but not always when dealing with Musculoskeletal disorders (MSD's) or repetitive strain disorders. It can be several weeks or months before a person seeks medical attention for an injury. This often results in a prolonged recovery time or increased severity of symptoms. Recognizing signs and symptoms of repetitive injury can be helpful in seeking early intervention and likely earlier recovery.

The Occupational Safety and Health Administration (OSHA) have identified a number of risk factors that may lead to repetitive strain injuries. These include:

Exerting excessive force. Examples include lifting heavy objects or people, pushing or pulling heavy loads, manually pouring materials, or maintaining control of equipment or tools.

Performing the same or similar tasks repetitively. Performing the same motion or series of motions continually or frequently for an extended period of time.

Working in awkward postures or being in the same posture for long periods of time. Using positions that place stress on the body, such as prolonged or repetitive reaching above shoulder height, kneeling, squatting, leaning over a counter, using a knife with wrists bent, or twisting the torso while lifting.

Localized pressure into the body part. Pressing the body or part of the body (such as the hand) against hard or sharp edges, or using the hand as a hammer.

Cold temperatures in combination with any one of the above risk factors may also increase the potential for MSDs to develop. For example, many of the operations in meatpacking and poultry processing occur with a chilled product or in a cold environment.

Combined exposure to several risk factors may place workers at a higher

risk for MSDs than does exposure to any one risk factor.

There are also several behaviors that workers exhibit that may signal the start of a repetitive injury. These include modification of their workstation, shaking their arms and hands, rolling the shoulders, or starting to use braces or back belts at their job. If any of the above behaviors sound familiar to you, it may be time to re-evaluate your work station setup and consider if you need to make modifications or seek medical intervention. Start by discussing any concerns you have with your supervisor or safety coordinator. Early intervention to symptoms is often the key in successfully treating a repetitive strain injury. Whether it's a workstation modification or medical treatment, addressing the problem early can help you feel better faster and save your company money.

www.osha.gov/SLTC/ergonomics/identifyprobs.html