

April 2016

Can We Get Stronger as We Age?



The answer to that question is—absolutely! After age 40 or so, we all begin to lose muscle strength and bone density, and our hormone production slows. While these factors can contribute to a general decrease in vitality, weight training can **increase your strength**—and give you other benefits—no matter how old or weak you are when you begin. In fact, the American College of Sports Medicine recommends strength training for everyone 50 or older.

Starting a weight-lifting program may sound daunting, but the good news is that just starting—even with one-pound barbells—will have a **positive impact**. It will make you feel better emotionally, ease everyday tasks (ranging from rising out of a chair to carrying packages) and give you incentive to push yourself a bit further.

Here are some tips for starting out:

- Seek guidance regarding proper form (we'll be happy to help).
- Start with light weights, and work up gradually to heavier ones.
- After your initial training weeks, increase the weight so that, while it should not feel extremely difficult to work with, it offers more challenge.
- Work out two or more times per week, but don't exercise the same major group of muscles two days in a row.
- Always check with your physician before beginning a strength-training program, especially if you have high blood pressure.

The benefits of strength training go way beyond bulking up and being able to lift heavy grocery bags. For example, your **balance will improve**, lessening the chance of dangerous falls. You'll also find it **easier to walk** more quickly and for longer distances, and you'll discover that stairs are less of a challenge. Even your risk of bone fracture decreases, not only because you will be less likely to fall, but because strength training **builds bone mass** in the hips and spine.

If you are looking to optimize your physical and emotional health as you age, call us for an appointment. We can create a customized weight-training program for you that will give you truly significant results, no matter what your starting point.

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Give Your Broken Fibula the Boot



A broken fibula may be very painful, but sitting on the couch and letting it heal on its own is probably not the best approach. While your fibula—the long, thin outside bone of your lower leg—is healing, you should **stay mobile** through the use of a walking boot.

Although the fibula is considered a weight-bearing bone, it bears only 17% of your total body weight when upright. Because the burden on the bone is minimal—compared with the burden on the tibia or femur—using a walking boot often shortens recovery time. The boot immobilizes the leg and protects the bone, but it does not restrict movement of the surrounding muscle tissue. The walking motion **reduces muscle atrophy**, which in the end makes physical therapy more effective because, without atrophy, strengthening exercises can start sooner. This theory applies to all types of fractures: nondisplaced (the bone retains its proper alignment), displaced (the bone ends do not line up) and compound (the bone breaks through the skin).

The length of recovery is not the same for everyone. Although the boot **speeds up general recovery time**, recovery times fluctuate depending on the severity of the break and the patient's commitment to physical therapy. It is important to remember that when physical therapy begins, there is a strong possibility of muscle pain and fatigue. Don't worry—this is normal. Remember, you are rehabilitating the muscles around a bone that suffered a traumatic injury.

Commitment to the physical therapy plan is key to effective healing. Physical therapy is most effective when you **stick to the schedule** and assigned exercises, and continue to care for the injury while at home.

So, if you are faced with a broken fibula, don't panic. Talk to your physician about the walking boot option. As your healing progresses, we will work with you and your physician to design a program to **increase your strength** and range of motion, and **improve flexibility**. Our goal will be to build strength and endurance so you can resume your everyday activities. We know you have more important things to do than have people sign a cast!

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Spinal Fractures Don't Have to Be Back Breakers



If you have lingering back pain that becomes worse with prolonged sitting, you may have a spinal compression fracture. Though this sounds alarming, it is much more common than people realize, affecting approximately 700,000 Americans every year. The good news: In most cases, it can be treated without surgery.

As we age, our bones become less dense and more prone to injury. For many, this leads to osteoporosis, which often is not diagnosed until a bone breaks. While we most often associate **osteoporosis** with hip or wrist fractures, spinal compression fractures are actually twice as common.

A spinal compression fracture occurs when too much pressure causes a weakened vertebra to crack. Sometimes this is caused by a fall; other times, it can occur in the midst of an everyday action, such as reaching or coughing. The fracture is painful, especially when sitting, and is usually relieved by lying down.

