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APTS Monthly



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8:00am - 4:00pm

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To Flip or To Turn? That Is The Question

It is a common assumption that we spend approximately one-third of our lives asleep, unconscious, or generally oblivious to our surroundings. Why is it that we spend such little time and give such little consideration to choosing the surface on which we sleep? In some ways, the general public takes for granted the value of a good night's sleep related to daily activities and our general productivity. Some research does verify that a good night's sleep is directly related to not only improved productivity but also reducing many of those chronic aches and pains that we feel each morning upon waking.

Patients will ask questions such as: *Which mattress is good? Is one better than the other? How long does a mattress last?* Unfortunately, it is not that simple. The mattress industry has made their products as confusing to buy as the shoe industry. Both are extremely individual choices and require time and research to purchase. My first recommendation when looking for a mattress is to take your time and plan on spending a day in the store. Both you and your significant other should be in agreement on the choice of mattress. Don't let the sales people rush you into a decision and be ready to go home and think about it.

Regardless of our personal choices, there is some science behind choosing the right mattress. According to Professor Allan Hedge from the Department of Ergonomics at Cornell University, a mattress needs to be (1) Ergonomically correct, meaning the natural curves of your spine should be maintained in any position. (2) You should not feel the movements of your partner. (3) The pressure on the supported areas of your body should be minimal. (4) Your mattress, together with your quilt, should create a balanced microclimate to moderate temperature. (5) A recognized Eco-Label Institution like Oeko-tex should have tested your mattress,

pillows, and quilt. (6) You should be able to wash the covers, quilts, and pillows for hygiene purposes.



A study that appeared in the March 2008 issue of the Journal of Applied Ergonomics, provides solid scientific evidence

of the critical link between health and sleep benefits and mattress quality, and underscores the importance of regular assessment of one's mattress. Improvements from pre- to post-test in specific variables were reported by significant percentages of study participants. These included reduced back pain (62.8%), decreased shoulder pain (62.4%), reduced back stiffness (58.4%), improved sleep quality (64.4%), and improved sleep comfort (69.96%). "Our work showed that new mattresses have a considerable impact on reduced back pain and improved sleep quality, among other benefits," said Bert Jacobson, EdD, and lead researcher at Oklahoma State University. "Based on our research, there's no question that a new mattress can sustain these benefits for just about anyone, regardless of age, weight, or gender."

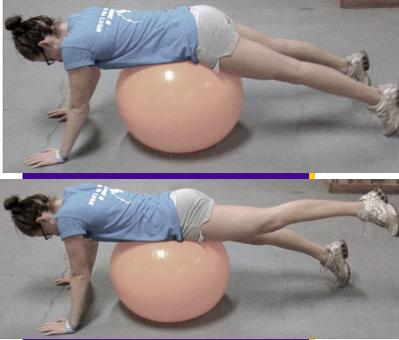
As previously stated, mattresses are an individual choice. What is indisputable is that anyone will benefit from a new mattress. Generally speaking, a moderate-firm mattress is best for people having a "bad back" – not necessarily a firm mattress. Side sleepers may benefit from a memory foam mattress. The down side to the memory foam is that you can't rotate or flip it. If you tend to sleep "hot" then memory foam will make you "hotter". This is where the choices have

to be made. Air cell mattresses such as "sleep-number" brand beds have tried to combine the concepts of memory foam and innersprings.

To flip or to turn? That is the question. The answer is both, when appropriate. Many of today's mattresses are designed to be "flip free". If you have an older mattress, the routine should be to flip it once per month and rotate it once per month. Basically, every two weeks you should either flip or turn your mattress in an alternating fashion. This will extend the life of your mattress and allow you to maximize the return on your financial investment. If you have a pillow top mattress at least rotate the mattress every two weeks as well as spread the filling by beating the top with your hands at the time of rotation. Mattresses can last anywhere from 5-20 years depending on the type of mattress and how you take care of it.

Remember that a mattress is a significant investment. Like any other investment, you want to take care of it and make sure that you get the most from it. Protecting your mattress investment starts with the day you make the purchase. Take your time, ask questions, and buy based on facts and feel – not looks! If you are experiencing new aches and pains, don't necessarily shrug it off to the aging process. Examine how long it has been since you changed your mattress. You may need to go to the mattress store and not necessarily the chiropractor or physical therapist!

