PT eDigest™

October 2015

Statins and Exercise: Maintain a Balance

A high cholesterol level puts you at an increased risk for a heart attack or stroke. Perhaps your physician has recommended that you take a statin, a drug that helps block your body's ability to make cholesterol. Statins **lower cholesterol levels** but can also **reduce the amount of plaque** in your arteries. They are known by many brand names, including Lipitor, Zocor and Crestor, and more than a quarter of Americans over 40 years old take them.

In 2013, a widely publicized study appearing in the *Journal of the American College of Cardiology* found that statin use decreased some of the **positive effects of exercise**. Among a group of patients following an exercise regimen, half took a statin and half did not. While those taking the statin drug were found to have a 40% drop in their low-density lipoprotein (i.e., "bad") cholesterol, compared with a slight rise among the nonstatin group, those taking statins saw only a 1.5% increase in cardiovascular fitness, compared with a 10% increase in the nonstatin group.

Although the study contributes to our ongoing understanding of the effects of statins, exercise remains **an important factor** in maintaining general health and independence while aging. Whether or not you are considered at risk for a heart attack or stroke, following these steps can keep that risk to a minimum:

- **Eat a healthy diet**—low in refined carbohydrates, salt, and saturated and trans fats; high in fruits, vegetables, fish and whole grains.
- **Exercise regularly.**
- **Avoid smoking.**
- **Maintain a healthy waistline**—less than 40 inches for men, less than 35 inches for women.

If you have been told that you are at risk for heart attack or stroke, call us for an appointment. We can design an exercise routine for you that can help **lower your cholesterol levels** and keep you active and feeling healthy—whether or not you take statins.

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Keep the Tingle Out of Your Arm

One of the main nerves in the arm, the ulnar nerve runs from the neck to the hand. At various points along this path, the nerve can become **irritated or compressed**, causing tingling in the elbow, wrist, hand or fingers. If you experience tingling in your pinky and ring finger or weakness in your hand when you try to grip something, if you get that "funny bone" feeling in your elbow when you hold the telephone to your ear, you may be suffering from ulnar nerve entrapment.

Pressure on the ulnar nerve can result from injury, such as a direct blow to the inside of the elbow; leaning on your elbows for long periods of time; sleeping with your arm in a bent position; or performing activities that require repeated bending of the elbow.

Initially, symptoms may come and go. But if they worsen or persist beyond eight weeks, you should see your physician. Untreated nerve compression can lead to **irreversible deterioration** of the arm muscles.

In your condition's early stages, your physician will probably recommend conservative treatment. Nonsteroidal anti-inflammatory drugs can **reduce inflammation** around the nerve. Wearing a brace when you sleep to keep the elbow straight may help. For mild to moderate symptoms, identifying and avoiding positions that aggravate the nerve can help. Physical therapy may also help.

Should conservative treatment prove unsuccessful, surgery may be necessary to relieve the pressure on the nerve. Surgical outcomes are generally positive, but when a nerve is involved, some symptoms may linger or take much longer to resolve.

After surgery, you will wear a splint for a few weeks. Your doctor may recommend physical therapy to **regain strength** in the hand, forearm and elbow areas. We can design an effective treatment plan that includes exercises to **increase flexibility** and strengthen areas that may have stiffened after surgery. We may also recommend behavior modifications, such as using a speakerphone or headset instead of holding the phone to your ear or adjusting the height of your chair to ease pressure on the wrist at the computer keyboard, that can help keep your ulnar nerve healthy and pain-free.

If you regularly get that tingly feeling in your arm or hand, come see us. We can recommend a course of action that may bring you relief.

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Sparing Your ACL with Knee Replacement

If you have a total knee replacement in your future, you may have heard about a procedure that retains the anterior cruciate ligament (ACL), also known as an **ACL-sparing knee replacement**. The popularity of this surgery continues to increase, especially among younger patients. But is an ACL-sparing knee replacement worth it?

First, you need to understand why some physicians believe the ACL should be "spared." In the past, total knee replacement (commonly performed due to arthritis or injury to the knee that cannot be fixed by nonsurgical means) required the removal of the ACL, even if it was completely healthy. This was due to the design of replacement knees. When new implants came on the market that allowed surgeons to keep the ACL intact, many hoped they would lead to a more normal movement and thus better outcomes.

