

July 2015

Baseball Finger: The Injury You Don't Catch



You hear the crack of the bat and see the ball coming your way, but when you reach for the catch, the ball jams your outstretched middle finger. You've just caught baseball finger, also known as mallet finger. Mallet finger can result from any situation in which the tip of the finger is jammed by a rapidly moving object, injuring the tendon on the back of the finger and sometimes even fracturing the bone.

For immediate treatment at home, apply **ice** to reduce swelling, **clean** any cuts under running water and **wrap** the finger with gauze, applying a moderate amount of pressure to help stop any bleeding. A physician can evaluate the severity of the injury and any cuts, repair any deep cuts, stitch minor ruptures of the tendon and

determine whether the bone has been fractured. Often, treatment includes **splinting** for four to six weeks, keeping the finger extended (straight) and allowing the tendon to heal. Over-the-counter **analgesics** can ease the pain. If the tendon is severely damaged, surgery may be required. Fortunately, most cases of mallet finger respond to **appropriate treatment** and recover fully. However, the recovery period can leave the hand, shoulder and arm somewhat weak.

A carefully supervised physical therapy exercise program can help restore **strength** and **flexibility**, as well as help you regain full use of the injured finger. Exercises include

- **Finger passive range of motion:** Gently bend and straighten out the injured finger with assistance from your other hand.
- **Finger extension:** With your palm flat on a table, lift each finger straight up one at a time, hold and then lower it; repeat for all five fingers.
- **Object pick-up:** Pick up small objects, such as coins, marbles, pins or buttons, with the thumb and tip of the injured finger to improve dexterity.
- **Grip strengthening:** Squeeze a soft rubber ball and hold the squeeze for five seconds to rebuild strength in the hand.
- **Shoulder and arm:** These exercises will be added as you progress.

Once you regain strength and the full use of the injured finger, we can design an **at-home exercise plan** to maintain your finger and arm health. And the next time a fly ball comes your way, make sure you catch with a glove.

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Supplementing Treatment for Knee Osteoarthritis



Knee osteoarthritis, common among older adults, occurs when cartilage in the knee breaks down. That allows the bones to rub against one another, causing pain, swelling, stiffness and decreased mobility.

Drugstore shelves are filled with supplements containing chondroitin and glucosamine that promise **healthier joints** for those suffering from knee osteoarthritis. These supplements may sound like an appealing alternative to the

weight loss, exercise and over-the-counter pain relievers usually recommended to relieve knee osteoarthritis pain. However, it is important to take a closer look at how they work and whether they provide long-lasting relief.

Found naturally in the body, glucosamine and chondroitin are chemicals that keep joints and connective tissue healthy. They are often marketed together as a natural aid for those suffering from osteoarthritis. The side effects of both supplements are rare and mild, although glucosamine can have significant interactions with a few medications.

A review published this year in the *American Journal of Sports Medicine* looked at 13 previously published studies that examined various supplements for knee osteoarthritis. It found that the use of glucosamine and chondroitin may, in fact, **protect joint cartilage** and **delay the progression of osteoarthritis** in some patients.

Most experts would agree, however, that these supplements are not a replacement for **exercise** and **weight loss**. If you are overweight, it is important to know that every pound lost relieves at least two pounds of force on your knees while walking. In addition, **strengthening the muscles** around the knee, especially the hip and thigh, make the knee more stable, while **stretching exercises** help the joint remain mobile and flexible.

If you are considering taking glucosamine and chondroitin supplements to help alleviate the pain of osteoarthritis, we can fully evaluate your knee and devise a plan to enable you to maintain optimum health. We will review your condition and design an individualized diet and exercise program, including stretching and strength training, to protect your joints and complement any supplements you may be taking.

July 2015

Fitness: A Lifelong Commitment



First, the bad news: It doesn't matter if you ran a marathon in your twenties or were the star quarterback of your college football team. Being physically fit at one point in your life—even on an elite level—does not mean that you will stay that way without committing time and energy to doing so. In fact, it doesn't even mean you'll stay in decent shape.

Proof of this fact comes from a 2014 study at the University of Southern California, which found that college athletes fared no better than their nonathletic counterparts when it came to lifelong fitness. A 2010 study published in the *British Journal of Sports Medicine* discovered that men who were extremely active and fit in their youth still had high risk factors for **metabolic abnormalities**—elevated blood pressure, abnormal cholesterol, high amounts of blood sugar and excess body fat around the waist—once they stopped working out. In other words, you're only in good shape until you stop doing whatever you were doing to get that way in the first place.

