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Instant Gratification in Healthcare: It Doesn't Work

It would be difficult to debate that today's world has largely been groomed into an "instant gratification" society. Like it or not, if you watch television, use a cell phone or surf the Internet, you are being trained to live a life of instant gratification. This occurs in everything from your purchasing habits to relationships. Companies such as Apple and Samsung draw you in with the advertising strategy telling you why you need to wait in line to get the latest and greatest version of their products, even if you can't afford it. Patients are now bringing this societal training into their healthcare. Many patients seem unrealistically disappointed if their condition is not cured in one visit or one treatment. Here is the bad news: unless Dr. McCoy from Star Trek arrives with his "Tricorder", getting well will be one thing that maintains a focus on "delayed gratification".

There are five main reasons why rehabilitative medicine, such as physical therapy, takes more than one visit. While some people may experience symptom relief in one visit, they certainly are not "fixed" in one visit. The simple answer is time. The human body takes time to heal, time to rehabilitate, and time to return to pre-injury levels of activity. How much time? It can take as long as a year to heal from any particular surgery or

injury depending on the invasiveness and complexity of the surgery or injury. It can take a minimum of 4 weeks to begin to retrain your body to perform an activity such as walking or running. Most strength gains within the first 4 weeks of rehabilitation are not actually strength gains. It is your brain learning to perform the activity or exercise. You merely get better at performing the exercise. This is referred to as neurological training. It takes a minimum of 8 to 12 weeks to generate true muscle strength via muscle cell hypertrophy (enlargement of individual muscle cells) or hyperplasia (increase number of muscle cells). No one gets stronger or better at a task in one visit.

Once a plan of treatment and recovery is developed, it takes dedication from both the provider and the patient to follow through with the plan. There are usually moments along the way when the patient's dedication will be tested. This is when the healthcare provider needs to assist the patient with either following through with the plan or recognizing a medical reason why the plan is not working and alter the plan to improve the rate of progress. Good communication between the provider and the patient can usually answer any questions as to why the plan is speeding up or slowing down. Sometimes patients that have had a complex sur-

gery or injury can feel as though they are behind schedule when they are actually on schedule.

The plan requires that the patient take responsibility for following through on the various aspects of the plan. This is one of the more difficult aspects of a plan for rehabilitation of an injury or surgery. This means that the patient must keep their scheduled appointments, communicate with the treating provider, and follow through with the prescribed home exercise and treatment program. The patient may be asked to perform home exercises two times per day. Finding the two times can often be a challenge in a modern world.

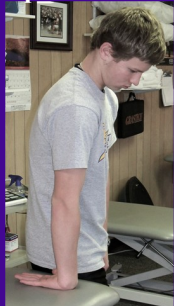
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Therefore, performing a home rehabilitation program may require changes in the patient's schedule of normal daily activities. It also requires cooperation and understanding from the patient's family.

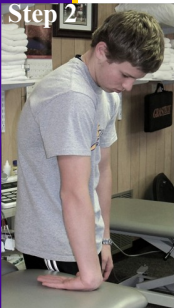
Behavior modification is the fourth and most difficult aspect. Changing the patient's mindset from instant gratification to delayed gratification will make the process smoother and reduce frustration. Make your home exer-

Exercise of the Month - Wrist Flexor/Extensor Stretch

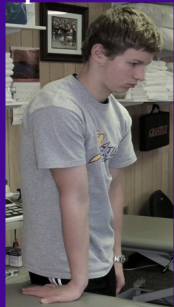
Step 1-Extension



Step 2



Step 1—Flexion



Step 2



The wrist flexor/extensor stretches are great for those who do a lot of repetitive motions with their hands. These exercises may help prevent or relieve pain in the elbow and wrist.

Wrist Extensor Stretch

1. Stand with back of wrist on table, fingers pointing backwards, elbow fully extended.

2. Lean back, while keeping elbow extended and back of wrist on table to produce stretch on forearm.
3. Hold for 30 seconds and perform stretch 3x per day.

Wrist Flexion Stretch

1. Stand with palm on table, fingers pointing backwards, elbow fully extended.

2. Lean back while keeping elbow extended and back of wrist on table to produce stretch on forearm.
3. Hold for 30 seconds and perform stretch 3x per day.

As always if you have any questions please feel free to contact us to speak with one of our exercise experts!

Instant Gratification Con't

cise program a priority instead of watching television. Change your diet to allow healing. Reduce harmful activities. Be open minded to the rehabilitation process.

Finally, understand that the process of rehabilitation and healing is not linear, and that treatments and exercises are prescribed for specific reasons with specific goals in mind. Symptoms such as pain will change as the process goes on. As the rehabilitative process becomes more challenging, pain may temporarily increase. There may be increases in pain, early in the process during exercise be-

cause the healing tissue is being selectively worked. Specific stresses improve healing but it doesn't mean it won't hurt along the way.

If you are prescribed physical therapy treatment, be sure to communicate with your physical therapist. Supply clear and concise information about your injury or disorder. Always be ready to answer the question, "on a scale from 0 to 10 rate your pain, where 0 is no pain and 10 is the worst pain imaginable". In the end, the provider's plan is based on the information you give them. If you are not

clear, then the plan may not be clear.

