

August 2016

Keep Cool and Stay Hydrated



As temperatures climb, it's important to satisfy your thirst when you are active—especially during workouts—even if you don't feel thirsty yourself. But what fluids are best to drink when you exercise?

Sports drinks or water can be a matter of personal preference, but unless you are pushing yourself very hard in hot, humid conditions, **water alone** is probably fine. What matters most is quantity.

The American Council on Exercise has issued guidelines for drinking water while active:

- **Before you exercise:** Two to three hours before you start to workout, drink 17 to 20 ounces of water; 20 to 30 minutes before, drink another eight ounces.
- **During exercise:** Every 10 to 20 minutes, drink seven to 10 ounces of water.
- **After exercising:** Within 30 minutes after you finish your workout, drink eight ounces of water.

If you engage in strenuous exercise, sweat, wear heavy sports equipment or have a high body-fat percentage, **increase the quantity of water** you drink. For a high-intensity workout that lasts longer than 60 minutes, consider substituting a sports drink—one that provides **potassium** and other **electrolytes** with moderate amounts of added sugar and sodium, although calories from the sugars can provide energy when your own begins to decline. **Avoid caffeinated drinks;** these can cause nausea and anxiety, and even boost your risk of heat-related illness.

Can you drink too much water? Yes, although it's **very unlikely** and often affects endurance athletes, like marathoners. The symptoms of hyponatremia include confusion, vomiting, swelling of the extremities and headache, all stemming from a lack of sodium.

Average athletes need to worry much more about heat-related **dehydration;** this can cause cramps, exhaustion and, at worst, heatstroke, which can cause delirium or seizures. To monitor your hydration, check your urine color (on workout days and otherwise). Pale yellow or straw color is normal; dark yellow is a warning to **drink more.**

We can create a summer-appropriate, beverage-filled workout routine for you that will allow you to gradually acclimate to warmer conditions. The result is sunnier, fitter days ahead!

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Minimizing Your Risk of Zika Virus



Since Zika virus was first discovered nearly 70 years ago, minor outbreaks in humans have occurred throughout the world, usually in tropical regions, with the first large outbreak occurring about 10 years ago. Recently, scientists have connected Zika virus with birth defects.

As the climate continues to change, Zika virus will likely become more prevalent in the United States. Zika virus is usually spread

by **mosquito bites**, although infected people can transmit the virus to others through **sexual contact**. While Zika virus can cause fever, rash, joint pain and redness in the whites of the eye, most people who contract Zika virus will never even know it; only one in five people will display the mild, flu-like symptoms.

So should you worry about Zika virus? For most people, the dangers are minimal. But if you or your partner is pregnant or trying to get pregnant, Zika virus poses a serious threat. In April, the Centers for Disease Control and Prevention (CDC) found a link between Zika virus infections in expectant mothers and birth defects, especially **microcephaly**, which can lead to severe mental disabilities and even death. No one yet knows what the connection is or how likely this is to happen in infected mothers.

You can reduce your risk of being infected by Zika virus by taking several simple steps.

- Avoid travel to **areas where Zika virus has been reported**. The CDC Web site has a list of these areas.
- Take steps to **avoid mosquito bites**. This includes wearing long-sleeved shirts and long pants, along with staying in air-conditioned buildings equipped with window and door screens.
- **See a doctor** if you or your partner is pregnant and may have been exposed to Zika-carrying mosquitoes.

Should you show the symptoms of Zika virus, you might want to **ease off** on your exercise regimen for a few days until you feel better. If you exercise outdoors, take sensible precautions: **avoid mosquito-infested areas** and **cover up your skin** whenever mosquitoes are present.

August 2016

Stand Up to Pain in the Seat



It suddenly happens: Your butt hurts when you sit down. What can you do about it? Because a myriad of musculoskeletal problems can cause pain in the buttocks, this problem is tricky to diagnose. Among our first goals will be to answer these questions:

- Is the pain chronic or acute?
- Is the pain truly in your buttocks (and not just radiating there from somewhere else)?
- Is the pain actually made worse by sitting?

While only a comprehensive examination can give us definitive answers, two likely culprits are **inflamed cluneal nerves** and **piriformis syndrome**.

The cluneal nerves are located in the lower back/upper buttocks area; they can **become pinched** in the iliac crest, the curved part of the hipbone atop each side of your buttocks, and cause pain. The condition's full name is medial superior cluneal nerve entrapment, or cluneal neuropathy.

To determine whether you have cluneal neuropathy, your physician may perform a **cluneal nerve block** by injecting a mixture of steroid and anesthetic medications into its vicinity. If the pain disappears, then we know the cause was indeed cluneal neuropathy. From a physical therapy viewpoint, if we suspect cluneal neuropathy, our initial treatment options might be more conservative, with modalities including **deep tissue massage** and **nerve gliding** (a specialized stretching procedure for elongating nerves).