Now for the good news: You don't need to return to the intense training of your youth to reap the benefits of a healthy body. Incorporating some **gentle aerobic activity** and **strength training** can get you back on track. And if you only recently stopped exercising, it may be easier than you think to maintain your current level of fitness. Yet another recent study suggests that as few as **one or two workout sessions a week** are enough to keep former recreational athletes in good condition.

For former athletes—some of whom have old injuries—working with us is a great way to implement an **individually designed program** that makes the most of your body's strengths and weaknesses. So don't rest on those college athlete laurels (or on any part of your former college athlete body, for that matter). Talk to us today about getting back into shape and regaining some of that old glory—or at least regaining some protection against the effects of aging.

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Keep Your Head: Recovering from a Concussion



With all the talk about athletes and concussions, one might ask whether everyone recovers similarly from this trauma. Many factors determine how quickly recovery occurs. Concussion is a **brain injury** caused by a hit to the head or an indirect body blow that leads to the brain moving within the skull, inflicting temporary neurological damage. Typical symptoms include headache, nausea, difficulty concentrating and seeing clearly, memory loss and insomnia.

A return to complete daily activities as usual after a concussion, especially in the first three to five days, affects your ability to heal. Sufficient **nighttime sleep** and **daytime resting** are crucial. Avoid physical activity more demanding than **walking**, and take time off from work because mental activities requiring deep focus affect healing, too.

Trying to shorten your healing time can exacerbate previous symptoms and even cause new ones. Your rate of recovery will depend on the following:

- **Number of previous concussions:** Having had one or more previous concussions makes you more susceptible to them and typically lengthens recovery time.
- **Severity of concussion:** Generally, the worse the concussion, the longer the recovery.
- **Age:** With their still-developing brains, children and teenagers take longer than adults to recover, and their symptoms are often worse. Treatment must be deliberate and conservative, because the brain's frontal lobes continue to develop until about age 25.
- **Gender:** Women tend to need more recovery time than do men; girls tend to need more recovery time than do boys.
- **Other conditions:** People with a history of anxiety, depression, migraine or chronic headache can take longer to recover.

If you have had a concussion, it is imperative that you do not risk incurring another—especially before you have **completely recovered**. Two concussions too close together—or multiple concussions over time—can cause chronic memory and concentration problems, and might even affect balance.

If you are involved in a profession or sport with a higher-than-normal concussion risk, call us to discuss specific **protective measures** you can take to prevent suffering one. And if you've had a concussion recently, we can help guide your recovery.

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Redo for a Rotator Cuff Re-tear



If you have already gone through rotator cuff surgery, the last thing you want to think about is doing it all over again. Unfortunately, many patients do suffer **tears of the same tendons** that caused them to need surgery in the first place. Most of the time, this is not the surgeon's fault, nor does it mean that you didn't follow postoperative directions properly. For example, if you are age 65 or older, your chance of a full recovery is 43%, as opposed to 95% for patients under the age of 55. And research has also suggested that for every centimeter increase in tear size, the risk of failure increases more than two-fold.

If you do experience a re-tear, **revision surgery** may be a possibility. But surgeons caution that the outcomes are not as favorable as they are with first-time rotator cuff repair. A 2014 study in the *Orthopaedic Journal of Sports Medicine* found that revisions are twice as likely to re-tear and are more likely to contribute to pain and impaired overhead function. Despite this, rotator cuff revisions still have a 93% patient satisfaction rate. In some cases, the benefits of a revision outweigh the risks; in others, the surgeon may decide it is better to leave the rotator cuff alone.

The good news is that whether you have surgery or not, we can help you **increase your range of motion** and **minimize discomfort** through a specially designed physical therapy program. If you do undergo the revision, it is important to know that recovery may take longer than it did for your initial rotator cuff surgery, and rehabilitation is likely going to be handled differently. The focus should be on **improving function** while respecting your body's limits.

Similar to the physical therapy you engaged in following your first rotator cuff repair, at six to 12 weeks postsurgery, you will begin **passive and assisted stretching exercises** four to five times a day so that the muscles heal well. More active exercises include **pendulum** exercises in which you bend over and move your trunk to thus "swing" the arm of the affected shoulder around in circles, **shoulder shrug**, **ball squeezes** and **wall walking** your arm up and down a wall. Resistance exercises with a rubber band and an overhead pulley will strengthen the muscles.

Together we can work with your surgeon to develop a physical therapy program based on your past surgery and current symptoms, taking it as slowly as needed to ensure safety, comfort and the best possible outcome.