Article by Dale Buchberger,
DC, PT, CSCS



Hip extension over ball: start position (top), exercise position (bottom)

Exercise of the Month: Hip Extension Over Ball

When your back hurts, sometimes it means that your back muscles are working overtime for support because your gluteal muscles in the buttocks are weak. When your gluts are strong, it actually takes pressure off of your back. Here is a very basic exercise to start strengthening your buttock muscles without putting too much load on your low back. It requires the use of a large exercise ball, which, for some, takes some practice for bal-

ance. Keep at it; you'll get it!

To perform the exercise, lie over the ball face down with the ball under your hips. Support your upper body with extended elbows and your toes gripping the floor. Lift one leg at a time by squeezing the buttock, keeping knees fully extended as you lift. It helps to flex your foot towards you as well. Only lift leg to the height of your body, not beyond. Hold your leg in the air for 2 seconds and slowly

lower. Alternate right and left leg with each lift. If you count one repetition on each leg, start with 10 repetitions twice a day. If you count one repetition with each lift, do 20 repetitions twice a day. (It's the same, no matter how you count!)

If you don't have an exercise ball, we sell them here at APTS for \$20. We can size it appropriately to your height and even inflate it for you!

Dr. Buchberger has been selected to be a member of the USA Summer World University Games (SWUG) Medical Staff again this year, August 19-30!

Dr. Buchberger is Heading to Taiwan

On January 9, 2017, Dr. Dale Buchberger was notified by Team USA Lead Physician Ron Olsen, MD, of Duke University, that he had been selected to be a member of the USA Summer World University Games (SWUG) Medical Staff.

Dr. Olsen stated, "As you were such a critical team member last time, we are hoping you can be part of the team again. You were such a perfect mentor/team player, and I hope we can get you to be part of it again". Dr. Buchberger was a member of the 2015 team that went to Gwangju, Korea.

On receiving notification of his selec-

tion, Dr. Buchberger said, "The opportunity to march during the opening ceremony, experience Taiwanese culture, and represent Central New York and the United States of America is something I am proud to be able to do." He added, "I had such an unbelievable experience in Korea, to be asked back for a second time is very humbling".

This years SWUG's will be held in Taipei, Taiwan, August 19 - 30, 2017. Team USA will be bringing approximately 520 staff and athletes in total.

These are an Olympic style games made up of the world's

best university level athletes, some of which will be our next Olympians for 2018. With more than 170 countries competing in 22 sports, the World University Games are held every other year and are organized by the International University Sports Federation. The event is a multi-sport competition open to men and women between the ages of 17 and 24, and who, within the past year, have been a student at a college or university.

Join us in congratulating Dale on being chosen for the honor of serving team USA in an international event and wish him luck in Taiwan!

Forwarding Medical Records to Your PT

If you are currently or have ever been a patient here at APTS, you may have been asked to have all diagnostic imaging or office notes from a referring doctor forwarded to the office prior to your initial evaluation. You may have found yourself asking, "Why do they need that?"

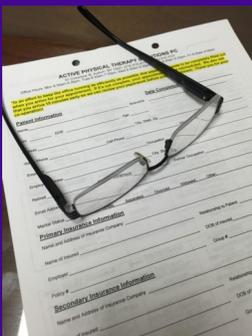
During your initial evaluation, the physical therapist will meet with you one-on-one. Your evaluation will include a thorough history of your injury as well as

your past medical history. Having progress notes from a referring physician can help to prepare your therapist so that they may make the best assessment of your injury.

You will then be informed of your functional physical therapy diagnosis, how your medical diagnosis may affect your functional diagnosis, and the plan of care to efficiently treat your problem. Certain diagnostic findings can indicate whether to focus on or to

avoid certain exercises that will be included in your physical therapy treatment plan. Knowing this information at the time of your assessment will make your initial evaluation more efficient.

In essence, having as much medical information prior to your initial evaluation will make your first appointment more efficient and your treatment plan more goal specific so that you can recover from your injury faster! Now *that's* an active physical therapy solution!



Identifying and Managing Fibromyalgia

In chiropractic and physical therapy practice, patients usually visit the office with a complaint of pain that has started to affect their ability to function on a daily basis. It is common for any given patient to add the phrase, "I also have fibromyalgia," during the course of their history. *Fibromyalgia*, as defined by the US Department of Health and Human Services, is a *common and chronic disorder characterized by widespread pain, diffuse tenderness, and a constellation of symptoms ranging from sleep disorders to irritable bowel syndrome*. It is this constellation of symptoms that makes accurate diagnosis difficult and over-diagnosis common.

