

January 2015

Make Your Winter Workouts Work



Exercise is essential—there are no two ways about it. But for many people, the ability to exercise is severely affected by their environment, especially people who live in areas with cold winters. Fortunately, a drop in temperature does not have to mean a drop in your exercise routine. Your exercises can be modified depending on your fitness level. Here are a few tips that make winter workouts both workable and effective.

- **Dress appropriately.** If you are going out in freezing temperatures, dress for freezing temperatures. There are no rewards for getting hypothermia.
- **Warm up.** Before you start a serious workout, you need to perform warm-up exercises that both loosen your limbs and raise your body temperature. You might try jogging in place for five minutes indoors before heading outside. Then, once you get started, make sure to take frequent breaks in the early stages of exercise that will help your body adjust to the weather.
- **Schedule intelligently.** While you may normally work out early in the morning during the winter, this may be inadvisable because that's when the temperature is usually coldest. Schedule your outdoor exercise for midafternoon to take better advantage of the warmer temperatures.
- **Know your environment.** Whether walking, jogging or cross-country skiing, you should be aware of the conditions along your route. Avoid icy and excessively slick areas to protect yourself from injury—you are exercising, not trying to prove how graceful you are under adverse conditions. If you are ice-skating, be 100% sure of the safety of the surface—skating on thin ice can be fatal. Make sure you only skate at appropriately supervised and maintained locations.
- **Stay hydrated.** You might think that maintaining hydration means managing sweat and keeping your body cool only in the summer. However, just because the temperatures are colder, it does not mean you will not sweat or overheat. Keep some kind of fluid handy in a temperature-resistant container so it will not freeze.

If you want to continue exercising outdoors in the winter, we can help you with an individualized exercise program. We will be sure that the exercises we plan are appropriate for your unique circumstances.

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The Pain of a Pinching Hip



A very complex joint in the body, the hip is formed by a ball on the end of the thighbone (femur) that sits in a socket formed by a cavity (acetabulum) in the pelvic bone. The ball is held in place by a very powerful ligament, and both the ball and socket are covered by a smooth layer of cartilage that cushions the joint, allowing the ball to move in the socket with very little friction. Fibrous tissue and cartilage (called the labrum) line the socket rim, grip the

head of the femur and anchor it in place.

When the ball does not have full range of motion within the socket, **femoroacetabular impingement** occurs. It is most commonly caused by overgrown or misshapen bone around the hip joint. The ball's extra bone hits the socket rim and causes the cartilage and labrum to fray or tear, resulting in pain.

There are two types of femoroacetabular impingement.

- **Cam-type impingement** occurs when the excess bone forms around the head and/or neck of the femur. The misshapen bone rubs against the cartilage lining the hip socket, causing it to peel away or become worn, frayed or torn.
- **Pincer-type impingement** results from an overgrowth of bone on the socket rim or when the socket is angled in such a way that abnormal impact occurs between the femur and the rim of the socket, causing the cartilage to become worn and form holes.

We will evaluate your hip's range of motion, test the area's muscle strength, observe how you move and perform tests to ascertain whether the hip joint is your source of pain. We can even analyze those physical movements that contribute to your hip pain and help you change or eliminate them. In the absence of severe symptoms or joint damage, we can design an exercise program that can decrease pain, improve movement, avoid the need for surgery, strengthen your hips and trunk, improve hip muscle flexibility and joint mobility, teach you healthier body postures for your hip, and help you modify your activity.

Similar to other ailments, the gains of starting a physical therapy program for femoroacetabular impingement early outweigh the pain and discomfort of its being left untreated. Don't let your hip pinch you—call today to schedule an appointment.

January 2015

Joint Supplements: Can Popping a Pill Cure What Ails You?



Walk through the supplement aisle of your local pharmacy, and you will likely see row upon row of “joint supplements”—pills or liquids that promise to relieve joint stiffness and pain, and increase mobility. If there are so many of these products on the market, they must be effective—right?

Unfortunately, the answer is not quite so simple. While it would be wonderful to swallow a pill and relieve your knee pain, the evidence has not been particularly favorable for these joint supplements. That fact, however, has not stopped people from buying them; according to *Nutrition Business Journal*, Americans spent \$753 million in 2012 on glucosamine and chondroitin supplements in an attempt to soothe pain and stiffness from arthritis.

