

ACTIVE P.T. SOLUTIONS
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APTS Monthly



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Office Hours:

Monday -

8:00am - 5:30pm

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Friday -

8:00am - 4:00pm

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Heat or Ice?



When to use heat or ice on an injury, ache, or pain is a common question in a healthcare office. While there are generalities that can be followed, it can also be an extremely specific self-treatment. It is very difficult to go wrong with ice. On the contrary, if you put heat on an inflamed body part, there is potential to worsen the condition. A general rule of thumb in our office is to ice the painful body part for 15-20 minutes with at least 40-45 minutes off before the next ice application. A thin protective layer should be placed between the ice and the skin, such as a paper towel or t-shirt. Always inspect the skin after the application. It should be pink and cool, returning to normal color and temperature before the next ice application.

The majority of injuries or musculoskeletal ailments will respond to ice. Unfortunately most patients fail to ice frequently enough to be effective. For instance, if you have an ankle sprain, you may need to apply ice to the ankle 4 to 5 times a day for 2 or 3 days for the ice to be effective. If any body part swells, becomes discolored, or causes a loss of function (in this case, the inability to bear weight), you should see a healthcare provider and have an x-ray to rule out a fracture or additional pathology. Applying ice in this case should be for comfort and swelling control while arranging to

see a provider.

The best form of cold therapy is ice itself. Your relatives may recommend frozen peas, corn, or other frozen produce. Frozen produce will not supply the same degree of cold as ice itself. Counter irritants such as rubs that produce a cold sensation do not reduce swelling or inflammation. They are designed to relieve pain by tricking your brain to focus on the cooling or heating sensation produced by the ingredients in the lotion or cream. This is where the term "counter-irritant" comes from. Remember the acronym **PRICE** therapy when applying ice: **Protect, Rest, Ice, Compression, and Elevation.**

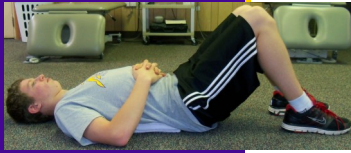
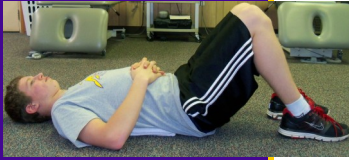
It is also common for patients to bring up the old adage of ice for the first 24-72 hours and then apply heat. This is a poor rule to follow because it negates the presence of pain and loss of function. If the condition is actively swelling or limiting function (weight bearing, sleeping, working, etc.), it is appropriate to apply ice more than 72 hours after

the onset of pain or injury.

Living in Central New York, I have come to think it is a natural reaction to prefer heat instead of ice. In general, heat usually feels nice and comforting; unfortunately, it is not the right thing to do when it comes to an injury or painful musculoskeletal condition. If you do apply heat, it should be moist in nature. A hot shower or hot bath is a good form of home heat application. There are special heating pads available that are made with a moist sponge, or there are also several microwavable devices available in your local pharmaceutical retailer. You can also make your own moist heat pack (see the APTS Recipe Box). One thing that I would absolutely recommend you **not** use is a dry heating pad. I tell my patients "if you own a dry heating pad, give it to someone you don't like". Dry heat applications usually make the problem worse by creating local dehydration, edema, and inflammation.

So when is heat the treatment of choice? Moist heat is very helpful when you have a chronic degenerative condition, such as a non-inflammatory arthropathy like degenerative joint disease of the knee or back (i.e. arthritis). Unfortunately these conditions are usually associated with some level of pain. In this case using "contrast therapy" may alleviate

Exercise of the Month: Pelvic Tilts



Pelvic tilt, start position (top), exercise position (bottom)

Pelvic tilts are often recommended for developing support for the low back, abdominals, and sacroiliac joints. They are great for low back problems due to poor posture and muscle atrophy, and they provide a starting point for spinal stabilization exercise programs.

Lie on your back with your knees bent, feet flat

on the floor. Tilt your pelvis up so that the small of your back flattens out to the floor. Hold 2 seconds and relax. Perform 10-12 repetitions twice a day to keep the low back stretched and strong.

For low back pain symptoms, we recommend lying on your stomach with an ice pack on your back for 15 minutes, and

then performing 10 repetitions of pelvic tilts to prevent the back from “stiffening up”. As always, if your low back pain persists, make an appointment for an evaluation with your doctor and/or physical therapist.

