

ACTIVE P.T. SOLUTIONS
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SHOULD BE ACTIVE

APTS Monthly



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Office Hours:

Monday -

8:30am - 5:30pm

Tuesday -

8:30am - 7:00pm

Wednesday -

8:30am - 5:30pm

Thursday -

8:30am - 5:30pm

Friday -

8:30 - 4:00pm

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Top Injuries in the Gym

As the summer comes to an end many of us will turn our exercise endeavors to indoor facilities like our basement or a local gym such as the Auburn YMCA or equivalent. When this happens our exercise routine usually changes and we introduce new exercises or exercise classes. While altering our exercise pattern can be good it can also expose us to gym related injuries. The good news is that with a little thought most of these injuries can be prevented.

First, we need to identify the culprits that usually cause the injuries. We are at the top of that list! You and I are more times than not our own worst enemy. If you haven't been in the gym for some time that means start easy. Don't get into a competition with your friend or the person next to you. Formulate a plan to get into shape and stick with it! If you need help, putting a plan together recruit help. Even professional athletes have coaches. For instance the Auburn-Y has several personal trainers that can help put a plan together for you.

Warming up before exercising is critical. Take 10-12 minutes to ride an exercise bike, walk on a treadmill or elliptical. This should be done easily and gradually. The idea is that by the time you hit 12-minutes you should just be starting to sweat and your heart rate should be elevated above baseline.

Changing intensity of your exer-



cise before you are ready is one of the more common reasons for injuries. It takes 4-weeks of exercise for your nervous system to learn how to perform the task at hand correctly. Many people confuse this with getting stronger. The human response is to increase the weight or intensity. This will most surely lead to injury. It takes approximately 8-weeks for you to actually build muscle. When training think about working in 8-week cycles.

The number one area of the body that gets injured in the gym is the shoulder. Because of its advanced range of motion it is exposed to many different injuries. The strength requirements for the shoulder are also higher because of its inherent instability. Unfortunately, most of us don't think about strengthening our rotator cuff as we walk into the gym.

Gym activities that put our shoulders at risk include over head shoulder press, dips, barbell

bench press, machine chest press, lat pulls behind the neck, pec deck with too much weight, upright rows, etc. Avoiding these movements or having your personal trainer modify them for you can greatly reduce the risk of injury. If you are using machines, keep the weight at a level that allows you to perform 12-15 repetitions. Machines direct the force to the joint and overloading with heavy weight will ultimately damage the shoulder. Keeping the weight below maximum and concentrating on good technique will help you accomplish your goal and preserve the shoulder. If you are using free-weights avoid using a heavy weight that requires the use of momentum and induces poor form. Instead perform the exercise using a controlled motion and concentrate on good form. Two or three simple rotator cuff exercises performed before your workout can pay a great dividend in injury prevention down the road.

Lower back pain is another frequent complaint in the gym. Injuries can range from muscle strains to more severe injuries such as lumbar disc herniation. The reason this injury is so prevalent is due to the fact that so many exercises can put that lower back at risk..

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Exercise of the Month - End Range Field Goal

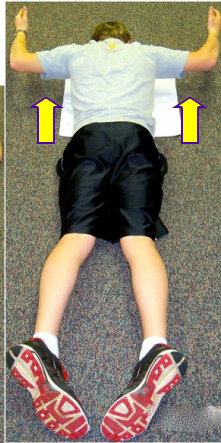
Step 1



Step 2



Step 3



The end range field goal exercise was designed to strengthen the rotator cuff and the muscles that stabilize the shoulder. Perform this exercise only for preventative or maintenance purposes and not if you are already having shoulder pain.

To start:

1. Lie face down on the floor, forehead resting on a 4" towel. Arms in a field goal position (elbows at 90 degrees, humerus 90 degrees to body, thumbs up).
2. Squeeze shoulder blades together.
3. Lift arms parallel to the floor.

Hold for 2 seconds, then relax arms to the floor, and relax shoulder blades (perform in that sequence).

Start by doing 2 sets of 10 repetitions and then gradually increase your reps to 2 sets of 20-25.

Remember if you are having shoulder pain to call your physician before adding the end range field goal exercise to your daily routine. As always if you have any questions about this exercise, feel free to call the office to speak with one of our Physical Therapy Assistants.

“Instead of starting your exercise routine with lifting weights, shift the focus to you weaknesses and deficiencies.”