While some people who suffer a compression fracture may need surgery, most people heal in 6 to 8 weeks with some rest and, perhaps, a **back brace** to limit movement. Too much rest, however, may lead to other problems, including further loss of bone density and muscle mass, and decreases in balance and functional mobility.

A physical therapy regimen, usually consisting of weight-bearing exercises, can help **strengthen the back muscles**, which will not only help heal your fracture, but also prevent future osteoporosis-related fractures. In addition to weight-bearing exercises, we can work with you to improve your posture, gait, and bending and lifting techniques, so that you can continue to **perform daily activities** safely and with confidence.

The ideal healing process requires the patient to walk a fine line between rest and activity. If you have been diagnosed with a spinal compression fracture, we will work with you and your physician on an **individualized program** of rest and activity to help heal your fracture, so that you can resume your activities free of pain, with a minimized risk of reinjury.

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Staying Active with Diabetes



Virtually everyone—including people with diabetes—can benefit from being active rather than sedentary. In fact, exercise can have the same **positive impact** for people with type 2 diabetes as some drug treatments.

If you haven't exercised regularly for a long time, there are a couple of easy strategies to employ to get you started. **Begin a walking routine.** Even a five- to 10-minute walk is a

great way to begin, with the ultimate goal of 30 to 45 minutes of quick walking, five days a week. **Be more active throughout the day.** Take the stairs instead of the elevator, get off one stop early when you commute or walk in place during TV commercials. Of course, you should always consult your physician before beginning a workout regimen.

Eventually, adding flexibility, balance and strength-training exercises would be ideal. Strength training further **helps control blood sugar levels**, and muscle strength can contribute to joint-pain relief, decreased fracture risk and easier movement. Better flexibility and balance contribute to reducing the risk of falls. And, as an added bonus, you'll find that exercise almost always improves your mood.

Your diabetes brings a few caveats when exercising, however. We would recommend the following:

- **Wear moisture-wicking socks** and well-fitting athletic shoes.
- **Examine your feet** pre- and post-workout for blisters or sores you may not feel.
- **Check your blood sugar** before and after exercise, and carry a source of sugar (such as several hard candies) with you during your workout in case your blood sugar level drops.
- **Drink water** before, during and after exercise.
- **Exercise at the same time** each day (if possible), which further helps manage blood sugar.
- **Wear “alert jewelry”** that informs people about your diabetes.

If you are looking to boost your fitness and control your diabetes through exercise, call us for an appointment. We can work with you and your physician to **custom design** an exercise program that takes into account your current fitness level and your diabetes.

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Shopping for a New Ankle



Most of us are familiar with knee and hip replacements, but did you know you can also have an ankle replacement? Also known as total ankle arthroplasty, this surgical procedure involves **replacing the ankle joint** with an implant. Performed by orthopedic and foot and ankle surgeons, this has become a more commonly accepted practice than ankle fusion, with its use more than doubling between 2011 and 2012 alone.

Used to treat osteoarthritis, arthritis caused by injury, rheumatoid arthritis, infections and dislocations, total ankle arthroplasty aims to improve ankle mobility, alleviate pain and ultimately **improve one's quality of life**. In contrast, ankle fusion—used to treat similar conditions—limits mobility and prevents a “natural” rotation of the ankle joint.

Surgery is often performed under general anesthesia. The surgeon makes an incision, exposing the ankle joint. The shin-bone, or tibia, is cut above the “old” ankle, and the top of the foot bone, or talus, is cut below it. Metal joints, covered by plastic, are attached to the respective bones. This plastic **prevents wear** on the metal components, increasing longevity and offering a more fluid rotation. After the implant is attached, the tendons are put back in place, and the leg is closed up.

This procedure is usually reserved for cases that do not respond to conservative management, such as bracing, physical therapy, modification of activity or medicines. Typically, the procedure is performed on patients between the ages of 40 and 60, though it has even been successful with patients in their 80s.

If you are experiencing persistent pain in your ankle, speak to your physician about an ankle replacement. Should you undergo this procedure, we will work with you and your physician on a **customized rehabilitation plan** that will get you back to enjoying your usual daily activities using your brand new ankle.