Because little long-term research is available, the jury is still out on ACL-sparing knee replacement. Some evidence shows no difference in patient-reported knee function with the newer implant, while other reports show superior patient satisfaction with the "feel" of the new knee. Advocates of the ACL-retaining procedure claim that it leaves the knee feeling more natural and allows for **better control**, **better movement** and **better stability**. For active patients who hope to continue activities requiring twisting, bending and sudden stops (such as tennis, golf and skiing), this can be a significant benefit.

No matter what type of knee replacement you and your physician choose, physical therapy will be an integral part of your recovery and long-term knee health. On the same day that you undergo surgery, you will likely start active and passive **range-of-motion exercises** that will continue through your hospital stay and at home. Some surgeons may have us use a continuous passive motion (CPM) machine, hoping it may assist in your return to an enhanced comfortable motion pattern after surgery.

Working with your physician, we will design a rehabilitation program that maximizes the potential of your new knee. Your physical therapy regimen will help you achieve **better results**, with increased range of motion, less pain, and an easier recovery through proper strengthening and functional work—whether or not you still have your ACL.

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Back in the Swing After Shoulder Replacement

Can you resume playing golf after total shoulder replacement surgery? The answer may well be yes. To replace the shoulder, a ball-and-socket joint, the surgeon inserts a metal prosthesis to replace the "ball" (the end of the humerus) and resurfaces the inside of the "socket" (glenoid cavity) with high-density polyethylene. Any nearby bone spurs are removed, and soft tissue adhesions and contractures are released.

Certain factors can influence whether you will be able to swing a golf club following surgery:

- **The skill of your surgeon.** Your surgeon should have experience in replacing an arthritic shoulder. The procedure has been so refined that not only may the pain related to the arthritis be fully eliminated, but you may regain a range of motion that you have not had for years—actually improving your golf swing and game.

- **The skill of your physical therapist.** We have long experience designing rehabilitation programs for golfers who have undergone total shoulder replacements. Early progression of range-of-motion exercises is key, despite any soreness or swelling. We will start gently and work up to building more flexibility and strength while keeping pain reduction in the forefront.

- **Your active participation in physical therapy.** To facilitate your recovery, you have to commit to performing the necessary exercises as often as required, following our guidelines. This includes exercising in our facilities and at home for at least six weeks—often eight, or even more. But this diligence will pay off: You may well be back on the links in four to six months.

- **Your physical and mental condition.** Individuals with certain conditions are less likely to obtain the full benefit of a shoulder replacement. These conditions include diabetes, obesity, Parkinson disease and depression, as well as rotator-cuff deficiency, shoulder joint infection and multiple previous shoulder surgeries.

If you are considering a total shoulder replacement, call us for a consultation appointment. We will give you a preview of a rehabilitation program that will have you fully recovered and playing golf in less time than you would have imagined.

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Get Rid of That Headache

Headaches come in many forms—from migraine to tension to neuralgia—and most of us have suffered from one in the course of our lives. While headaches can have a variety of causes, often the cause is not severe, and simple lifestyle changes can frequently make a difference.

The most common type of headache is a tension headache. These tend to be felt on both sides of the head, sometimes starting from the back and moving forward. Stress, anxiety or a previous injury can cause tension headaches, as can holding your head or neck in an abnormal position, muscle tension, poor posture or tightness between the shoulder blades. If you suffer from recurrent headaches, **keep a diary**, noting what you were doing when the headache began and when it ended, what you recently ate and drank, and how long you slept.

In many cases, we can help you address the root cause and **lessen the frequency and severity** of headaches. If your headaches are, in fact, tension headaches, these steps may help resolve them:

- **Improve your posture and body mechanics.** Exercises, stretching and education can restore the proper alignment of your back, neck and head. We will also review with you the best positions for work, sleep and performance of everyday tasks to decrease stress on the spinal cord and, in turn, decrease pain and tightness in the head and neck.
- **Use manual therapy to improve neck mobility.** We perform this therapy in our office to help stretch your muscles, relieve pain and increase movement in the back of your neck.
- **Strengthen your muscles.** Exercises strengthen the muscles that stabilize your back and neck, making it easier for you to sit and stand for long periods of time without the pain that can trigger headaches.

Many times, these treatments—along with lifestyle modifications such as using a more ergonomically appropriate desk chair or adjusting your computer screen—can help relieve headache pain.

Call our office for an appointment. We will review your symptoms and, in many cases, address the root cause of your headache, bringing relief while making a real difference in your everyday life.