

August 2015

Getting Hip to Arthroscopic Surgery



Much like surgery of the shoulder or knee, arthroscopic hip surgery is finding more and more favor among surgeons. It is utilized when painful hip conditions fail to respond to more conservative nonsurgical remedies. Arthroscopic surgery can be used to address damage to the labrum, articular cartilage, and surrounding soft tissue and muscle to reduce inflammation and its accompanying pain.

During the surgical procedure, your hip will be placed in traction to create a small amount of separation in the hip joint. To view the damage, the surgeon will make a dime-sized incision and insert an instrument called an arthroscope, followed by a separate incision to insert the appropriate tools. With this access, your surgeon can do everything from removing synovial tissue to smoothing worn cartilage.

After being discharged from the hospital, you will need someone to stay with you for at least the first 24 hours. You should also expect to use crutches, a walker or a cane for awhile, sometimes up to two months.

In most cases, physical therapy is necessary to achieve the best recovery from such hip surgery. During the first four weeks after surgery, the goals are to **restore pain-free range of motion** and **reduce pain and swelling** in the hip, while teaching you to **use specific muscles** for movement, such as when walking or picking up objects from the floor.

Therapy over the subsequent four weeks focuses on **improving your core and hip stability** with strengthening exercises and **restoring hip strength and mobility** with more active exercises. We will also provide recommendations about **modifying your lifestyle** to ensure the surgery's success.

Many people return to full, unrestricted activities after hip surgery and physical therapy. Your recovery will depend on your level of commitment to complete the recommended physical therapy to complement the surgery. Before or immediately after your surgery, come see us. Together, we can work to get your hip in optimum condition in the most realistic time frame.

August 2015

At Your Service: Tennis Tips for Older Players



Fun and engaging, tennis can be played at any skill level and at any age—well into one’s retirement years. Because it can help those over 50 maintain their **physical fitness**, tennis may prevent some of the injuries that so often plague seniors and proactively counter natural age-related changes.

As a tennis player who has reached midlife, you may be thinking about some exercise to help **improve your serve**—and your game. We can address six basic areas that can help your midlife serve.

- **Strength training.** Strong shoulder and trunk muscles add power to your serve. Twice-a-week specific strength training of the arms, legs and posterior, in addition to shoulders and back, can improve your overall game—and health.
- **Flexibility exercises.** As you age, you’ll likely lose rotation and extension in your spine, and you might load more pressure onto your shoulder to make up for that loss as you serve—inviting injury. Thus, exercises that generate renewed **spine flexibility** can be the key to safe serving.
- **Strong serving motion.** We can analyze your particular serving motion to assess what you’re doing right, fix any bad habits and make sure that what works continues to do so. Key to any good serve is **a strong rotator cuff**, so strengthening that will be an important focus.
- **Warm up.** To prevent injury, warm up for at least five minutes before tackling the court, enough to literally get your **blood flowing** and work up a little sweat. A light jog, or even walk (depending on your current fitness level), should do it.
- **Stretch.** After warming up, stretch. We’ll personalize a selection of stretches to warm up the right muscles for tennis. Forward and backward arm circles and trunk rotations are particularly important for your serve.
- **Balance.** Important during serving, proper balance can become a bit more difficult as we age. To maximize your balance skills at home, stand on one leg for a minute at a time while you watch television, for instance.

We can offer more suggestions for each of these areas. Come in and let us “serve” you, and you can be serving aces for years to come.

August 2015

Healing Achilles Tendinopathy: A Marathon, Not a Sprint



You know the saying “no pain, no gain”? When it comes to Achilles tendinopathy, this phrase could be amended to “more gain, no pain.” The more strength you gain through the special exercise protocol we use for this condition, the less discomfort you’ll feel. It can be discouraging to hear that you’ll need **10 to 12 weeks of therapy** before seeing results, but experience has taught us that, unfortunately, treatment for Achilles tendinopathy takes a while to pay

off. Understanding what lies ahead is a good way to mentally and physically prepare yourself for Achilles tendon physiotherapy.

Once upon a time, this condition was known as “Achilles tendonitis,” but that term isn’t really accurate. While “tendonitis” suggests inflammation, this pain in the Achilles tendon is caused by a failed healing process, not an inflammatory one. That’s why the treatment protocol takes longer and is different from protocols for most tendon-related pain syndromes. Instead of merely finding a way to reduce the inflammation, we need to employ a **strengthening program** that uses **gentle stretching** and **progressive loading exercises**.

The most widely used treatment plan for Achilles tendinopathy is called the **Alfredson protocol**. It involves eccentric loading of the tendon (contracting the muscle and tendon while lengthening the muscle). Performance of two specific exercises for a total of 180 repetitions has proven to be highly effective in several studies.