Here are a few things to keep in mind before adding your hard-earned money to this impressive total:

- **The studies are inconclusive.** A 2010 study published online in the *British Medical Journal* that assessed previous research on the topic found no clinically relevant effect of chondroitin, glucosamine or a combination of the two on either joint pain or joint space narrowing. Several studies assessing previous research show no difference between taking glucosamine/chondroitin and a placebo. In fact, treatment guidelines for arthritis of the knee issued in 2013 by the American Academy of Orthopaedic Surgeons do not include the use of supplements due to the lack of convincing research.
- **These supplements may not contain what they claim to contain.** A 2013 *Consumer Reports* study tested 16 joint supplement products. Six of them contained only 79% to 87% of the labeled amount of chondroitin; one contained only 65%.
- **These supplements may interfere with other medications.** While these products are typically safe and harmless, they may interact with certain prescription drugs, such as blood thinners.

Focus on exercises that have been shown to help osteoarthritis and joint discomfort. Using evidence-based modalities, we can design an **individualized exercise program** for you that can get the results you desire. Discuss your joint health with us before heading to the drugstore to spend your hard-earned money on dubious supplements.

January 2015

Get the Best Running Shoes for the Money



Given the wide range of running shoes on the market, you may wonder whether you need to buy the most current or expensive pair of shoes. A shoe is only as good as the **protection** it offers the runner. Because the plantar fascia, a thick connective tissue running along the sole of the foot, carries up to 14% of the total load of the foot, it seems sensible that running shoes should cushion the foot and protect the runner from injuries that affect knees, hips and the back. This is

especially important because once injured, they can be difficult to rehabilitate.

However, a 2013 study from the Sports Medicine Research Laboratory in Luxembourg found no difference in injuries between runners who wore cushioned shoes and those who wore hard shoes. And a 2009 study published in the *British Journal of Sports Medicine* found no evidence that wearing cushioned shoes makes a runner less prone to injury. Early running champions ran in canvas shoes, their only shock absorption coming from the compression of their legs and the thick pad of midfoot fat. In fact, Arthur Lydiard, the most influential distance-running coach of all time, advocates wearing shoes that let your foot function like they're barefoot. If you are in the market for a new pair of running shoes, here are some suggestions:

- **Visit a specialty running shoe store.**
- **Have your feet measured for size every time you buy a new pair.**
- **Try the shoes on.** The shoe should feel snug but not tight. Because feet swell and lengthen during a run, make sure there is a thumb's width between your toe and the end of the shoe.
- **Buy your shoes in the evening because your feet reach their greatest size by about 4 p.m.**
- **Avoid buying a shoe for looks or purchasing shoes that are too small.**
- **And when you are ready to pay, ask if there are any discounts available for running club members.**

We can assess your foot and devise a **progressive running program** based on your age and level of fitness. We can create a "map" of your foot and determine the proper amount of cushion needed to support you consistently while you add up the miles.

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Controlling Blood Pressure Without Drugs



Putting on the blood pressure cuff in the doctor's office can make anyone's heart rate rise. Nobody wants to be diagnosed as hypertensive, especially when that label can mean a lifetime of antihypertensive drugs that come with a long list of side effects—dizziness, sexual dysfunction, coughing and more. Years ago, people were not considered hypertensive until their systolic pressure measured over 150 and the diastolic pressure crept above 99. More recently, anyone with

blood pressure above 120/80 was deemed to be a candidate for treatment, leading to millions of Americans taking medication for high blood pressure. However, new evidence suggests that this treatment is unnecessary.

In 2012, an analysis of several studies involving almost 9000 patients showed that people with mild hypertension did not have better outcomes when treated with medications. This led to a change in guidelines for treating hypertension—good news for those with blood pressure that is slightly elevated, but still under 150/90.

Just because your doctor does not think medication is necessary, however, does not mean that it is acceptable to ignore an elevated blood pressure reading. High blood pressure, especially in people over the age of 50, can lead to heart disease, stroke and even death. The goal should still be to **lower your blood pressure**, not with medication but by **improved diet and exercise**.

An article in the March 2004 issue of *Medicine and Science in Sports and Exercise* reported the American College of Sports Medicine's position that exercise should be a "cornerstone of therapy for the primary prevention, treatment and control of hypertension," recommending a regimen of at least 30 minutes of moderate-intensity exercise a day, supplemented with strength training. We can design a program that specifically targets hypertension and has the added benefit of improving your overall health, which is something that hypertension medications cannot deliver.

The newer guidelines open up more options for treatment if you have mild hypertension. As long as your physician is comfortable with keeping you off medication, we can help you get your blood pressure under control in a safe, effective and side effect-free way.