Remember the acronym PRICE when applying ice: Protect, Rest, Ice, Compression, and Elevation

Heat or Ice? Con't

the stiffness and the pain. Applying moist heat for 15-20 minutes, followed by an ice application for 15-20 minutes, and then gentle movement or exercise (such as walking) is a form of contrast therapy that works well for patients with arthritis of a non-inflammatory type.

Never go to bed with an ice

pack or heating device applied to a body part! There is a risk of falling asleep with the ice or heat in place and this can result in worsening of the condition or causing further injury or tissue damage. There are areas of the body where certain nerves are very superficial and at risk of injury from prolonged ice or heat application. The

more common areas are the outside of the knee, inside of the elbow, the groin, and lower abdomen. If you are unsure or have a question about applying heat or ice to an injured area, call a health-care provider who knows your medical history and whom you trust.

Article by Dale Buchberger, DC, PT, CSCS

Dale (right & bottom, kneeling, 2nd from left) at Salt River Flats



Dr. Buchberger Speaks on Baseball

On January 30, Dr. Buchberger was a featured speaker at the 2nd Annual Professional Baseball Chiropractic Society meeting in Scottsdale, AZ. The meeting was held at the joint spring training complex of the Colorado Rockies and the Arizona Diamondbacks at their Salt River Flats facility. He

spoke on the pre- and post-game routine: reducing the negative effects of throwing. It was a great opportunity for Dale to meet and exchange ideas with chiropractors that work for a variety of Major League Baseball and Minor League Baseball teams the country.

Then on February 11, Dr. Buchberger spoke at the Auburn YMCA on injury prevention of the shoulder and elbow in baseball and softball. Do you know a team that could benefit from a talk on this topic? Let us know and we'll be glad to set it up for you!

What is the Difference Between Chiropractor and Physical Therapist?

It is not uncommon in the course of a day in clinical practice to hear the question, "what is the difference between physical therapy and chiropractic?" In large part, the difference is three-fold: philosophy of practice, work environment, and third party reimbursement, commonly known as health insurance. While the history spawning each profession is quite diverse, the two professions have been on converging paths ever since their individual genesis. I will attempt to bring clarity to the before stated question and with it there is sure to be controversy from each side.

The American Chiropractic Association (ACA) defines chiropractic as "a health care profession that focuses on disorders of the musculoskeletal system and the nervous system, and the effects of these disorders on general health. Chiropractic care is used most often to treat neuromusculoskeletal complaints, including but not limited to back pain, neck pain, pain in the joints of the arms or legs, and headaches. Doctors of Chiropractic may also be referred to as chiropractors or chiropractic physicians. They practice a drug-free, hands-on approach to health care that includes patient examination, diagnosis and treatment. Chiropractors have broad diagnostic skills and are also trained to recommend therapeutic and rehabilitative exercises, as well as to provide nutritional, dietary and lifestyle counseling."

In 1895, Daniel David Palmer founded the Chiropractic profession in Davenport, Iowa. The most common therapeutic procedure performed by doctors of chiropractic is known as "spinal manipulation," also called "*chiropractic adjustment*." The

purpose of manipulation is to restore joint mobility by manually applying a controlled force into joints that have become hypomobile, or restricted in their movement as a result of a tissue injury. Manipulation, or an *adjustment* of the affected joint and tissues, restores mobility, thereby alleviating pain and muscle tightness, and allowing tissues to heal.

The American Physical Therapy Association (APTA) defines physical therapists as: "health care professionals who maintain, restore, and improve movement, activity, and health enabling individuals of all ages to have optimal functioning and quality of life, while ensuring patient safety and applying evidence to provide efficient and effective care. In addition, physical therapists are involved in promoting health, wellness, and fitness through risk factor identification and the implementation of services to reduce risk, slow the progression of or prevent functional decline and disability, and enhance participation in chosen life situations."

The APTA also provides this historical synopsis regarding the genesis of physical therapy as a profession. "When the polio epidemic became widespread in the United States in 1916, the need for muscle testing and muscle re-education to restore function grew dramatically. The United States entered World War I by declaring war on Germany in 1917, and the Army recognized the need to rehabilitate soldiers injured in the war. As a result, a special unit of the Army Medical Department, the Division of Special Hospitals and Physical Reconstruction, developed 15 'reconstruction aide' training programs in 1917 to respond to the need for medical workers with expertise in rehabilitation. The profession of physical therapy, as it was later termed, had begun."

