

ACTIVE P.T. SOLUTIONS
...BECAUSE LIFE SHOULD
BE ACTIVE

APTS Monthly



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Monday -

8:30am - 5:30pm

Tuesday -

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8:30 - 4:00pm

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You Really Are What You Eat

When it comes to injuries such as muscle strains, ligament tears, nerve irritation, tendon tears, tendonitis, etc. most people would think about taking Advil, getting a cortisone shot, receiving physical therapy, chiropractic treatment or even surgery. All of those respective treatments are effective when provided to the appropriate conditions. The thing that most of us fail to recognize is the importance of diet in healing or preventing various injuries or conditions that occur to our muscles, tendons and ligaments. In particular there are three main dietary components that can have a substantial influence on the recovery and prevention of injury. These three components are simple yet illusive; calcium/magnesium and zinc; hydration; an anti-inflammatory diet.

Calcium and magnesium are essential minerals for all of our bodily systems. Calcium is required for all muscle contractions and nerve functions. Without calcium it is difficult for our systems to function at their best whether you are competing in a marathon or healing from a surgery. One area that calcium is helpful with is cramping of the leg muscles. Cramping can occur in the highly conditioned athlete or the de-conditioned patient. Cramping is a sign of a deficiency. The myth of cramping is that it occurs from lost sodium. This is true if the conditions are right. A patient who is in poor physical condition might cramp during simple rehabilitation exercises. In this scenario the likely culprit is a low reserve of calcium to assist in muscle contraction. How much calcium

do we need? Here are daily doses for specific age categories; 9 to 18 years: 1300 mg 19 to 50 years: 1000 mg 50+ years: 1200 mg. Remember that these doses are for the general public. Athlete's in training or a patient recovering from an injury that gets the "minimal" dose through their diet will still need to take a calcium supplement to make up for the calcium that is used for aggressive exercise or rehabilita-



tion.

Our bodies have been estimated to be 60-75% water depending on the source that you read. Human systems need adequate hydration to function properly and heal appropriately. It astonishes me each day knowing how many people walk around "relatively dehydrated". If your muscles are dehydrated for example they are acting like that dried out sponge under your sink. You squeeze it and it crumbles. Adequately hydrated muscles act like that nice new sponge absorbing nutrients and doing a great job for you. As a general rule if you are not drinking at least half your body weight in ounces of water then you are "relatively dehydrated".

You don't have to drink water specifically but following simple hydration rules can help improve your bodies training and recovery systems. Drink fluids that are non-carbonated, caffeine free and alcohol free. Limit fruit juices, as they are high in simple sugars. Sports drinks such as Gatorade should be diluted 50-50 with water. Diluting sports drinks improves absorption, reduces calories and helps your budget! This formula, from the International Sports Medicine Institute, will help calculate your daily water intake: 1/2 ounce per pound of body weight if you're not active (eighty ounces a day if you weigh 160 pounds), and 2/3 ounce per pound if you're athletic (106 ounces a day, at 160 pounds).

The third item has been called "anti-inflammatory" nutrition. This eating approach consists of foods that produce anti-inflammatory compounds rather than pro-inflammatory compounds. The main idea of an anti-inflammatory diet is to avoid "bad" fats and to consume "good" fats while reducing the intake of processed foods (commercial white bread, etc.) and eating whole foods (fresh fruits and vegetables, etc.).

The "bad" fats are polyunsaturated and partially hydrogenated fats and oils. These fats are found in most processed foods, lead to the production of pro-inflammatory compounds and should be eliminated from the diet.

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Exercise of the Month - Chin Tuck



Chin tuck exercises are an essential addition to your daily work out. This postural exercise will help to strengthen the deep neck muscles, which can get tense after a day of sitting in front of a keyboard. Here's how it's done:

1. Lay down on the floor, face up with knees

2. Place a medium sized bath towel, rolled into a cylindrical shape under the curve of your neck. This will help to support your head, not to elevate it.
3. Gently press your neck straight back into the

towel using only about 10% of strength.

