

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

APTS Monthly



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Where Did Your Back Go?

It is not uncommon to hear the phrase “My back went out!” The question is: where did it go and when will it be back? A better question would be: what is meant by the phrase, “my back went out”? As common as this phrase is, very few people can offer a viable explanation for its underlying meaning. I have had several patients come in and state, “I went to my chiropractor and they told me my hip was out”. I never really understood this type of terminology. To me, it just meant it was easier to come up with some quick commonly used phrase than to take the time to explain to the patient what is actually wrong with them. This is no different than a medical doctor, physical therapist, or athletic trainer telling a patient they have tendonitis when there is a more complicated problem occurring. It is just easier and faster to say, “your hip is out” or “you have tendonitis” to calm the patient’s mind.

If your hip or your back actually went “out”, you would have a medical emergency on your hands and you would more than likely be in an emergency room under sedation or on an operating table. So what does this actually mean? Saying that your back “went out” is a generic phrase commonly used when you experience acute back pain or a level of back pain that prevents you from functioning as you normally would. There are many conditions or incidents that can cause the back to “go out”; generalized weakness, sprains, or degenerative conditions such as arthritis, degenerative disc disease, disc herniation, spinal stenosis, etc. So if your back goes out, you shouldn’t settle for an answer such as “your L4 is out” or “you threw your back out”. You should press your

healthcare provider or a more sound “cause” of your back pain based on the regional anatomy and the current state of scientific evidence. For the most part, when we experience pain, there is an anatomical and physiological reason for the pain. As a healthcare provider, it is my job to figure out



what that cause is and do my best to explain it to the patient. My experience has been that when I can do a good job explaining the patient’s condition and they have a good understanding of the problem, they are more compliant with treatment and are more dedicated to following through with home care recommendations. This usually leads to a better outcome.

Along the lines of the spine is the subject of patients “cracking” their neck or back. This makes me very nervous when patients say, “when my neck gets stiff I crack it like this [actually demonstrating the maneuver] and it feels better for a while. But the pain comes back”. First of all, when you crack your neck or back, it is referred to as “auto manipulation”, meaning that you perform the manipulation to yourself. Not only is this counter-productive, it is potentially hazardous. Typically when there are spinal joints that don’t move well, there are also areas that move too much. Auto manipulation usually fails to address the poorly moving or tight joints and over ma-

nipulates the excessively loose joints making them looser. In the neck (or *cervical spine*), patients who “crack” or “auto manipulate” their own neck have an increased risk of a self-inflicted stroke. If you find yourself “cracking” your neck or back on a regular basis (more than once a day) you should seek the opinion of a healthcare provider trained and skilled in the area of manual therapy and/or spinal manipulation.

While the internet can be a powerful research tool, it can also be very misleading. If you do perform research on your condition before seeing a healthcare provider, be cautious with the information you find. Remember that just because it is on the Internet it does not make it true. Wikipedia is not a scientific reference source so please don’t rely on it for your healthcare choices. If you would like to do a quick search for information on the internet and you find PubMed or Medline to be too cumbersome, you may want to try Google Scholar. This will filter out much of the advertising-based information and keep the search predominantly scientific and peer reviewed. If you do bring information from the Internet to your healthcare provider, you should print it and bring it with you so that your provider can place it in your medical record. Having this information will also allow your provider to check the information and give you feedback on the reliability of the information. Remember, it all comes back to clear communication with your healthcare providers. The words we use matter!

Article by Dale Buchberger, DC,
PT, CSCS

Exercise of the Month: Standing Hip Flexor Stretch



Standing hip flexor stretch for the right hip; start position (left), stretch position (right)

Your hip flexor musculature is located in the front of your hip and actually connects to the anterior side of your lower back. These are the muscles that bend your hip to 90 degrees or more (as in marching in place), and they are also the muscles that get tight when sitting for long periods of time (because they are staying in a contracted position). When these muscles are tight, not only do they tighten the front of the leg, but they also pull on your lower back. Keeping this muscle group limber helps with a lot of lower back problems, and it's very easy to do

this stretch anywhere!

Start with foot flat on a table, step, or stool with the knee bent. If your balance is not great, you will want to perform near or hold onto a counter, table, or other sturdy piece of furniture. The leg that is on the floor should remain straight at the knee and the foot should be pointing straight forward. While keeping an upright posture, lunge forward with your hips (don't lean forward with your shoulders) further bending your knee on the table, step, or stool. To increase this stretch, tighten your abdominals by "tipping" your

pelvis upward. You can also intensify the stretch further by reaching your arm (on the same side as the foot on the floor) towards the ceiling. Do not lean too far forward or backward during this stretch.

Hold this stretch for 30 seconds on each leg and perform 2-3 different times per day to keep your hip flexors flexible. Your back will thank you!