Roughly 5 million Americans over the age of 18 are affected with fibromyalgia, and 80-90% of those are women. Women who have a family member previously diagnosed have an increased risk of being diagnosed themselves. This may be because of heredity, shared environmental factors, or a combination of both. While the actual cause of fibromyalgia is unknown, several factors have been associated with it. These include, but are not limited to, physically or emotionally stressful or traumatic events, motor vehicle accidents, repetitive strain injuries, illness, or even spontaneous onset. The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) has identified several genes that appear more commonly in patients diagnosed with fibromyalgia. The current theory is that a particular gene may result in the patient reacting painfully to submaximal stimuli that most individuals would not find to be painful. Essentially, patients diagnosed with fibromyalgia process pain differently and, subsequently, normal sensations can be perceived as painful.

Patients with fibromyalgia have characteristically seen several doctors of different disciplines before receiving a diagnosis of fi-

bromyalgia. One study found 46% had consulted 3 to 6 healthcare providers prior to diagnosis. As mentioned previously, patients with fibromyalgia present with many coexisting disorders with overlapping symptom patterns. Since there is no available "test" for fibromyalgia, it is often a diagnosis by exclusion of other "testable" causes of the presenting symptom patterns. This generally creates a lengthy fact-finding journey for the patient with stops in many different doctors' offices. Since the mortality rate of fibromyalgia is extremely low, it is not at the top of most diagnostic flow charts. Typically, sensory disturbances are rarely diagnosed by the initial practitioner or early in onset. Fibromyalgia falls into this category. It should also be pointed out that depression is a frequent comorbidity of fibromyalgia. Some researchers feel that chronic stress may be related to post-traumatic stress from possible emotional trauma earlier in life regardless of perceived significance.

The American College of Rheumatology (ACR) has established the following diagnostic criteria: a history of "widespread pain" or pain in all four quadrants of the body (left and right sides of the body and above and below the waist) for more than 3 years with the presence of diffuse tenderness. The patient must have pain at 11 of 18 specifically established tender points in the body. This is not a perfect diagnostic criterion and leaves a lot of room for subjective alteration.

Currently there is no "cure" for fibromyalgia and therefore there really is no treatment, only management. It is key for patients having been diagnosed with fibromyalgia to understand the difference between treatment and management. Treatment implies that the disorder will be resolved once the treatment is applied. Management recognizes that the disorder will not resolve and will require recurrent intervention to

keep the symptoms related to the disorder at a level that allows the patient to function personally and occupationally. Fibromyalgia is a condition that is managed, not cured.

Management of fibromyalgia involves combining pharmaceutical and non-pharmaceutical methods. Physical aerobic exercise is the first line intervention that improves functional capacity and sense of well-being in patients with fibromyalgia. Secondly, individualized programs of cognitive behavioral therapy (CBT) with an emphasis on achieving competence in relaxation methods and improving emotional self-awareness. Third, there are several pharmaceutical interventions that have been shown to reduce pain, including Lyrica, Ultram, Cymbalta, and Zoloft. There is no single most effective modality for managing fibromyalgia. These interventions must be used in combination on some level to achieve the best possible level of pain control and functional restoration.

There are alternative interventions that have been looked at without any conclusive evidence of success. These include but are not limited to massage, movement therapies, chiropractic interventions, acupuncture, and dietary supplements. Diets that focus on reducing chronic low-level inflammation and reducing bioengineered and processed foods such as the paleo diet may have promise for further study.

Good management of fibromyalgia requires a healthcare team and a patient that recognizes the need for serious lifestyle changes, including aerobic exercise, cognitive behavioral therapy, pain management, dietary changes, and communication with family members and healthcare providers. Patients with fibromyalgia cannot be managed in medical or pharmaceutical isolation and expect to improve.

Article by Dale Buchberger, DC, PT, CSCS

While the actual cause of fibromyalgia is unknown, several factors have been associated with it, including, but not limited to, physically or emotionally stressful or traumatic events, motor vehicle accidents, repetitive strain injuries, illness, or even spontaneous onset.