4. Pause for 2 seconds then relax slowly and gently.
- Repeat this exercise for 2 sets of 10 repetitions once a day to improve your posture and spinal stabilization.

You Really Are What You Eat Cont'd

Trans-fats, also fit into the "bad" fat category, are found in margarine and shortening and should also be avoided. Olive oil is a great alternative to margarine or shortening and contains omega-9 fatty acids, which work with omega-3 essential fatty acids benefiting the body.

Good fats include omega-3 fatty acids, which are found mainly in cold-water fish. These include mackerel,

salmon, sardines, anchovies and herring. Omega-3 fatty acids are also found in walnuts, Brazil nuts, almonds, pumpkin seeds and sunflower seeds. Additional foods possessing anti-inflammatory properties include fruits, vegetables and grains. Fruits and vegetables included most berries, kiwi, peaches, mango, cantaloupe, apples, carrots, squash, sweet potato, spinach, broccoli, cabbage and brussel sprouts. Grains include lentils, chickpeas, brown rice,

wheat germ and non-instant oatmeal.

Competing athletes or patients have at their disposal progressive nutritional approaches that promote prevention and recovery. As always speak to your healthcare provider to make sure you can safely make these changes given your specific medical history. Eat well my friends!

"Without calcium it is difficult for our systems to function at their best whether you are competing in a marathon or healing from a surgery"

Workers' Comp Board Administers New Treatment Guidelines

As of 12/1/2010, the NYS workers' comp board has initiated new guidelines for all medical treatment including physical therapy.

The most effective change as it pertains to P.T. is, believe it or not, in favor of the patient. The patient may now begin therapy without prior authorization from the work comp insurance carrier. Before the implementation of the new guidelines the P.T. provider was required to obtain prior authorization for treatment, which could take up to 30 days to be approved or denied by the carrier. This would result

in the patient sometimes going as long as a month without treatment! Needless to say, this is not an effective way to manage a patients' healthcare. Now, a patient can start P.T. immediately following a referral from their physician for a minimum of 8 weeks before needing to request further approval from the work comp carrier.

The guidelines are slightly different depending on which body part is being treated. So far, the NYS work comp board has established guidelines for the neck, mid and low back, shoulder and knee with anticipation for addi-

tional guidelines for all other body parts.

To learn more details about these new changes, visit the NYS work comp board website at www.wcb.state.ny.us and go to Medical Treatment Guidelines under Healthcare Information. It's important for the patient to educate themselves with these changes because ultimately the patient is responsible for making sure their healthcare providers are making the proper approaches to getting all treatment paid for by workers' compensation.



Team APTS attempts to Defend Last Place Finish



L to R: Tom Zirilli, Dale Buchberger, Zach Buchberger, Mike Costa.

On Sunday, June 12th, team APTS attempted to defend last year's last place finish in the annual St. Joseph's school fund golf tournament. This year's team consisted of Dale Buchberger, his son Zach, Tom Zirilli, and Tom's cousin Mike

Costa. The tournament is an annual fund raiser for the students who attend St. Joe's school. This year is Zachary's last year at St. Joseph's. Congrats again team APTS! We did lose a lot of golf balls, but no one got injured. We'll try again next year to inch our way closer to the top!

"FAST™ can be used as part of a regular stretching routine to address muscles used during a workout."

What is F.A.S.T. ?

Each month APTS monthly features a different treatment technique that is available at APTS. This month we are focusing on the manual technique FAST™. It is an acronym, but it does live up to the name!

What is FAST™?

