

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

APTS Monthly



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Monday -

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8:00am - 5:30pm

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8:00am - 4:00pm

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INSIDE THIS ISSUE:

Where Did Your
Back Go? 1

Exercise of the
Month: Piriformis
Stretch 2

October is
National PT
Month 2

The Opioid-Scam
Epidemic 2

What Is Sciatica? 3

APTS Recipe Box:
Crockpot Paleo Pork
and Pumpkin Chili 3

Nutrition 101:
What is a Serving
Size? 4

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.

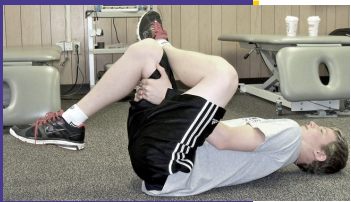
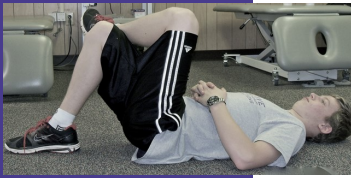
Along the lines of the spine is the subject of patients “cracking” their neck or back. This makes me very nervous when patients say, “when my neck gets stiff I crack it like this [actually demonstrating the maneuver] and it feels better for a while. But the pain comes back”. First of all, when you crack 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 manip-

ulates 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: Piriformis Stretch



Start position (top); stretch position (bottom)

The piriformis muscle is a small muscle that lies deep in the buttocks and it can become tight or spasm, causing piriformis syndrome, which can give you sciatic-like symptoms. The sciatic nerve runs directly under the piriformis muscle. Once this muscle becomes shortened or tight, it can put pressure directly on the sciatic nerve resulting in irritation and the typical symptoms of sciatica (weakness, numbness, or a burning or tingling sensation down your leg, possibly even in your toes). There are several ways to stretch the piriformis muscle. Here are

two methods, depending on your flexibility:

The first and more effective way starts with you lying on your back (i.e. the *supine* position) and crossing your symptomatic leg over your non-symptomatic leg in a figure four position. Using both arms (or some kind of strap if you can't reach), grab behind your non-symptomatic leg and pull toward your chest. Hold for 20-30 seconds and perform one stretch 1-3 different times throughout the day. If this is too difficult for you, you can perform a **supine knee to chest stretch**. Lie face up on the

floor or your bed. Pull one knee to your chest with the opposite leg straight as tolerated. If you cannot tolerate the opposite leg straight, you can keep the knee bent with your foot on the floor. The hold time and frequency is the same: 20-30 seconds performed 1-3 different times per day.

Supine knee to chest stretch



October is National PT Month

National Physical Therapy Month is an annual opportunity to recognize the physical therapy profession's

efforts to "transform society by optimizing movement to improve the human experience". Despite extensive efforts to raise aware-

ness of and address the human toll of the opioid epidemic, Americans continue to be prescribed and to abuse opioids at alarming rates. This October, the American Physical Therapy Association will carry on raising awareness of physical therapy as a safe and effective alternative to opioids for the long-term

treatment of chronic pain by its award-winning #ChoosePT campaign.





PAIN RELIEF

VS.



PAIN RELIEF

CHOOSE THE SAFER WAY TO MANAGE PAIN.

#ChoosePT
MoveForwardPT.com

NATIONAL PHYSICAL THERAPY MONTH

The Opioid-Scam Epidemic

Ask a physical therapist about safe alternatives to addictive opioids. While the choice is in your hands.

#ChoosePT
MoveForwardPT.com

Drug overdoses killed 64,000 people in the US in 2016. Roughly 6 out of every 10 of those deaths involved opioids. Methadone, buprenorphine, and naltrexone are 3 FDA-approved prescription drugs that can help people kick the habit.

But what about supplements that are sold online, such as Opiate Detox Pro, TaperAid Complete, and Mitadone Anti Opiate Aid Plus?

For people dependent on opiate painkillers who are desperate for help, online promises such as "it will help to

detox your body and help soothe the symptoms of opiate withdrawal naturally," or "speed your detox" are tempting. But these companies do not provide credible evidence that dietary supplements can help with the prevention of opiate addiction, detoxification, or relapse prevention or recovery—nor did they feel that they need to. These supplement companies are giving false hope to people who are desperate to get better.

