Blood Clots: Don’t Bring Them on Your Holiday Trip

The coming holidays and winter breaks mean traveling for many people. But spending more than four hours in a car, bus, train or plane leaves you at moderate risk for blood clots in your legs caused by a lack of circulation. These can sometimes break free and travel to the lungs, causing a potentially fatal pulmonary embolism. The longer you are immobile, the greater your risk of developing a blood clot.

The good news is that, with the following precautions that encourage circulation in your legs and feet, you can take that extended trip and reduce your risk of developing a blood clot:

• If you are driving, **stop at least every two hours** for a break. Get out of the car and **walk around** a little before getting back on the road.

• If you are on a plane, train or bus for more than four hours, **stand up** at least every hour and **walk up and down** the aisle.

• **Drink plenty of fluids**, and **avoid alcohol and caffeine**.

• **Wear loose-fitting clothes** that are not tight around your waist or your legs.

• Between stretch breaks, **extend your legs out and pull your toes toward you**. If you do not have the legroom to do this, point and flex your toes and make circles with your feet.

It is also important to recognize the symptoms of a blood clot in the legs. These include swelling in one leg, pain or tenderness in your leg, reddish or bluish skin, and an area of your leg feeling warm to the touch.

Finally, if you are embarking on a long trip soon, call our office and make an appointment before you go. Together, we can review exercises you can perform while traveling to ensure that you have a safe, healthy journey.
When Your Shoulder Goes Snap, Crackle, Pop

Those popping and crackling noises heard when you move your shoulder are normal, most of the time, but should these sounds and sensations be accompanied by pain, swelling and loss of joint function, you may be experiencing degeneration of the acromioclavicular (AC) joint. Smooth surfaces of the cartilage that line the shoulder degrade, and the joint begins to wear out. This condition, often caused by overuse, can become pronounced after the age of 50.

The shoulder is comprised of the clavicle (collarbone), the scapula (shoulder blade) and the humerus (upper arm bone). They come together at the shoulder joint, the most unstable ball and socket joint in the body. Because the arm bone is bigger than the shoulder socket it sits in, a large dependence on muscles and ligaments is required to keep the shoulder in place.

A sprain of the AC ligament may cause a minor shoulder separation that generally heals with rest, ice and compression, followed by exercise and medications to reduce pain and swelling, or surgery if other treatments do not work. A torn AC ligament increases the separation, and the popping and crackling sounds can be heard. Rotating your arm while your shoulder is separated causes the noises.

A second and increasingly more common cause for this condition is injury—more specifically, a sports-related injury. An impact to the shoulder joint, such as might occur during a fall or body-to-body contact, has the potential to displace the arm bone from the shoulder socket. The more significant the impact, the greater the chance the injury results in some form of separation.

To treat a shoulder separation, we can design a rehabilitation exercise program that increases the range of motion while strengthening the muscles around the shoulder. Stronger muscles in this area increase stability, lessen the stress on the ligaments and offer preventive measures to help avoid a repeat injury.

If the clicking noises announce your presence in a room, chances are they will stick around unless you seek our advice. The sooner you do that, the better able we will be to help improve your shoulder.
Relieving the Pain of Vertical Compression Fractures

Vertical compression fractures, in which all or part of the spine bone collapses, are commonly caused by osteoporosis, the thinning of the bone. Other causes include certain cancers that weaken the bones and direct trauma to the spine, such as one incurred in an automobile accident. If you have endured severe debilitating spinal pain over a two-month period, your physician may recommend kyphoplasty, surgery intended to eliminate the pain while stabilizing the bone and preserving the height of the vertebrae. For best results, kyphoplasty should take place within eight weeks of the initial fracture.

Although the surgery is a delicate procedure, the steps are very simple:

1. You lie face down on the table, receive either a local or general anesthetic, and the location on your back is cleaned.

2. Through a small incision made in your back, the surgeon inserts a narrow tube into the fractured spinal bone, using real-time x-ray technology.

3. A special balloon is threaded through the tube into the affected vertebra and is gently inflated to elevate the fracture, returning the bones to their normal position by restoring their height.

