

ACTIVE P.T. SOLUTIONS
...BECAUSE LIFE
SHOULD BE ACTIVE

APTS Monthly



VOLUME VIII, ISSUE IX

SEPTEMBER 2018

Office Hours:

Monday -

8:00am - 5:30pm

Tuesday -

8:00am - 7:00pm

Wednesday -

8:00am - 5:30pm

Thursday -

8:00am - 5:30pm

Friday -

8:00am - 4:00pm

Location:

91 Columbus Street

Auburn, NY 13021

P: (315) 515-3117

INSIDE THIS ISSUE:

Myths of Manual Therapy 1

Exercise of the Month: Clam Shells 2

Update on Zach B. 2

Medicare Changes 2

The Downtown Auburn Mile 2

Seniors: Stay Active! 3

APTS Recipe Box: 3
Paleo Pumpkin Pancakes

Nutrition 101: 10 4
Facts About Veggies

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. The purpose of this article is to 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, cupping, 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 (1) that it has to hurt in order to be effective and (2) 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 it prevents the provider from accu-

rately 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,
DC, PT, CSCS

Exercise of the Month: Clam Shells



Clam shell exercise: start & end position (top), exercise position (bottom)

The clam shell exercise is named for the way your lower body resembles a clam shell when you perform it. It primarily works the *gluteus medius* muscle on the outside of your buttock and upper thigh, which is responsible for stabilizing your pelvis. You can do the clam shell with no equipment and very little space.

The most basic form of the clam shell involves lying on your side against a wall with your hips stacked and your head, back, and bottom of feet all in contact with wall. You can hold your head as shown, or rest on an outstretched arm or pillow. Maintain feet and ankles on top of one another, then lift top knee off of bottom

knee approximately 4 inches. Slowly lower top knee to starting position. Perform 10-20 repetitions on each side 1-2 times per day. Gradually increase your repetitions to 30.

Once you can perform 30 repetitions comfortably, you can add resistance to this exercise. For one, you can simply place a weight on the outer thigh of the top leg and drop your repetitions back to 10, gradually working your way back up to 30 reps. Another option is to loop a resistance band around your thighs just above your knees, performing repetitions the same way.

Clam shells serve various functions, from strengthening the hips and inner

and outer thighs, to stabilizing your pelvic muscles, and toning your buttocks. It is also used to reduce lower back pain by strengthening your core and lower back muscles. Although the clam shell does not directly work the abdominal muscles, you can actively engage your core muscles while performing this exercise by drawing your belly button toward your spine.

There are several variations of this exercise that can be found on the internet. Before making too many adjustments to this basic exercise, make sure you consult a health care professional to find out which variation is right for you.



Update on Zachary Buchberger

On August 18th, 2018, Zachary Buchberger graduated from the Marine Corps Platoon Leaders Course (PLC). He completed two 6-week summer training programs at the Marine Corps Officer Candidate School, located at Quantico, Virginia. The summer class sizes of PLC are typically 250 to 300 students, broken into 4-6 platoons. The platoons train in a physically demanding environment where sleep deprivation, military tasks, and memorization are constantly forced on candidates to test their ability to

handle stress. Having successfully graduated from PLC, Buchberger will now complete his senior year of college. After college graduation, he will be commissioned as a second lieutenant in the United States Marine Corps. After commissioning, Marine Corps officers attend The Basic School (TBS), six months of training in leadership (also in Quantico), land navigation, weapons, small-unit tactics, and communications. Congratulations to Zach on this accomplishment and best of luck in his senior year!

THE NEW MEDICARE NUMBER PROJECT

By April 2019, all Health Insurance Claim Numbers (HICNs) will be replaced with a generic Medicare Beneficiary Identifier (MBI) to better protect private and federal health care benefits and the financial information tied to these health plans for an individual. Currently a Medicare patient's identification number is based on a Social Security Number. The MBI will be a random identification that will include numbers and letter that are not specific to patient identifying information. So just be aware and prepare!

The Downtown Auburn Mile

The Downtown Auburn Mile sponsored by Active Physical Therapy Solutions took place on Friday, August 25, beginning on South Street across from the First Methodist Church (due to construction downtown) and ending at Prison City Pub and Brewery. It was a great night for a race. Dr. Dale Buchberger ran this year, finishing with a time of 6:21! Claire Sargent finished running with a time of 8:09, Tom Zirilli ran with

his boys, whose times were 9:04 and 9:46. Carolyn Collier and Linda Schattinger walked it in less than 18 minutes, but did not come in last this year! Carolyn's 5-year-old daughter, 4-year-old son, and husband ran with times of 11:42, 11:16, and 11:15, respectively. Three of Cara Cuthbert's kids ran with times of 9:04, 10:03, and 10:56. Elaine Buchberger, Cara, and Maggie and their families helped out with handing out rib-

bons at the finish line. Mere Mortals Band was playing Music on the Mall on Exchange Street after the race, so there was a great turnout for that, too!



