

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

# APTS Monthly



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## Office Hours:

Monday -

8:00am - 5:30pm

Tuesday -

8:00am - 7:00pm

Wednesday -

8:00am - 5:30pm

Thursday -

8:00am - 5:30pm

Friday -

8:00am - 4:00pm

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## Is It Tendonitis?

*Tendonitis* as a medical term is commonly overused. One reason for its overuse is that the term implies an inflammatory state and this is something that is recognizable to the general public. When diagnostic terms are recognizable, patients are less likely to ask questions. For instance, what if my 77-year-old mother walked into the doctor's office with elbow pain? The conversation might go something like this: "Well, Mrs. Buchberger, it looks like you have tennis elbow, or lateral epicondylitis. This is a form of tendonitis." Since my mother has heard the term *tendonitis* before, she might respond with, "Oh, ok. What can we do for that?" She didn't question the doctor because she was familiar with the term. She may be offered some of the following: nonsteroidal anti-inflammatory medications (commonly referred to as NSAIDs, such as Advil, Aleve, or Motrin), ice, heat, a variety of braces or supports, a physical therapy order, cortisone injection, and the list goes on.

My question to you is: What if it is **not** tendonitis? What if the doctor told my mother she had *tendinosis*? Would she have acted as passively? Or would she have questioned this strange term? Hopefully this article will improve efficiency for at least two-thirds of the healthcare equation (i.e. provider and patient). The other one-third is the insurance industry and that is not an article—that would be a dissertation.

The key for both provider and patient is a clear understandable definition of the terms. Definitions that all parties can understand, make sense of, and relate to. If we accomplish this, efficiency is sure to follow. The following are definitions for various types of tendon afflictions. The difference between each one is significant because the treatment approaches for each are different.

**Tendonitis** implies that an inflammatory process is present in or on the tendon. Recent studies have found that in cases of tendonitis, inflammatory cells



were not present in the affected tendon and, in fact, degenerative cells were present instead, confirming inaccurate use of the term *tendonitis*.

**Tenosynovitis** implies an inflammatory process of a tendon that is structurally or anatomically surrounded by a *synovial sheath*, a lining of particular tendons that produces synovial fluid and has a greater chance of swelling when irritated. This would be appropriate in the long head of the biceps tendon in the front of the shoulder, but not in the case of the patellar tendon at the knee.

**Tendinopathy** is a term that merely implies a painful entity of a tendon. It does not specify the cause of the pain but only that the tendon is painful.

**Tendinosis** is a term that defines objective findings of degenerative cells within the substance of the tendon. The tendon may display intra-substance tearing secondary to the degenerative process. While the tendon may appear swollen, it is not inflamed but actually thickened due to the accumulation of degenerative tissue. More often than not, the majority of tendon disorders are actually *tendinosis* and not *tendonitis*.

Why is it important to understand these terms? As previously stated, the term defines the treatment approach that will be most effective. For instance, *tendonitis*, since it implies inflammation, may be treated with an anti-inflammatory approach. This may include some or all of the following: rest, ice, ultrasound, electri-

cal stimulation, NSAIDs (prescription or over the counter), cortisone injections, compression wraps, or stretching.

If you have *tendinosis*, the approach is much different. Patients with *tendinosis* actually need a more aggressive approach to their treatment. The more aggressive approach is directed at improving circulation and remodeling in the degenerated tendon. This requires an emphasis on manual therapy techniques and therapeutic exercises that use eccentric (*e-SEN-trick*) muscle contractions. Eccentric muscle contractions occur when the muscle is contracting but lengthening at the same time. If the muscle were contracting and shortening (as in picking up an item with your hand causing your elbow to bend), this would be called a concentric contraction. Ultrasound is a commonly applied treatment modality used in physical therapy, chiropractic, and athletic training settings that aids in tendon healing and has been shown to improve tendon strength. It is a good adjunct to manual therapy and eccentric exercises applied to the injured tendon.

The treatment of tendon disorders has expanded and become more complex than "ice, stretch, and take two of these". There are also new injectable treatments that are becoming increasingly popular because of their use in professional sports, but the research to support their use in the general public is in its infancy. Nutrition is another area of interest in musculoskeletal disease processes. In the near future we should have a large base of research and knowledge available for the efficient treatment of tendon disorders. This will reduce confusion for the general population.