While chiropractic clearly has its historic focus on spinal manipulation, the profession has matured and expanded creating high level educational programs including specialty residencies and fellowships. Chiropractors practice in hospitals, military institutions, universities, professional sports teams, etc. Chiropractors in the 21st century treat more than the spine to the point that the director of the sports medicine clinics for the United States Olympic Committee is now a chiropractor.

Physical therapists, like their chiropractic colleagues, have expanded their education to include similar educational programs that recently included the addition of an academic doctoral degree. Physical therapists have traditionally worked in hospitals and, by history, the military. Private physical therapy practice including home physical therapy practice has expanded greatly in the last 30 years. Physical therapists also work in the professional sports and university settings.

So the long and the short of it is that chiropractors have a more expansive diagnostic education while physical therapists have an intervention- or therapeutic-based education. While chiropractors can provide services such as rehabilitative exercise and modality treatments, their main form of treatment remains the manipulation. Physical therapists may provide manual therapy techniques to their patients, but therapeutic exercise, modalities, and activity modification remain the foundation of physical therapy practice.

Spinal manipulation aside, the two professions have converged to the point that some prominent individuals in each profession have begun to discuss the unthinkable: merger. It would not be out of the question to see the first combined chiropractic – physical therapy program within the next 15-20 years.

Article by Dale Buchberger, DC, PT, CSCS

Chiropractors have a more expansive diagnostic education while physical therapists have an intervention- or therapeutic-based education.

APTS Recipe Box: Homemade Heat and Ice Packs

These are two cost-effective ways to manage your pain at home with heat or ice.

Moist Heat Pack

Moist heat packs are less dehydrating to the skin than dry heat packs (i.e. an electric heating pad) and they allow heat to absorb better into the skin, thus relieving pain faster.

What you need: some kind of cloth pouch (sock, fabric), 4-6 cups of filling (uncooked rice, flax seed, buckwheat, oatmeal), needle and thread (if needed).

Instructions: Fill the pouch with the filling of

your choice. Tie or sew the pouch shut. Microwave pouch for 1-3 minutes to produce a moist heat.

Another option is to take a towel or washcloth and run it under warm water until thoroughly soaked. You may also microwave for increased warmth. Place inside a bag and wrap the bag inside another dry towel. Never lie directly on a heat source.

Do not use over areas that are swollen, and check with a health care professional if you have poor circulation or diabetes.

Gel Ice Pack

What you need: (2) 1-quart or 1-gallon plastic freezer bags, 2 cups water, 1 cup rubbing alcohol.

Instructions: Fill the plastic freezer bag with water and rubbing alcohol. Try to get as much air out of the freezer bag before sealing it shut. Place the bag and its contents inside a second freezer bag to contain any leakage. Leave the bag in the freezer overnight.

Another option is to freeze water in a paper cup, peel back the top of the cup, and rub it directly on the affected area.

Do not use if you have hypersensitivity to cold, poor circulation, or peripheral vascular disease.

Other tips: Whether you're using cold or heat therapy, do not apply for more than 15 minutes at a time. Avoid direct contact with the skin; always be sure to have a layer of toweling or fabric between the cold or heat and your skin. Do not use cold or heat therapy over an open wound. Never go to bed with cold or heat, which could cause further tissue damage.

By Tom Zirilli, PT, & Carolyn Collier, PTA



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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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Heat vs. Ice Quick Reference Chart

	Heat	Ice
Acute Injury (Sprains, Strains, Bumps, Bruises)		X (24-48 hours or until swelling decreases)
Chronic Injury (tendinitis, osteoarthritis)	X	
Headache	X Tension (muscular)	X Migraine (vascular)
Gout		X
Muscle Spasms	X	X
Post-exercise (to decrease pain/inflammation)		X

In general, use **heat** to decrease pain, increase blood flow, promote soft tissue healing, and relax tight muscles.
Use **ice** to decrease pain, decrease blood flow, and decrease swelling and inflammation.

By Tom Zirilli, PT