Facilitated Active Stretch Technique, also known as FAST™, is a form of dynamic or movement-based stretching that Dr. Rob DeStefano has developed over the years for his patients. The therapist uses his/her hand or a tool such as a FAST™ stick, or other therapeutic stick, to apply pressure around a restricted or damaged area, or on a series of points running up and down the muscle, while simultaneously putting the muscle through a range of motion. This allows the therapist to achieve a more effective, precisely targeted stretch. It's a highly effective way to make the structures around an injury relax and to promote healing. You can also use FAST™ as part of a regular stretching routine to address muscles used during a workout, such as tight calf muscles after a run or tight biceps after weight lifting.

To find out more about FAST™ and the conditions that can be treated with the FAST™ technique, contact Cara at the office to send you a brochure.

What conditions can be treated with FAST™?

- Bicep Tendinitis
- Carpal Tunnel Syndrome
- DeQuervain's Syndrome
- Frozen Shoulder (adhesive capsulitis)
- Joint Contractures
- Medial/Lateral Epicondylitis /tendinitis/tendinosis
- Rotator Cuff Tendinitis and impingement syndromes

- Scars (Surgical/Traumatic)
- Trigger Finger
- Achilles Tendinitis/tendinosis (Heel Pain)
- Plantar fasciitis
- Ankle Strains/Sprains (Medial/Lateral)
- Groin Pulls
- Iliotibial band friction syndrome (ITB)
- Hamstring Injuries
- Hip Replacements (limited ROM and scarring)
- Knee Replacements (limited ROM and scarring)
- Morton's Neuroma
- Patellar Tendinitis/tendinosis (Anterior Knee Pain)
- Quadricep Injuries
- Tibialis anterior Shin Splints
- Tarsal Tunnel Syndrome
- Tibialis Posterior Tendinitis
- Turf Toe
- Musculoskeletal Imbalances
- Cervical (Neck Pain)
- Lumbar/Sacral (Low Back Pain)
- Sacroiliac joint Pain
- Thoracic and interscapular pain (Mid Back Pain)

Who is qualified to perform FAST™

All providers at Active Physical Therapy Solutions are trained and certified to perform FAST™

Dale J. Buchberger, PT, DC, CSCS, DACBSP

Thomas A. Zirilli, PT

Margaret C. Whitehouse, PTA



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

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

...Because Life Should Be

ACTIVE!

Ergonomics 101 - Posture at your Workstation

Last month we talked about choosing the proper chair for your work station as well as some strategies to reduce strain on the neck and back. This month we will again focus on workstation setup, but look at how other parts of the body should be aligned to maintain a neutral body position. Good, overall body alignment will help to further reduce stress on the body and decrease the risk of developing a repetitive strain injury.

Proper setup of your workstation does not always have to involve major changes to your desk. Cornell University Ergonomics department gives several, simple changes you can make to your workstation including:

- Positioning your computer monitor directly in front of you.
- Keeping a document holder in front of or next to your monitor to limit eye and neck strain

- Place frequently used objects close to your reach to avoid excessive motion for access

In addition, the Occupational Safety and Health Administration (OSHA) list several suggestions for ideal body alignment. Here are some tips for proper alignment from head to toe:

- **Hands, wrists, and forearms** are straight, in-line and roughly parallel to the floor.
- **Head** is level or bent slightly forward, forward facing, and balanced. Generally it is in-line with the **torso**.
- **Shoulders** are relaxed and **upper arms** hang normally at the side of the body.
- **Elbows** stay in close to the body and are bent between 90 and 120 degrees.

- **Feet** are fully supported by the floor or a footrest may be used if the desk height is not adjustable.

- **Back** is fully supported with appropriate lumbar support when sitting vertical or leaning back slightly.

- **Thighs and hips** are supported by a well-padded seat and generally parallel to the floor.

- **Knees** are about the same height as the hips with the **feet** slightly forward.

Following these recommendations can help to limit stress on the body but remember from our last article that changing positions frequently is the key to limiting repetitive strain on the body. Be sure to take frequent breaks throughout the day and perform simple stretches to your fingers, hands, arms and torso. Limiting stress on the body will not only help to decrease musculoskeletal discomfort but also help to keep you more productive.