4. After the balloon is removed, the surgeon removes the tube and injects a cement-like material called polymethylmethacrylate (PMMA) into the vertebra. The pasty material hardens quickly, stabilizing the bone to prevent it from collapsing.

5. The procedure is repeated as necessary for other vertebrae with compression fractures.

After the surgery we can begin a therapy program specifically designed for you that will strengthen your back muscles, helping you to stabilize your back, increase flexibility and avoid osteoporosis. Physical therapy allows the spine to better acclimate to the effects of the surgery. Ultimately, it will help lock in the results of the surgery, allowing you to live your life with less pain and medication.

This therapy will begin in the hospital within 48 to 72 hours of surgery and continue with a program that we coordinate with your physician before you have been discharged. Let us know if you are about to undergo spine surgery so that we can work with your surgeon to design and schedule an appropriate program of rehabilitation.
Hop on Treatment for Patellar Tendinitis

Patellar tendinitis, also known as jumper’s knee, is an injury to the tendon connecting the kneecap to the shinbone. This condition generally affects athletes, often basketball and volleyball players, who jump frequently and put repeated stress on the patellar or quadriceps tendons. But jumper’s knee can also affect high- and long-jumpers, soccer players, weight-lifters and cyclists—and even people who are not athletes.

The repeated stress caused by jumping can lead to tiny tears in the tendon, which, if they become numerous, can cause pain, inflammation and a weakening of the tendon structure. The first sign of patellar tendinitis is usually pain between the kneecap and shinbone during physical activity or after an intense workout. Left untreated, the pain can interfere with your sports performance and even with daily tasks, such as climbing stairs or rising from a chair.

Depending on the degree to which your patellar tendinitis has progressed, we may recommend the following:

- ice packs or ice massage
- decreasing activities that put stress on the knee
- extended rest
- regular stretching exercises to help lengthen the muscle-tendon unit
- eccentric exercises, which involve lowering your leg very slowly after you extend your knee
- use of a patellar tendon strap, which may relieve pain by distributing force away from the tendon itself

You can take steps to prevent jumper’s knee. Eccentric exercises strengthen the thighs and help them better handle the stresses you place on your tendons. And if you do notice knee pain while playing a sport, stop immediately and rest until your knee is free of pain.

If you think you may have developed jumper’s knee, call us to make an appointment. We can assess the severity of the condition and design a program that will relieve your pain and get you back to your favorite sport as soon as possible.
November 2014

The Dangers of Rapid Weight Loss

Modern society puts an enormous amount of pressure on people to keep their weight down. The impetus to lose weight can be almost unbearable, and the promise of losing weight quickly seems too good to be true.

Rapid weight loss can be a risky proposition. No matter what the advertisers tell you, rapid weight loss can be both dangerous and unsustainable.

Weight loss is best when it is accomplished slowly and steadily. A loss of one to two pounds a week usually recommended. This might sound low, but it is a safe and sustainable rate. Shedding weight this way helps to ensure that the weight loss comes from fat. Faster loss can burn off muscular tissue, which is dangerous and undesirable.

Other side effects of too-rapid weight loss can include dehydration, gallstones, fatigue, dizziness, irritability, hair loss and menstrual irregularities. These risk factors become even greater when you follow a low-protein diet. Many methods of rapid weight loss can also contain their own specific risks. Diet pills have a long history of negative side effects. For example, ephedra, a popular ingredient in diet pills, was banned by the U.S. Food and Drug Administration as a dietary supplement after it was linked with strokes and heart attacks. Crash diets may work in the short term, but the side effects make these approaches unsustainable and dangerous over time. Most people who go on crash diets end up putting the weight back on afterward.

Weight loss, like physical therapy, requires time, discipline and long-term changes in behavior. You achieve it simply by burning more calories than you take in. Losing one to two pounds a week typically requires you to reduce your calorie intake by about 500 calories a day—a small but sustainable reduction. By making such easily maintained changes, you can keep your weight down.

When it comes to weight loss, slow and steady really does win the race. For help with your program, we can design a series of exercises that will maintain the weight loss and ensure muscle retention and growth as your body becomes lighter.