Top Injuries in the Gym - Cont'd

The second and most prominent reason is that most of us go into the gym with lower back weakness, poor flexibility and/or some underlying problem like preexisting degenerative disc or degenerative disc disease. After all that's why we are in the gym, to get stronger and more flexible. Some would call this the illusive obvious. Instead of starting your exercise routine with lifting weights shift the focus to your weaknesses and deficiencies. Build some general

flexibility and CORE and lower back strength. This will give you a better foundation from which to exercise. If you have an existing back issue you should let your personal trainer know and you should speak to your healthcare provider about any potential risks before undertaking a stressful exercise routine. The lower back and the shoulders are tied together through their specific muscle attachments. This is why they frequently act up together. It is

also why they are the two most common injuries in the gym. Both are affected by inactivity and sedentary lifestyle. So if you start back to the gym after a long layoff start slow and get some professional advice. Work on your deficiencies first and progress from there. No one gets in shape over night! Be in it for the long haul.

By: Dale Buchberger, PT, DC, CSCS

APTS attends 1st annual Wednesday Wellness Fair



On Wednesday, November 14, 2012 Maggie Whitehouse, PTA and Cara Cuthbert, Associate Director of Active Physical Therapy Solutions attended the 1st annual Wednesday Wellness Fair at the Hilton Garden Inn in Auburn, NY. The Wellness Fair was a huge success with over 40 vendors and service providers from all over Cayuga County. Carrie Lazarus made a guest appearance as keynote speaker. Since it was National

Diabetes awareness day, Carrie's presentation focused mainly on the Diabetes epidemic that our country is facing. She offered simple ways to stay healthy as we approach our senior years as well as how to prevent and reverse early signs of Diabetes. Other presenters offered a variety of tips from beauty and holistic health to Diabetes 101. Maggie and Cara were conversing with attendees about what makes APTS different than traditional physical therapy practices. Our

focus was to explain, demonstrate, and leave people with an understanding of why our three main forms of manual therapy, Active Release Techniques (ART), Instrument Assisted Soft Tissue Mobilization (IASTM), and Extracorporeal Shock Wave (WellWave) are so effective. It was a great day and all who attended left with invaluable knowledge on achieving and maintaining a healthy lifestyle.



Dale Buchberger Teaches Last Shoulder Made Simple Seminar



From October 12-14, 2012 Dr. Buchberger taught his final Shoulder Made Simple course in Vancouver, BC Canada. This was the 12th year that Dr. Buchberger has been teaching in Vancouver. This years course saw over 50 Chiropractors, Athletic Trainers, Physical Therapists, and Massage Therapists attend the

course. This was a three day intensive hands on course learning current methods for the diagnosis, treatment and rehabilitation of shoulder disorders and injuries. Dr. Buchberger is taking a hiatus from teaching to spend more time with family during his sons high school years.

Photo (L to R) Dr. Rob Nielsen Team Chiropractor for the Gray Cup champion BC Lions of the CFL, Dr. Buchberger, and Dr. James Grimm who attended 10 of the 12 years Buchberger spoke in Vancouver.

Identifying & Managing Cases of 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. Therefore 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 maybe 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 maybe 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. Thirdly, there are several pharmaceutical interventions that have been shown to reduce pain including Lyrica, Ultram, Cymbalta and Zolof. 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 reduce 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, CBT, pain management, dietary changes and communication with family members and healthcare providers. Patients with fibromyalgia cannot be managed in medi-



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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 personal goals!

...Because Life Should Be

ACTIVE!

Ergonomics -101 Holiday Health Tips

Once again the holiday season is upon us and it won't be long before shopping and decorating is in full swing. This can be an exciting time of the year, but also very stressful. It is easy to get away from good ergonomic practices as we are trying to prepare for the season. Injuries can occur from a number of holiday activities including decorating, shopping, or wrapping gifts.

The U.S. Consumer Product Safety Commission estimates that in 2010 there were more than 13,000 people treated in the emergency room for injuries involving holiday decorations. Many of these injuries are from falls while hanging decorations. Remember these tips when decorating to avoid injury:

- If climbing to hang decorations make sure your ladder or stool is secure and is the right height for the job.
- Place ladder on a level surface. Follow the "1 to 4" rule for ladders. The base of the ladder

should be 1 foot away from the wall for every 4ft of ladder height.

- Move the ladder as needed to avoid overreaching.

Another activity we can't seem to avoid is shopping. One might not think this would be a source of injury, but many of us will spend hours at a time shopping. With increased strain from carrying packages, standing or walking, injuries can occur. Follow these useful tips while out shopping:

- Wear comfortable shoes that provide enough cushion to limit the impact on hard surfaces.
- Try to carry as little as possible into stores. A smaller bag with only essential items is better than a purse with unnecessary baggage. A backpack worn properly can help distribute loads more evenly.
- Take breaks every 45 minutes.

One last activity that can lead to repetitive motions is wrapping gifts. Since most of us wait till the last minute to wrap all our gifts this can last several

hours. Keep these tips in mind when wrapping:

- Change your position frequently. Alternate between sitting and standing.
- Make sure to wrap gifts in a well lit area to avoid eye strain.
- Try some light stretching before and after wrapping.

Hope these tips will help you stay injury free into the New Year. Happy