However, performing as many of the exercises as you can, rather than adhering strictly to 180 repetitions, may be just as effective. A study in the February 2014 issue of the *Journal of Orthopaedic & Sports Physical Therapy* indicated that a modified version of the Alfredson protocol with a “do as much as tolerated” approach achieved similar positive results as the full 180-repetition protocol after six weeks.

We can design a program for your specific injury, physical condition and needs. The important thing is to be **strengthening and stretching your tendon** continually for approximately 12 weeks. We may also suggest that you refrain from high-impact activities to reduce your risk of further injury, until maximum strength is achieved.

If three months of therapy seems like forever, remember that it’s a small price to pay for a future filled with a healthier, pain-free Achilles tendon.

August 2015

One Less Headache to Worry About



Jaw and head pain can be a real pain in the neck—literally. Did you know that many people suffering from both temporomandibular joint disorder (TMD) and headaches have postural issues with their cervical spine or neck? This is why we can be an important ally in combating persistent headaches and TMD-related facial pain.

According to the International Headache Society, headaches fall into two categories:

primary, which have a **single cause**, such as migraine, tension or cluster headaches, and secondary, which often have **musculoskeletal causes**, such as disorders of the jaw and neck. TMD is one of these disorders, and a common cause for chronic headaches.

When the muscles in the jaw, face and neck abnormally function due to improper alignment of the spine, bad posture or tension, they can create myofascial **trigger points**. These trigger points refer pain to the head. In other words, you may experience severe headaches even though the problem is really somewhere else in your body.

After a thorough examination, we can design a program to address the root cause of your myofascial pain. This might include

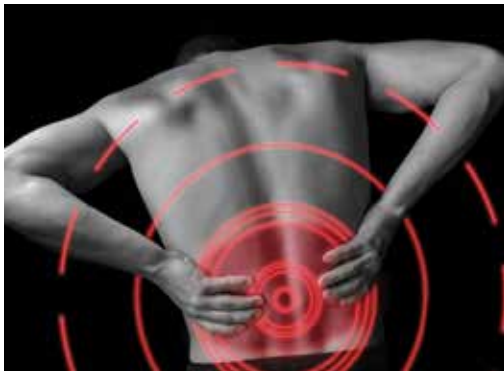
- **improving your posture**, especially when you are at work or on the computer
- **finding better ways to move**
- **strengthening and stretching** the involved musculature

We are trained to release myofascial trigger points, as well as in **strengthening muscles** in the back, neck and face. These and other pain management techniques can help treat both headaches and TMD.

Just because you've ruled out cranial causes for your recurrent headaches doesn't mean that you need to learn to live with them. We will be happy to develop a plan you can stick to. Talk to us today and schedule an appointment to see how we can help you conquer your head and jaw pain once and for all.

August 2015

We've Got Your Back



If you suffer from recurring back pain, you have plenty of company. Back pain is one of the most common and universal health complaints among adults. Its causes are often unclear, and solutions that work wonders for some individuals may be completely ineffective for others. Not surprisingly, some sufferers have adopted habits that provide pain relief but may eventually lead to more problems.

One common habit, back flexion, or leaning forward, can relieve pain because a flexed back opens the intervertebral foramina, the spaces between your vertebrae through which the nerves travel. When these nerves become compressed or “pinched,” they can cause pain. Leaning forward, whether while sitting or standing, flexes the spine, increasing the space between the vertebrae, which may reduce compression pain.

People who use this pain relief approach stoop when walking. While this posture may relieve back pain, it can also increase stiffness in the lower back and tighten muscles in front of the hips.

We can provide a more effective solution with a physical therapy program that helps you achieve a **healthier posture** while **reducing pain** and **creating strength and flexibility** in your spine and hips. Such a program would include the following:

- **Medication** such as ibuprofen (if your physician approves) or other options including **ice**, **acupuncture** and **soft tissue massage** can relieve pain.
- **Exercises** that both flex and extend the back to **reduce stiffness** and **increase range of motion**. Targeted exercises for the lower abdominal muscles can help create the **core stability** needed to control and stabilize your spine.
- After conducting an **analysis of your body's biomechanics**, we can suggest corrections for any defects. For instance, you may need to wear shoe orthotics to compensate for biomechanical imbalances in the foot or leg that may cause your back pain.

Once your treatment program has achieved success, we will design an **at-home maintenance plan** of exercises and additional activities, such as yoga, Pilates, walking and swimming, that can help keep your back strong, prevent recurrence of back pain and enable you to enjoy a more active and healthier lifestyle.