Dr. Buchberger Presents at ANJC



Dale and Steve Weatherford

On October 22-23, 2016, Dr. Buchberger presented 8 hours of continuing education to the Association of New Jersey Chiropractors on the Diagnosis and Management of Shoulder Disorders. The presentation focused on disorders and injuries that commonly present to the out-

patient clinic. Approximately 650 Doctors of Chiropractic (D.C.) were in attendance for Dr. Buchberger's lectures. He also got to meet up an old friend from his time working training camp with the New York Jets; Punter Steve Weatherford stopped by to talk about

his use of chiropractic during his NFL career and how chiropractic helped him achieve his goal of playing in the NFL and winning a Super Bowl with the New York Giants.

Dr. Buchberger Lectures at SWIS



Dale working through a live case study of a collegiate female shot putter using the Fast Stick™

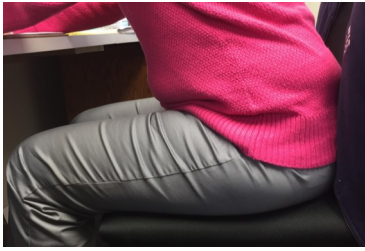
On October 14-15, 2016, Dr. Buchberger presented a lecture on "Advanced Soft Tissue Techniques for Lower Back Injuries" to the Society for Weight Training Injury Specialists (SWIS) in

Mississauga, Ontario, Canada. Dr. Buchberger described and illustrated a number of techniques we use at Active Physical Therapy Solutions and then put them into action by working through a live case study of a collegiate female

shot putter (photo left). Dr. Buchberger also was invited to part of an expert panel that helped to treat the "Worlds Strongest Man" Bill Kazmaier (photo below).



Lower Back Pain? Look to the Hips!



If you have had an episode of lower back pain no matter how short in duration you are among 80% of the population. That's right: 80% of the population will experience an episode of lower back pain at some time in their life! Lower back pain does not discriminate; it affects males and females equally. However, if you are between the ages of 30-50, you have a greater chance of experiencing lower back pain.

Between the ages of 30-50 our life style typically changes and there is a reduction in activity level. With this reduction in activity we see a weight gain and a corresponding weakness of the trunk, back, and hip muscles. This, combined with our growing sedentary technological society, and we are all setup for the beginning of chronic lower back pain. As the trunk, back, and hip muscles get weaker they have to work harder to handle the growing weight. This results in greater fatigue occurring much quicker. Once the muscle support has been exhausted, the body relies on passive structures to hold the spine together. Once the passive structures (such as the ligaments and intervertebral discs) become the main support structures, two things happen very

rapidly: (1) these structures wear out and degenerate at an accelerated rate, and (2) they become tighter in an attempt to create more support. The longer these processes are given to proliferate the more likely it is that pain will follow. Pain of a chronic nature is also like the "idiot" or warning light in your car. Once the light goes on, it is too late. The damage is done and it is in need of repair.

So what are the key areas that are problematic and what can be done to prevent the cycle from proliferating? First of all, strengthening your back is a game of endurance. It is not how much you can lift once, it is how many times you can perform a perfect task. Fixing these problem areas is more a game of finesse and control, not brut force. There are a couple of key problematic areas. Key weaknesses commonly occur in the hip flexors (front of the hip and thigh), hamstring (back of the thigh), gluteal (buttock), and lower back muscles. Tightness commonly occurs in the calf, hamstrings, hip rotators, and hip flexors.

These areas have become fairly predictable because of the postural regression that has occurred in our society. We spend an increasing amount of time sitting, either at home, at work, or in the car. This chronic seated posture combined with decreasing activity levels produces the patterns previously mentioned. When the strength and flexibility of the hips and legs is gradually reduced, the lower back takes up the slack and eventually gives out.

Here are a few simple ways to test your risk of developing lower back pain. From a seated position, see if you can cross one leg over the other. Grab your knee with both hands and pull your knee towards your chest. If you can't do this, your hip rotators have gotten too tight. Next, stand on one leg and bend your knee slightly. See if you can stand on that leg for greater than 20 seconds. Do this on the other leg as well. If you can't perform this task, then your hips and legs have weakened to the point that your body has found other ways to compensate. Lastly, if you feel the need to use a handrail to get up and down stairs, then you have lost the ability to balance well on one foot. Since walking takes place on one foot at any given time, this is an important asset in preventing lower back pain.

Walking is the best exercise for most conditions. In order to get both an aerobic and weight loss benefit to a walking program, it needs to be at least 4-5 days per week for 30-45 minutes at a time. It also needs to be continuous. You can't stop in the middle to chat with the neighbors. Just wave and keep walking!