The danger people face by being misled is that they will be resorting to ineffective measures that can cost them their

health and their lives. Addiction withdrawal simply does not respond to mild measures like a vitamin or mineral supplement, and there's no evidence that these make any difference in the course of opiate addiction. It is appalling that companies are profiting from the opioid epidemic by offering untested products whose use does not even correspond to the biology of opioid addiction.

The worst part is that we do have FDA-approved medication that work for treating opioid addiction, but only a minority of people actually receive them.

Source: Nutrition Action Healthletter, January/February 2018



What Is Sciatica?

It is a common misconception that “sciatica” is a condition when, in reality, sciatica is a symptom that may have a multitude of causes or predisposing factors. The most common symptom pattern is leg pain, which might feel like a bad leg cramp, or it can be excruciating, shooting pain that makes standing, sitting, or sleeping nearly impossible. The sciatic nerve is the longest and widest nerve in the human body. It begins as a series of individual nerve roots in the lower back, joins together in the buttocks extending down the legs, ending just below the knee where it splits into two different nerves that control the leg, ankle, and foot.

Sciatic pain is typically made worse when you sit, sneeze, cough, or move your bowels. Sciatica can occur suddenly or it can develop gradually. You might also feel weakness, numbness, or a burning or tingling (“pins and needles”) sensation down your leg, possibly even in your toes. Less common symptoms might include the inability to bend your knee or move your foot and toes.

What causes sciatica? Sciatica might be a symptom of a “pinched nerve” affecting one or more of the lower spinal nerves. The nerve might be pinched inside or outside of the spinal canal as it passes into the leg. There are several conditions that cause sciatica. A *herniated disc* can cause direct pressure on a nerve root. This is the most common cause of sciatica. *Spinal stenosis* is a condition that results from narrowing of the spinal canal putting pressure on the exiting spinal nerves. This is usually degenerative in nature caused by excessive arthritic development in the canal. Walking with a flexed or bent over posture is a common symptom of spinal stenosis. *Spondylolisthesis*, a slippage of one vertebrae on another so that it is out of line with the one above, may cause nar-

rowing of the *neural foramina*, or opening through which the spinal nerve root exits.

Several conditions or disorders of the hip can cause sciatic-like symptoms: (1) *Piriformis syndrome* develops when the piriformis muscle, a small muscle that lies deep in the buttocks, becomes tight or spasms. The sciatic nerve runs directly under the piriformis muscle. Once this muscle becomes shortened or tight it can put pressure directly on the sciatic nerve



resulting in irritation and the typical symptoms of sciatica. Two other conditions of the hip can cause the muscles in the hip to also tighten around the

sciatic nerve resulting in pain down the leg. (2) *Avascular necrosis* of the hip, which is essentially death of the hip bone caused by poor circulation. (3) *Femoral acetabular impingement*, or FAI, of the hip. Since the hip is a ball and socket joint, either the ball portion can become misshapen or bony spurs can grow off of the socket causing the tendons of the hip to get pinched or impinged. This ultimately limits the range of motion. This limited motion causes the surrounding muscles to become tight and again compress the sciatic nerve.

Another more remote cause of sciatica that we have seen clinically is known as a sports hernia, or *athletic pubalgia*. Simply put: a sports hernia occurs when the tendons of the lower abdominal muscles begin to degenerate and thin out and

eventually tear. Once the abdominal tendons begin to tear, the pubic symphysis (the area at the bottom of the abdomen where the pelvic bones join) can become slightly unstable. This causes the small rotator muscles of the hip – including the piriformis muscle – to spasm and compress the sciatic nerve.

As you can see, “sciatica” is not as straightforward as many people would have you believe. If you perform simple stretching exercises, over the counter anti-inflammatory medications such as ibuprofen (Advil or Motrin) or naproxen sodium (Aleve), and ice to the lower back region that fails to resolve the sciatic pain in 10-14 days, you should see a healthcare professional and be assessed for one of the previous underlying causes of sciatic pain. This may involve an x-ray to assess the bone structure or an MRI to assess the soft tissue components such as the muscles, tendons, ligaments, or spinal discs. Once this information is available, your doctor, chiropractor, or physical therapist can formulate a plan to treat the underlying cause of the sciatic symptoms.