By: Dale Buchberger PT, DC

"There may be increases in pain, early in the process during exercise because the healing tissue is being selectively worked"

APTS Participates in the "Concussion Discussion"

On Friday, September 20, 2013, Dale Buchberger, PT, DC, Tom Zirilli, PT, Maggie Whitehouse, PTA and Carolyn Collier, PTA attended a concussion seminar at The Doubletree Hotel in Syracuse, NY. Taught by Ethan Hood, PT, DPT, MBA, GCS, "The Concussion Discussion: Concussion and Post-Concussion Syndrome Management" gave us a beginner's insight into how to recognize, diagnose, and treat concussions, something that is be-

coming more prominent in young athletes today. One of the most valuable take-home facts we learned was that just because you wear a helmet while playing a particular sport, it does not protect you from getting a concussion. Not everyone realizes that physical therapists can treat concussions, so if you suspect you or someone you know may have a concussion (symptoms include but are not limited to difficulty thinking

clearly, headache, blurry vision, irritability, sleeping more or less than normal, nausea, vomiting, dizziness, difficulty concentrating, sensitivity to noise or light, or balance problems), make an appointment with your doctor and request to be seen by a physical therapist.

By: Carolyn Collier, PTA



Myths of Manual Therapy

When patients are referred for “manual therapy” as part of their physical therapy treatment it is not uncommon for the referral to be followed by the phrase, “I just want to let you know that it will probably hurt”. The thought that comes to the patient’s mind may be something to the effect of, “I want to go to physical therapy to get out of pain, not to get more pain”. In many ways providing the patient with the “fire and brimstone” speech about “manual therapy” may actually discourage them from trying a manual therapy approach to treating their problem. What I will try to do in this month’s article is dispel some of the “myths” of manual therapy providing a clearer picture of the “manual therapy” experience a patient may encounter.

Manual therapy is, for the most part, any form of mechanical therapy applied with or by the hands. Manual therapy techniques include joint mobilization (non-thrust), manipulation (thrust), myofascial release techniques, neuromuscular techniques, instrument assisted techniques, etc. Basically, if the provider uses his or her hands in mobilizing, manipulating or stretching a muscle, tendon, ligament, nerve or joint it is considered a “manual therapy technique”. This provides the treating healthcare provider with a variety of options when treating a patient. There are gentle techniques for patients in acute or postoperative pain and more aggressive techniques for patients with chronic or lower level pain.

The two biggest myths of manual therapy treatment are that it has to hurt in order to be effective and that the treatment is all or nothing: very aggressive or not at all. Nothing could be further from the truth. In fact, manual therapy is more about “feel” than “force”. Overly forceful manual therapy is counterproductive for two reasons; it causes unnecessary pain for the patient and prevents the provider from accurately assessing the tissues that are being treated. Manual therapy is

more about shades of gray than it is about absolutes. The provider needs to be able to assess what tissues are restricted, adhered or scarred to one another and which tissue is causing the restriction or pain in that area. This can only be accomplished with slower movements and working within a pain free range of motion. I would be remiss if I didn’t say that in some cases the



treatment is uncomfortable, because it is. Generally speaking, we use the numerical pain scale (NPS) to help the patient understand what is an acceptable level of discomfort. The scale is 0-10; 0 being no pain and 10 being the worst possible pain. Typically we will inform the patient that a 4-5/10 is an acceptable NPS during treatment depending on their starting point. On occasion, the pain level may go higher but this usually occurs in a small percentage of patients that have long standing very stiff joints or multiple underlying pathologies. Communication between the patient and the provider is key to making the manual therapy treatment as effective as possible.

Some patients experience a sense of “soreness” after the treatment but at the same time report an increase in range of motion and may state that, “I feel looser”. The following day it is not uncommon to report delayed onset muscle soreness similar to a heavy exercise bout or a day of working in the yard. This usually resolves in 48-72 hours. On occasion depending on the manual treatment that is applied, there

may be areas of bruising. This usually happens because the “lymph” layer, or drainage layer, is compressed or adhered between the adjacent tissues. This causes fluid to back up and pool. This is why the home exercise program is so crucial. The exercise assists in moving the fluid through the injured area and reestablishing good tissue movement after the manual therapy treatment.

When combined with a comprehensive therapeutic exercise program, manual therapy treatments can be one of the most effective methods for the treatment of a variety of musculoskeletal disorders such as lower back pain, neck pain, shoulder pain, foot and ankle pain, knee pain and hip pain. There have been several good research studies over the last 10-years that show when you combine manual therapy with therapeutic exercise, the treatment is more effective than either of those treatments by themselves.

Whether you are a high school athlete or a grandparent, manual therapy is a safe and efficient treatment methodology for most musculoskeletal disorders from strains and sprains to osteoarthritis. Adding manual therapy to your post-operative rehabilitation protocol can also speed your recovery. If your doctor is recommending physical therapy you may want to consider requesting that “manual therapy” be part of the physical therapy order. If you were told it was going to be painful, discuss your concerns with the physical therapist performing the treatment rather than avoid a potentially effective treatment.

Article By: Dale Buchberger, PT, DC



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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!

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Ergonomics -101 Holiday Safety Tips

With the holiday season in full swing, no one needs an unexpected visit to the emergency room to put a damper on the festivities. This time of year injuries related to falls, holiday decorating, and shopping tend to increase. Follow these tips to ensure a safe holiday.

Holiday Decorating

When decorating, make sure to use the proper tools for the job. Choose a ladder that is able to safely reach the desired height.

- Place the ladder on a firm surface.
- Follow the 1-4 rule allowing 1 foot from the wall for every 4 feet of ladder rise.
- Do not drink while decorating! This is especially true if you are climbing to hang decorations.



Fall prevention

Keep sidewalks and walkways free of ice and snow.
Make sure cords from holiday lights and decorations are clear from walk-

ways.

Check to make sure lighting is adequate in areas frequently traveled around the house.

Shopping safety

Try not to overload yourself with packages. A short trip to your car to drop off bags can help to decrease excess strain.

Escalators can be dangerous if you have a loose shoe laces, drawstrings or scarves as these items can get caught in between the steps.

Never bring strollers onto the escalator.

Please keep these tips in mind this holiday season. Let's start the new year free of injury!

Article By: Tom Zirilli, PT