Seniors: Stay Active!



Physical therapy not only helps individuals recover from an

injury or accident, it can help control the pain of many age-related problems such as arthritis and fatigue. After a fall, many senior citizens require assistance with improving their balance, flexibility, strength, and range of motion. The possibility of losing independence, pain in performing everyday tasks, and losing function of limbs and muscles are all motivators for consulting a physical therapist. Physical therapy can greatly improve mobility and motion, two things that older adults, as well as people with chronic conditions, often struggle with.

There are many benefits of physical therapy for the elderly. Not only is it great for providing a safe environment for conditioning, it also helps strengthen and improve balance. One in 4 Americans currently age 65 will live to 90 and a physical therapist can help you stay fit during that time period, improving your quality of life. Maintaining our desired level of activity gets more challenging as we age because it is part of the natural aging process to experience decreasing flexibility, strength, and/or balance. Physical therapists understand how the body works and how to get it moving again. One of the most important things a physical therapist can do for older adults is to instruct them on ways to restore flexibility, strength, and balance.

Not all aging adults need to spend a great deal of time in hospitals, nor

should those elderly persons with limiting or uncomfortable conditions have to avoid physical activity. Geriatric physical therapy is a proven avenue for elderly patients of all levels of function to build confidence, improve balance and strength, and stay active. There are many additional advantages to physical therapy and you may be a candidate for receiving it.

Falling is one of the biggest risks facing the elderly, because it often leads to hip fractures, which can result in a rapid decline in general health. Falling is such a critical problem with seniors that the Center for Disease Control and Prevention reports that one-third of all people over the age of 65 fall each year, making it the leading cause of injury in the elderly. Hundreds of thousands of older people each year are hospitalized with hip fractures. Most people who have fallen stay in the hospital for at least a week, and it has been estimated that approximately 20% die within a year of the injury. Many of the other 80% never return to their pre-injury level of function.

Gradual deconditioning of specific muscle groups in the legs can be a major cause of increased fall risk in the elderly. The main muscle groups are the quadriceps in the front of the thigh and gluteal muscles in the back and side of the buttock. The single easiest way to strengthen both of these muscle groups is to first perform a "bridging" exercise. Laying either on the floor or in bed with the knees bent, slowly lift your buttock off the floor then lower slowly and repeat as many as 30 times. The second exercise is called a "wall sit". Find a clear area of wall space in your home. Wear sneaker

s with good soles. Place your back against the wall and slowly slide down until your thighs are parallel to the floor. Hold for as long as 30 seconds. Stand up and repeat. Be sure to check with your doctor before you begin the wall squat, as this is a challenging exercise.

Many people are familiar with physical therapy as a treatment after a serious accident or injury. However, its usefulness extends beyond those specific conditions. According to the National Institutes of Health, physical therapy is good for improving strength, balance, mobility and overall fitness. Those are factors that all aging people could benefit from, as each contributes to the physical ability of maintaining independence for a longer period of time.

Physical therapy helps seniors stay strong and maintain a life of independence and productivity for as long as possible. If you feel that a physical therapist would be helpful to you, check with your insurance provider to verify covered benefits. Many policies have limits or caps on medical benefits. Most insurance companies continue to require a doctor's "physical therapy order". Do your homework and choose a physical therapist with whom you feel comfortable. Physical therapy will help you stay strong, and it's usually worth your investment in time to take the advice and assistance of a qualified licensed physical therapist. Remember that prevention is easier and less costly than treatment.

Article by Dale Buchberger,
DC, PT, CSCS

Gradual
deconditioning
of specific
muscle groups
in the legs can
be a major
cause of
increased fall
risk in the
elderly.

APTS Recipe Box: Paleo Pumpkin Pancakes

This recipe makes enough for a light breakfast for two so feel free to double or triple it if needed. It's a great way to start your day off on a sweet note!

Ingredients: 2 eggs, whisked; 1/2 cup pumpkin puree, or canned pumpkin; 2 tbsp raw honey; splash of pure vanilla extract; 2/3 cup almond flour; 1 tsp pumpkin pie spice; 1/4 tsp baking soda; some coconut oil to grease the griddle/pan.

Instructions

1. In a small bowl, combine the two whisked eggs, pumpkin puree, honey, and vanilla.
2. In a medium-sized bowl, mix together the almond flour, pumpkin pie spice, and baking soda.
3. Pour combined wet ingredients into the medium bowl with dry ingredients and mix into a batter.
4. Spoon onto a LOW HEAT griddle or pan, and smooth out into an even

layer. (This is very important to avoid burning!)

