

October 2016

Coping with a Mysterious Pain Syndrome



As its name suggests, **complex regional pain syndrome (CRPS)** is a complicated and painful condition. Approximately 80,000 Americans are diagnosed with CRPS each year, usually in the arm, hand, leg or foot. Physicians, mental health professionals and physical therapists are learning more about how to help patients **successfully** manage CRPS. A multidisciplinary team approach to treatment will help you feel as well as possible.

Intersecting problems involving the central nervous system, the autonomic nervous system and the immune system are the root of CRPS. Usually one area of the body is affected with pain, along with a burning sensation, hypersensitivity to touch, underlying bone and joint changes, excessive sweating and tissue swelling.

Cases of CRPS come in two types: Type 1 CRPS arises seemingly out of nowhere; the more common type 2 cases begin with a minor injury to a nerve, perhaps a normally unremarkable **scrape or sprain**. No one knows why either type develops.

We do know that **early, intense treatment** is more successful at relieving CRPS pain than is treatment begun later. Some therapies that help patients with CRPS include

- **Movement.** A program of **both passive and active motions** is important to prevent the disfiguring permanent joint positions caused by tightened muscles (contractures) that can come with undertreated CRPS.
- **Graded motor imagery.** This rehabilitation strategy for many disorders that involve differences in movements from one side of the body to the other involves **psychological** as well as **physiological** elements.
- **Relaxation.** Because CRPS pain can be triggered easily, learning how to stay **calm and controlled** can help lessen discomfort when particular triggers (for example, stress or certain sounds) are present.

CRPS patients need to avoid heat, ice, ultrasound or electrostimulation treatments. While such modalities work for many conditions, CRPS isn't one of them.

Please visit your physician promptly if you suspect you may have CRPS. Then come see us. Early care, including a **customized physical therapy regimen**, is crucial to trying to keep the effects of CRPS in check.

October 2016

Keeping Your Exercise Program on Track



How many steps did you walk today? How far did you go? How efficiently did you exercise? What was your pulse rate? How many calories did you burn? How much sleep did you get? Many people find tracking this kind of information invaluable for keeping their workout routine on target. And there are many different **electronic devices** available to track your every move throughout the day.

You may choose from dozens of fitness trackers with a wide range of features. Some combine fitness tracking with smartwatch functionality and plenty of bells and whistles, while others offer basic statistics. All fitness trackers **collect and record** various information about what your body has done, allowing you to translate your exercise into solid numbers.

Before you purchase a fitness tracker, do a little research to make sure it meets your needs. If you like a particular activity, such as swimming, find a tracker with software designed for it. If you're a former couch potato just looking to get up and move more, a basic tracker that records **steps and calories** may be all you need. If you lead a more active life, you may want a device with more advanced features, such as **heart rate monitoring** or **distance tracking** through a GPS receiver.

Monitoring all that arm and leg movement doesn't have to cost you an arm and a leg. While top-of-the-line models can carry a sticker price of \$800 or more, you can get a **simple fitness tracker** for as little as \$25. Most trackers fall into the \$50 to \$300 range. Realistically evaluate what you need from a fitness tracker, and balance that with what you can afford to pay.

In the end, all a fitness tracker can do is record how much activity you have done and how efficiently you did it. It can't increase your activity level or improve your performance—but it can **motivate** you. We can help you develop an individualized exercise program that **meets your needs** and helps you attain your goals—whether you use a fitness tracker or not.

October 2016

Putting Your Rotator Cuff Back Together



Rotator cuff tears, a common injury, send as many as 2 million Americans to their physicians' offices every year. While many cases can be treated with **conservative measures**, such as physical therapy, others require rotator cuff repair surgery. One factor affecting surgery outcome is the presence of fat in place of muscle, a condition that often makes surgery less successful. Even if that is the case, however, a good **rehabilitation regimen** can help maximize your recovery.

The ball at the top of the upper arm is kept in place by a system of muscles and tendons that come together to form the rotator cuff. A fall can cause an acute tear of the rotator cuff, while **repetitive stress**, bone spurs or a lack of blood supply can cause a chronic degenerative tear.

In about half the patients with rotator cuff tears, rest, strengthening exercises, physical therapy and other nonsurgical treatments will **relieve pain** and **improve shoulder function**. For larger tears and for pain lasting more than six months, your physician may recommend surgery. In some of these more serious cases, muscles have atrophied and no longer attach to the bone; even worse, fat may have replaced some of the atrophied muscle. The presence of this substance, referred to as fatty infiltrate, can be confirmed with magnetic resonance imaging.

