

October 2014

Shrugging Off a Shoulder Dislocation



It is a classic movie scene: The hero's shoulder gets knocked out of joint. With a nonchalant grunt, he pushes it back into place and goes about his business saving the world. Well, that might work in the movies, but in real life a dislocated shoulder is a very serious problem that cannot be simply popped into place.

Physical therapy can often be utilized to help maintain proper shoulder alignment.

But because it is the most utilized joint in the body, your shoulder runs the risk of **dislocating itself again**, often resulting in the need for shoulder stabilization surgery.

Shoulder stabilization surgery involves reattaching the torn tissue to the place where it came off the bone. Following surgery, your shoulder will be placed in a sling for four to six weeks. During this period, the most vulnerable part of recovery, **immobilization** is absolutely imperative. The most common side effects, pain and swelling, can be treated with medication. Physical therapy primarily involves techniques for protecting your shoulder and ensuring that it heals, along with **gentle, low-impact exercises** to restore your shoulder's range of motion (ROM).

After the initial few weeks, physical therapy begins in earnest. While you will continue to wear a sling in most circumstances, it may be removed for strengthening and ROM exercises. You will also begin exercises that focus on your **trunk region and your rotator cuff**. Other than heavy lifting, you will be able to return to your regular activities typically at eight to 10 weeks.

Three months after surgery, you will be living a normal life except for avoiding strenuous physical activity. Under our guidance, your exercise program will become still more vigorous. A month later, you should be able to return to full physical activity. Just make sure that you continue your exercise regimen as prescribed and continue to make regular appointments with us to check your progress.

October 2014

Getting Your Back Back to Normal



Chronic back pain can have a devastating effect on a person's ability to function. If you have been diagnosed with a herniated disk, you might want to take the most drastic steps to eliminate the pain as soon as possible. For many people this means surgery. However, before surgery becomes an option, many doctors recommend a six-to-12-week course of **physical therapy**. In fact, it has been reported that as many as 90% of people with herniated disks can be successfully treated without surgery.

Physical therapy increases muscle strength and mobility, while reducing recurrence of symptoms. In conjunction with treatment for pain, such as epidural steroid injections, you can deal with your back pain, return to **normal physical activity** and avoid the risk of injuries associated with surgery.

Often, the process begins with passive physical therapy treatments to relax your body and alleviate pain. These include

- **deep tissue massage**
- **hot and cold therapy**
- **transcutaneous electrical stimulation (TENS)**
- **hydrotherapy**
- **traction**

Once pain is under control, we will start you on an exercise regimen that will strengthen and stabilize your lower back muscles, prevent further injury and pain, and **develop strong muscles** to support your body weight and bones—taking unnecessary pressure off your spine. And because carrying around extra weight constantly strains your back, a **weight loss regimen** can help too.

Beyond the risks inherent in any spinal procedure, surgery often entails a significant period of convalescence. If you have surgery, you will need rehabilitative physical therapy that helps your body adjust to the changes caused by the surgery.

Whether or not you have surgery, physical therapy is a necessary part of the treatment for a herniated disk. Working together with your physician or surgeon, we can help you no matter what course of treatment you decide to take.

October 2014

Knitting Up Your Broken Collarbone



Better known as a broken collarbone, a clavicle fracture is a common injury among people of all ages. Despite its location, the collarbone is not part of the neck, but rather a bone that **connects the rib cage and the shoulder blade**. A break in the collarbone often occurs in the middle of the bone. Common causes of clavicle fractures include falling on one's shoulder, involvement in a car collision or sustaining a direct blow to the shoulder.

Signs and symptoms of a broken collarbone often include

- **pain that increases with shoulder movement**
- **swelling, tenderness or bruising**
- **a bulge on or near the shoulder**
- **a grinding sound or feeling when you try to move your shoulder**
- **stiffness or inability to move your shoulder**

Although plates, screws, pins and other surgical solutions are sometimes needed to treat a clavicle fracture, in most cases, the break will heal without surgery. Depending on the location of the break, the clavicle fracture will **often heal itself** as long as there is good blood supply and the ends of the fracture are somewhat aligned. If your physician determines that surgery will not be necessary, you may need to wear a splint or brace for at least six weeks to keep your shoulder in position.