APTS Monthly: Basil, Avocado, Bacon Deviled Eggs

These are healthier, dairy-free, and paleo-friendly deviled eggs with a guacamole kick. They're the perfect protein-packed snack or party food! Why not try them for St. Patrick's Day? Or Dr. Seuss's birthday (March 2), because they are essentially green eggs and ham... *Do you like green eggs and ham?*

Ingredients: 12 eggs, hard-boiled and shelled; 6 slices bacon; 2 green chilies, diced; 1-2 avocados, peeled and mashed; 1-2 cloves

garlic, crushed; 2 tsp lime juice; 1 tsp paprika; 1/2 cup basil, shredded; salt to taste.

Optional: 2 tsp Dijon mustard; 5-ish blades of chives, 1.5" lengths for garnish; 3 cherry tomatoes, slivered for garnish.

Instructions: Cook bacon in a pan on medium heat until crisp. Put on paper towel to allow oil to be absorbed. Dice when dry. Carefully cut each hard boiled egg in half lengthwise. Remove egg yolks, setting egg

whites on a platter. In a mixing bowl, mash yolks with the avocado, garlic, paprika, lime juice, chilies, basil, salt, bacon, and mustard together. Spoon mixture into a piping bag (or Ziploc bag with a hole cut in one corner). Pipe mixture into egg whites to desired fullness. Garnish with chives and cherry tomato slivered wedges. The leftover green yolk mix makes a fantastic dip of its own! *"I do like them, Sam-I-am!"*

Source: <http://www.theprimaldesire.com/?s=basil+avocado+bacon+deviled+eggs>



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Get Well...Get Active...Be Active

Newsletter Edited by Carolyn B. Collier, PTA

At Active Physical Therapy Solutions,
we utilize the most cutting edge
treatment and management
techniques available. Our goal is to
deliver the best possible healthcare in
a friendly, caring, and well-organized
environment. Our staff is here to
provide active solutions to achieving
your personal goals!

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Nutrition 101: Chronic Fatigue and the Paleo Diet

Chronic fatigue syndrome is an actual condition marked by disabling fatigue of at least 6 months, accompanied by numerous rheumatological, infectious, and neuropsychiatric symptoms. Western medicine has offered little support for effective treatment options, and many practitioners believe the condition is only psychosomatic. However, researchers have recently discovered that there are actual plasma biological markers in people with early symptoms of chronic fatigue.

Nutritional deficiencies can contribute to the clinical manifestations of chronic fatigue and can also impact the healing process. The Paleo Diet is nutrient dense and exceeds the governmental requirements for over 13 nutrients lacking most in the Standard American Diet (SAD).

Antioxidants have therapeutic potential to reduce oxidative damage, which is often shown to be high in those with chronic fatigue. **Glutathione** is required

to properly utilize antioxidants such as vitamins C, E, and selenium and carotenoids; therefore, it is important to replenish the body with glutathione-rich foods, such as garlic, onions, and cruciferous vegetables, which are rich in sulfur.

Stress hormones tend to deplete **magnesium** levels, which have also been shown to be decreased in chronic fatigue patients, despite adequate dietary intake of magnesium. Magnesium supplementation from naturally rich sources, such as avocados, dark leafy greens, and nuts, has been shown to improve energy levels, emotional well-being, and reduce pain in patients with chronic fatigue.

Low levels of **essential fatty acids**, which are often linked to immune, endocrine, and sympathetic nervous system dysfunctions, appear to be common in individuals with chronic fatigue. The Paleo Diet mimics our hunter-gatherer ancestors' dietary intake of omega-6 to omega-3 with a ratio of 2:1 or 3:1, as opposed to the modern diet, which has been estimated at 10:1 or 25:1. Pas-

tured meats and wild fish as recommended on the Paleo Diet are naturally higher in omega-3 fatty acids and support anti-inflammatory actions within the body.

Stress contributes to the pathology and clinical symptoms of chronic fatigue syndrome. The greater number of stressful life events predicts a worse functional and fatigue symptom profile, and those who recover from chronic fatigue for over one year report lower levels of life stress than those who do not recover. The **lifestyle choices** of hunter-gatherers differ from those of modern man in that there was adequate rest and recovery from both physical endeavors and mental feats. In addition to getting a solid night's sleep, spend time outdoors each day, turn off technology early, and practice meditation or other stress-reducing activities to support your Paleo Diet lifestyle.

Source: <http://thepaleodiet.com/chronic-fatigue-and-the-paleo-diet/>