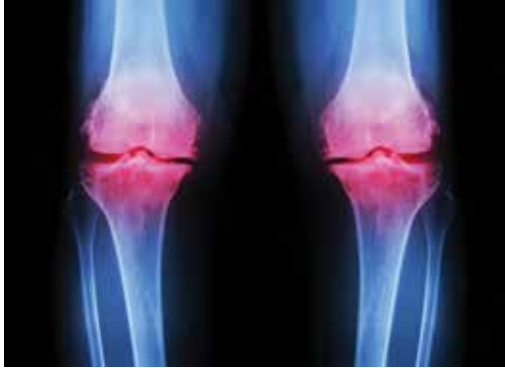
Buttocks discomfort and pain after sitting too long are prime symptoms of piriformis syndrome, as well. The piriformis is a very small muscle in the lower back, located near the sciatic nerve. Pinning down whether the piriformis is malfunctioning is difficult, and we may try to do so in conjunction with your orthopedic physician.

To treat the piriformis, we'll concentrate on improving the **muscle's flexibility and strength** through specific techniques and exercises. After it has improved substantially, we will strive to **recondition** the entire lower back/buttocks area to keep it moving well and healthily.

Don't suffer with any kind of pain indefinitely, especially pain that prevents you from sitting. Call us today. We'll evaluate your condition and recommend strategies to help your healing begin right away.

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Freeze Away Arthritis Pain in the Knee



A common condition among older adults, osteoarthritis develops when the cartilage that usually serves as a cushion in a joint wears away, leaving bone to rub against bone. The American Academy of Orthopaedic Surgeons estimates that more than **8 million Americans** older than age 45 suffer from osteoarthritis of the knee. Are you one of them?

For osteoarthritis of the knee, it is usually recommended that you **lose any extra weight** to take some pressure off the joints and develop an **exercise program** to strengthen the muscles around the joints. We can help with both of these. Ice packs, heat application and over-the-counter pain relievers can help alleviate pain too. A wide range of other treatments are also available, from acid injections to joint replacement or fusion surgery.

In recent years, a number of other treatments have been developed. One of them, **cooled radiofrequency ablation**, relieves pain by deactivating certain nerves in the knee. It is usually performed on people for whom conservative treatments have failed but who are too young or too old for knee replacement surgery. The procedure is performed on an outpatient basis, with no incision, and usually takes about 40 minutes. Pain relief can last from three months to two years. A new nonsurgical procedure, **cryoneuromodulation**, injects tiny needles frozen to -126° into the skin to kill targeted sensory nerves around the knee, thus preventing the nerves from transmitting pain signals. Pain relief from one session can last up to six months—in many cases, enough to help patients through a physical therapy regimen.

Regardless of what treatment you and your physician decide is best for you, **physical therapy** and **daily exercise** should be a part of your treatment plan. Exercise is considered the **most effective nondrug treatment** for osteoarthritis because strong muscles help support and protect the joints affected by arthritis. Walking and swimming are among the most recommended exercises for osteoarthritis patients.

If you suffer from knee osteoarthritis or are pursuing a new treatment such as cooled radiofrequency ablation or cryoneuromodulation, call us for an appointment. We can work with you and your physician to develop an **individualized exercise routine**. A regular exercise routine will deliver **long-term pain relief** that will last well beyond the effects of any short-term measures.

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New Hip? Keep Up the Workouts



Total hip replacement has become a more common remedy for hip deterioration and pain in recent years. However, most physicians recommend continuing physical therapy afterward. Isn't healing from the surgery enough? While total hip replacement is no excuse for avoiding activities that help you stay **healthy and fit**, many people who have had a total hip replacement stop exercising once their required rehabilitation period is complete. In other words, once they can walk normally and climb stairs, they relax—too much.

Many people with total hip replacements favor their nonoperated side, so that the replacement side weakens over time—an undesirable outcome. Plus, without exercise, anyone—with or without total hip replacement—will tend to gain weight, and **added weight** does a replacement joint no good.

In terms of fitness choices, jogging and basketball are out—people with total hip replacements can't participate in high-impact sports. That leaves **plenty of workouts** you can do, every day if you like, including walking, cross-country skiing, swimming and riding a stationary bike. To strengthen the hip muscles, **specific exercises** are performed standing up and holding the top of a chair, with resistance tubing attached to a closed door or a piece of heavy furniture. **Resistive hip flexions, abductions and extensions** that move your hip and leg in various directions will make a positive difference in your long-term recovery.

After total hip replacement surgery, rushing too fast to exercise, or even just to perform certain daily activities, isn't a good idea. Some pointers to remember after the procedure:

- **Avoid lifting** any significant weight. Even after you have completely healed, never lift or carry anything weighing 60 pounds or more.
- Although you may have a some **replacement-related pain** after three months, it's possible to have twinges for up to a year. Unless they get worse or more persistent, there is no need to worry.
- Always maintain your hip's **range of motion** and **strength**. If these begin to lag, go back to the exercises prescribed earlier. There's no shame in needing a refresher.

Working out should not stop once you've had your hip replaced. With your physician's input, we will be happy to design a **personalized plan** that will keep your recovery progressing and help you avoid any problems with your new hip in the future.