During the six plus weeks your arm is immobilized, you will likely lose muscle strength. As your collarbone heals, you should feel pain relief, at which time your physician may recommend **gentle shoulder and elbow exercises** to **prevent stiffness and weakness**, while slowly regaining motion and strength.

If you are recovering from a broken collarbone, we can assist in the healing process. We can design a **customized rehabilitation program** that will restore strength to your shoulder and give you back your full range of motion.

October 2014

Please Do Not Be Seated



Is sitting really bad for you? In a word: *Yes*. An emerging body of data says that sitting, one of the most relaxed of all human activities, is actually **bad for your health**. How bad can it be? The medical literature reports that sitting improperly or for too long causes back damage, reduces brain functionality and leads to muscle degeneration that shortens your life.

Scared yet? You should be. For people who work in jobs that require them to sit for most of the day or for people who enjoy a nice long sit on the couch reading a book or watching television, the consequences of sitting for too long should be a **serious concern**. Fortunately, there are many ways to deal with the health risks.

- **Sit on an exercise ball or a backless stool.** These seats will enforce proper posture and reduce the risks associated with sitting improperly. A properly aligned back will prevent the development of back pain and the inconsistencies in blood-flow that cause changes in blood flow to your upper and lower extremities.
- **Take frequent walking breaks.** At work, get up and move a bit during your breaks. If you are at home watching television, you might want to consider getting up and taking a short walk around the room during commercial breaks. Even a little bit of movement minimizes some risks.
- **Stretch your hip flexor muscles.** Perform this exercise every day for three minutes on each side.
- **Stand up whenever possible.** If you have the vaguest excuse to stand, use it. Turn standing into a habit.
- **Try yoga.** Many yoga poses can help counter the effects of long-term sitting. The yoga pose known as the “cow-cat” is particularly effective for overall back stretching.

Talk to us about your personal circumstances. Because everyone’s life is different, we can design a specific program of exercises and techniques that fits your individual needs and challenges.

October 2014

It Is Hip to Keep Moving



As we age, some things seem inevitable. Our hair gets grayer, our skin begins to wrinkle and (hopefully) we gain the perspective of a life well lived. But there is one thing that does not need to be inevitable: hip pain.

While tightness in the hips is a common problem in the senior set, hip pain is not really an age-related problem. In fact, the hip joint is one of the hardest joints in the body. The

trouble is that we've often spent 50 plus years **sitting too much**, failing to stretch the hip flexor muscles and creating alignment issues in our bodies from compensatory movement.

In today's sedentary lifestyle, most of us sit more than we stand. When we sit, the hip flexors (the muscles used to move the leg up and down and stabilize the spine) are shortened. As years go by, they become shorter and shorter, often causing pain and mechanical problems not only in the hips but also in the feet, knees and back. This problem is compounded by sleeping in some positions, failing to stretch and overlooking the hip flexors in our workout routines. The gluteus muscles in our buttocks, also important for hip mobility, are weakened by sitting for long periods of time, as well. It makes sense, then, that so many of us end up complaining of tight, sore hips as we age.

We can certainly help loosen those tight hips with an **effective stretching program**, but even those people who have other aches and pains should consider focusing on the hip flexors. Improving the condition of your hips can benefit you in many ways, from reducing lower back and knee pain to improving your golf swing. Other steps you can take to reduce hip pain include

- **maintaining a healthy weight**
- **staying active and adding hip-strengthening exercises as well**
- **eating a healthy, calcium-rich diet**
- **learning about fall prevention**

Most importantly, do not wait until you are in severe pain before doing something about your hip discomfort. The earlier you come to see us and begin a program designed especially for you, the sooner you can start to improve your hip flexibility and strength, and the better your chances of keeping your body moving well and feeling great.