Patients with fatty infiltrate in the rotator cuff have poorer outcomes after surgery because, among other reasons, the loss of muscle is **irreversible**. In some cases, if the physician finds that surgery will not help, other treatments, including training the deltoid muscle to take over the work of the shoulder, might be successful.

Regardless of which course of treatment your physician recommends, physical therapy is an **important component** of recovery from a torn rotator cuff. We will work with you and your physician—either in place of or after surgery—to strengthen your muscles and improve your shoulder strength and range of motion.

Rotator cuff surgery usually requires four to six months for primary recovery. Whether your surgery goes smoothly or is complicated by fatty infiltrate, sticking with the rehabilitation program **we design for you** is the key to a successful outcome.

October 2016

Exercises That Keep Incontinence at Bay



Walk into any fitness center or physical therapy practice, and you probably won't see anyone doing pelvic floor exercises to help manage **urinary incontinence**. But that doesn't mean it's not happening. First, you can't tell that someone is doing pelvic floor exercises; the exerciser seems to be at rest. Second, and more important, pelvic floor exercises are a **very effective way** to help relieve incontinence, one of this country's most widespread health problems.

Urinary incontinence affects more than 25 million American women. The two major varieties are **stress incontinence** and **urge incontinence**; some women have both.

In stress incontinence, urine leaks when there's **increased pressure** on the bladder—as when you sneeze, cough or laugh. The underlying cause is pelvic muscle weakness, which can arise from underuse, poor muscle tone, injury, vaginal/rectal surgery, or pregnancy and childbirth. Pelvic floor exercises, called Kegel exercises after Dr. Arnold Kegel, a gynecologist who popularized their use for this purpose decades ago, strengthen the pelvic floor muscles, making the bladder **less susceptible** to leaks. These exercises are an **important part** of initial treatment—sometimes, in fact, they are the only treatment necessary.

The symptoms of urge incontinence, sometimes called **overactive bladder**, include leakage and feeling the need to urinate frequently both day and night. Unlike stress incontinence, urge incontinence involves **erratic muscle contractions** of the bladder wall, caused by age, infection or a chronic disease. Although it involves more dysfunction than does stress incontinence, urge incontinence also benefits from Kegels.

The key to effective Kegels? Doing them correctly! In our office, in complete privacy, we'll help you **find the right muscles** to contract and release, and instruct you about timing (starting with just a few seconds each). Yes, learning can be awkward, but it's **worth the effort**—as is bladder training, in which you urinate on a schedule, working up to progressively longer periods without going.

Kegels have **helped millions of women** like you. Don't continue suffering from urinary incontinence when a simple exercise can prevent it from happening. Whether you suffer from stress incontinence, urinary incontinence or both, we can help.

October 2016

Get a Leg Up on Iliotibial Band Syndrome



The iliotibial band is a very long, dense band of fibrous tissue running from the hip to the knee. Irritation of this band, common among runners and cyclists, is known as iliotibial band syndrome, or ITBS. There's a curious aspect to ITBS: While it can cause significant pain on the **outside of the knee**, the root of the problem is more likely to be centered in the area of the tissue near the hip.

It is usually best to address ITBS as if it were an overuse syndrome, which it actually may or may not be. Follow the usual steps for an overuse injury: rest, ice, compression, elevation and anti-inflammatory medication. Part of treating ITBS can involve **therapeutic stretching** of this tissue.

Returning too soon to running, biking or other intense activity will likely make the problem significantly worse in the long term. So our first aim is to “calm down” the iliotibial band. Then we try to **figure out why** the problem manifested itself and how to prevent it from doing so again.

To that end, we focus on the following factors:

- **Core strength.** Repetitive leg motions can destabilize your hip and knee joints if your abdominal, low back and pelvic muscles aren't strong enough.
- **Hip muscle strength.** Repetitive motion of weak hip muscles, such as the tensor fascia latae, to which the iliotibial band connects, can stress your knee tissues.
- **Iliotibial band contact points.** For instance, once the bursa that normally acts as a cushion between the iliotibial band and the bony femoral epicondyle (an endpoint of the femur in the knee joint) becomes inflamed, the iliotibial band may rub against the bone, causing the band itself to be injured and painful.
- **Range of motion and form.** Your body mechanics may need adjustment to ward off future iliotibial band issues.

We may recommend **customized daily stretches** of your iliotibial band to keep it strong and flexible. Please visit us quickly if you suspect you have an iliotibial band problem. We'll evaluate your situation and determine a plan that is best for you.