There are several good resources for stretching and strengthening exercises for the lower back and hips. The book I recommend is *Muscle Medicine* by Rob DeStefano, DC, and Bryan Kelly, MD. This book does a nice job explaining various muscle related injuries and has a good selection of simple exercises for both strength and flexibility. If you are interested a simple resource for home based injury prevention and self-treatment, then this book would be a great choice.

Article by Dale Buchberger, DC, PT, CSCS

In order to get both an aerobic and weight loss benefit to a walking program, it needs to be at least 4-5 days a week for 30-45 minutes at a time.

APTS Recipe Box: Paleo Sweet Potato Casserole

This easy recipe is gluten-free, grain-free, and refined sugar-free. It's not too sweet and it's the perfect side dish for your Thanksgiving dinner!

Ingredients: 3 large sweet potatoes. **Topping:** 1/2 cup pecans, 3/4 cup almond flour, 1/8 tsp sea salt, 2 tbsp ghee, 2 tbsp honey. **Filling:** 1/4 cup ghee, melted; 2 tbsp honey; 1

tsp pumpkin pie spice; 1 tsp vanilla extract; 1/2 tsp salt; 2 eggs.

Instructions: Roast sweet potatoes at 400 degrees for one hour or until very soft. (Can also cook in a crockpot.) Cool and peel. Add topping ingredients to food processor and pulse until mixture resembles coarse crumbs. Remove from processor and set aside. Add

peeled sweet potatoes and filling ingredients to food processor and process until smooth. Pour filling into greased casserole dish. Sprinkle topping evenly over filling. Bake at 350 degrees for 25-30 minutes until topping is browned and filling is cooked through.

Source: <http://cookeatpaleo.com/paleo-sweet-potato-casserole/>



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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!**

...BECAUSE LIFE SHOULD BE

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Ergonomics 101: The Anti-Inflammatory Diet, Part 1

Inflammation is at the root of most diseases that plague our society, including but not limited to arthritis, heart disease, diabetes, high blood pressure, asthma, and inflammatory bowel disease. By addressing the inflammation with anti-inflammatory foods, the symptoms of these diseases can be alleviated or even cured.

Inflammation in a healthy body is the normal and effective response that facilitates healing. The immune system brings its army of white blood cells to the area of concern via increased blood flow. When the immune system overreaches and begins attacking healthy body tissues, we see an autoimmune disorder like leaky gut, arthritis, fibromyalgia, celiac disease, or irritable bowel disease causing inflammation in otherwise healthy areas of the body. Even with diseases that aren't autoimmune, inflammation can still play a role as the body continuously tries to heal the tissues in a given area.

When talking about inflammation, it becomes vitally important to rethink our typical diets. To move toward an anti-inflammatory diet and anti-inflammatory foods, we must move away from the abundance of overly processed, unbalanced diets of the West and

toward the ancient eating patterns of the Mediterranean, which includes plenty of fresh fruits and vegetables, little to no red meat, no chemicals or meat additives, and an abundance of omega-3 foods.

Small, gradual changes are easier for the body to adapt to and can make you less likely to go back to your old ways. So rather than emptying your pantry and sailing off to the Mediterranean, you can pursue an anti-inflammatory diet one step at a time. By adding in the anti-inflammatory foods that fight inflammation and restore health at a cellular level, you can begin to repair the body without any drastic changes. Once you find foods that heal your body and satisfy your palate, you can remove the ones causing the inflammation without feeling deprived.

Fifteen of the best anti-inflammatory foods you can add to your diet include green leafy vegetables, bok choy, celery, beets, broccoli, blueberries, pineapple, salmon, bone broth, walnuts, coconut oil, chia seeds, flaxseeds, turmeric, and ginger. We will go into more detail of each food in next month's article.

With anti-inflammatory foods filling the diet, you naturally begin to eliminate pro-inflammatory foods and substances. They're not as satisfying as

a diet rich in whole foods. Saturated and trans fatty acids are found in processed foods and cause inflammation as well as increase risk factors for obesity, diabetes, and heart conditions. The same foods are also likely to be higher in omega-6 fatty acids, which are only necessary to an extent. In excess and without the balance of omega-3s, omega-6s actually create inflammation in the body. Sadly, the typical American diet tends to contain 14-25 times more omega-6 fatty acids than omega-3 fatty acids.

Simple, refined sugars and carbohydrates are more culprits of inflammation. Limiting refined grains is an important factor in an anti-inflammatory diet. Whole grains should replace the refined carbohydrates.

Establishing a regular routine of physical activity can help prevent systemic inflammation from building up or returning. An active life fueled by fresh, whole anti-inflammatory foods and unrestricted by processed, toxic compounds can set you on the path toward ridding your body of inflammation!

Article by Carolyn Collier, PTA

Source: <https://draxe.com/anti-inflammatory-foods/>