5. Allow to cook SLOWLY until pancakes are browned on both sides.

Keep pancake size smaller than your spatula for easier flipping. They're great plain, or you can top with honey or maple syrup and a hearty side of bacon. Makes 5-6 pancakes.

Source: <http://www.paleonewbie.com/paleo-pumpkin-pancakes-recipe/>



Active P.T. Solutions

91 Columbus Street
Auburn, NY 13021

Phone: 315-515-3117

Fax: 315-515-3121

E-mail: cara@activeptsolutions.com

website: www.activeptsolutions.com

Get Well...Get Active...Be Active

Newsletter Edited by Carolyn B. Collier, PTA

At Active Physical Therapy Solutions,
we utilize the most cutting edge
treatment and management
techniques available. Our goal is to
deliver the best possible healthcare 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!

Nutrition 101: 10 Facts About Veggies



1. **You probably don't eat enough.** Nine out of 10 Americans fall short. A good target is at least 2.5-3 cups per day. Or, better yet, cover half of your plate at every meal with vegetables and/or fruit. And don't forget that you can snack on veggies too without ruining your appetite or divulging too many calories.
2. **Veggies help you slash calories.** You don't find many foods with just 10-50 calories per serving. Talk about an almost-free lunch. Vegetables are mostly water, so unless you smother them with dressing, sauce, butter, or sauté oils, they're a steal. And now you can replace white rice with "rice" made of cauliflower, or trade your pasta for zucchini noodles. The calories drop from 200 to 20 per cup. Or swap your white flour wrap for one made of lettuce. And there's no better swap for chips, pretzels, or crackers. If you walk in the door famished, grab a handful of carrots, grape tomatoes, or sugar snap peas to munch on as your cook dinner.
3. **The evidence is strong that veggies protect your heart and brain.** You may think of vegetables as cancer fighters, but there's more evidence that they protect your blood vessels. In a recent meta-analysis of up to 20 studies on up to a million people, those who ate 18 ounces of vegetables (about 3 cups) a day had roughly a 30% lower risk of heart disease and stroke than those who ate little or none. In one study, systolic blood pressure (the higher number) dropped by 8-14 points when people were fed a diet rich in vegetables and fruit. That's about the same drop you'd get from some

drugs that lower blood pressure.

4. **Veggies may lower the risk of breast cancer.** In a pooled analysis of 20 studies on nearly a million women, vegetables were not linked to the most common breast tumors, which are fueled by estrogen. However, women who ate the most vegetables (at least 14 ounces/day) had a 5% lower risk of estrogen-negative breast cancer than those who ate only about 5 ounces. Estrogen-negative tumors have lower survival rates, so preventing them is crucial.
5. **Veggies may protect your eyes.** Many vegetables, especially leafy greens, are rich in lutein and its twin, zeaxanthin. Both clearly matter for eyes. They are the only carotenoids in the lens and the retina, where they absorb damaging light and protect against oxidation. And levels are 100-fold higher in the macula (the center of the retina) - which lets us see the finest detail and is exposed to the most light—than elsewhere in the eye. In a study that tracked some 100,000 men and women for roughly 25 years, those who consumed the most lutein plus zeaxanthin had a 40 percent lower risk of advanced macular degeneration than those who consumed the least. A similar study found an 18 percent lower risk of cataracts in women who reported eating the most lutein.
6. **Veggies pile on the potassium.** Potassium helps lower blood pressure, and it may also

make blood vessels less stiff. That could explain why people who eat more have a lower risk of stroke. But getting enough potassium (4,700 mg/day) is a tall order. That is, unless you cover half of your plate with vegetables (or fruit), which pour on the potassium without a load of calories.

7. **Leafy greens may lower your risk of diabetes.** In some studies, people who eat more leafy greens have a lower risk of type 2 diabetes. Magnesium may explain why. Half the population gets less magnesium than experts recommend. Although more studies are needed, magnesium may help keep a lid on blood sugar. Magnesium is at the heart of the chlorophyll molecule that makes leaves green.
8. **Veggies may preserve your bones.** When researchers pooled data on roughly 142,000 European and U.S. residents aged 60 or older, those who ate not more than one serving of vegetables a day had a 12% higher risk of hip fracture than those who ate about 2-3 servings. It's too early to tell how—or if—veggies help keep bones strong.
9. **All veggies are good veggies.** Some are richer in nutrients than others, though. But who says you can't double or even triple the serving size to get more bang for your buck?
10. **Veggies are delicious.** Mushroom ragu. Braised greens. Roasted parsnips, radishes, and carrots. Grilled cauliflower steaks. Want more? We've got a million.

Article by Carolyn Collier, PTA

Source: Nutrition Action Healthletter, June 2018.