More times than not, the cause and symptoms of sciatica can be treated conservatively with a combination of physical therapy based treatments. Manual therapy techniques such as joint mobilization or manipulation are commonly combined with soft tissue treatments such as Active Release Techniques. Therapeutic exercises designed to strengthen the hip and core musculature are combined with stretching exercises. An experienced healthcare provider can formulate a home exercise program that is right for you in order to assist recovery and prevent recurrence of your sciatic symptoms.

Article by Dale Buchberger,
DC, PT, CSCS

Sciatica can be caused by a herniated disc, spinal stenosis, piriformis syndrome, avascular necrosis, femoral acetabular impingement, or athletic pubalgia.

APTS Recipe Box: Crockpot Paleo Pork & Pumpkin Chili

Ingredients: 3 lbs pork roast; 2 onions, diced; (2) 14.5 oz cans fire roasted diced tomatoes; 7 oz can diced green chiles; 2 chipotle peppers in adobo sauce, chopped; 1 heaping tbsp adobo sauce; 4 cloves of garlic, minced; 1/4 cup cilantro; 2 cups chicken stock or bone broth; salt & pepper; 1/4 cup chili powder; 2 tbsp cumin; 1 tbsp smoked paprika; 2 tsp cinnamon; 2 tsp cocoa powder; 2 cups roasted pumpkin or squash OR 1 can of pumpkin; 1 bunch of kale or mustard greens, roughly chopped.

Instructions: Place pork in crockpot and season with salt and pepper. Add onions, fire

roasted tomatoes, green chiles, chipotle peppers, adobo sauce, garlic, and spices. Add chicken stock and toss in cilantro. Cover and cook on low 8-10 hours or high 4-5 hours. An hour before it's done, take out the pork and shred it with 2 forks. Put the pork back in the crockpot, pour in the roasted squash/pumpkin, and stir. Add kale or mustard greens and stir again. Cook for one more hour.

Serve with avocado, extra cilantro, a sprinkle of chipotle chili powder, or sour cream and cheese.

This recipe is not too spicy, but it does give a smoky and slightly spicy heat. If you like spicier chili, add another chipotle pepper or more chipotle chili powder.

Makes 10-12+ servings.

How to make mini pumpkin/squash bowls for serving this chili: Place in a baking pan with a raised edge. Fill the pan with 1/2 inch of water. Bake at 375 for about 30 minutes. Let cool. Cut tops off the pumpkin/squash and remove the stringy flesh and seeds to use as a bowl!

Source: <http://www.primallyinspired.com/crockpot-paleo-pork-and-pumpkin-chili-our-all-time-favorite-chili#>



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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

ACTIVE!

Nutrition 101: What Is A Serving Size?

Most Americans underestimate how much they're eating by about 25 percent. That's partly because the portions served to us at convenience stores, movies, and in restaurants have become increasingly large over the years. When we talk about serving size, that is the measured amount of food you see listed on a product's Nutrition Facts label (1 cup, 1 tablespoon, etc.). Serving size—not portions—are what should be guiding your daily food consumption to help with weight control. These visuals can help you remember standard serving sizes of different types of food groups.

Article and photos by Carolyn Collier, PTA
Source: Wegman's Nature's Marketplace Newsletter,
May 2018



3 ounces of meat, poultry, or tofu



1 cup of cooked veggies



3 ounces of fish



2 tablespoons of oils



1 1/2 ounces of cheese



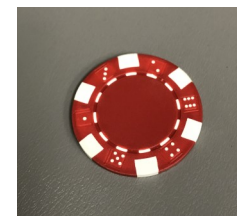
1/2 cup of grains



1/2 cup of fruit



1 piece of chocolate



1 tablespoon of butter

Did You Know?

If you eat a super-large apple, that's equal to at least two servings of fruit!