Article by Dale Buchberger,  
DC, PT, CSCS

## Exercise of the Month: Sidelying Shoulder Abduction



Sidelying shoulder abduction, start and end position (top), exercise position (bottom)

This exercise is one of the first exercises we give patients who come in with shoulder problems. It is part of the “Buchberger-12” series of 12 exercises for the shoulder and is an important exercise in strengthening the rotator cuff muscles. “Abduction” means a type of movement that draws a limb away from the body. There are several variations to this exercise; this is the most basic form for beginners.

Lie on your side with the affected arm up and your unaf-

ected arm supporting your head. Keeping the elbow fully extended, raise the arm about 30-40 degrees off of your hip with your palm facing the floor. Slowly lower. The movement should be slow and controlled throughout; there is no need to hold at the top of the movement. Be sure not to lift your arm past 90 degrees. Perform 2 sets of 10-15 repetitions to start, gradually working up to 30 repetitions. When 2 sets of 30 repetitions no longer fatigues you, you can

put a 1-pound weight to your hand and drop the repetitions to 12, working your way back up to 30. You may continue this progression with 2 or 3 pounds as well, but do not use a weight heavier than that until you consult your physical therapist.

As with any and all exercises, if you experience increased pain that does not resolve, make an appointment for an evaluation by a health care provider.

*Please arrive 5 minutes early to each appointment, check in with a front desk staff member at each visit, and also check out at the end of each visit.*

## The Importance of Check-In and Check-Out

**Please arrive 5 minutes early to each appointment.**

Your face-to-face time with your provider starts AT your scheduled appointment time. If you walk through the door at your scheduled time, and/or use the restroom prior to your appointment, you are already taking away from your treatment time with your

provider.

**Please check in with a front desk staff member at the front desk AT EACH VISIT when you arrive.** The front desk staff is responsible for letting our providers know that you are here. **If you simply walk by and wave, the front desk staff may not see you,** and, therefore, the providers will not know you

are in the building. If you have a co-pay, it is to be collected at check-in only IF TIME PERMITS.

**Please also check out at the end of each visit** whether you have another appointment scheduled or not. Sometimes we have to re-schedule an appointment or give you paperwork, or collect that co-pay, and this is the best time to do so. Thank you!

## Active PT Solutions is 10 Years Old!



On Saturday, March 23, 2019, Active Physical Therapy Solutions turned 10 years old! APTS opened its doors in 2009 with two full-time employees—Dr. Dale Buchberger, physical therapist and chiropractor, and Cara Cuthbert, office manager (who recently resigned from her position). Four months later, Maggie Whitehouse joined the team as Dale’s assistant.

Six months after that, Tom Zirilli, PT, came on board. One year later, Linda Schattinger was hired to help at the front desk, and 9 months after Linda, Carolyn Collier, PTA, joined the provider team to assist Tom. Most recently, this past summer, Sue Fiermonte joined the APTS family to work at the front desk. And we continue to grow!

Thanks to all of you, our patients, who have remained loyal to us all these years. We truly appreciate your business and referrals, and we look forward to continuing to work in this community for years to come.



# APTS Recipe Box: Paleo Recipes for Spring

## Paleo Strawberry Coconut Smoothie

**Ingredients:** 1 cup coconut milk; 1 frozen banana, sliced; 2 cups frozen strawberries; 1 tsp vanilla extract; 1 scoop collagen protein powder (optional)

**Instructions:** Add all ingredients to high-speed blender and blend until smooth.

## Lemon Poppy Paleo Muffins

**Ingredients:** 4 eggs; zest of one lemon; 3 tbsp lemon juice; 1/4 cup ghee, melted (or substitute coconut oil for dairy-free); 1/4 cup honey; 1 tsp vanilla extract; 1/8 tsp salt; 1/3 cup coconut flour; 1/2 tsp baking soda; 1 tbsp poppy seeds

**Instructions:** Preheat oven to 350 degrees. Grease or line muffin tin. Add all ingredients except poppy seeds to food processor and process until well-combined. Pulse in poppy seeds. Bake 25-30 minutes until golden brown and toothpick inserted in center comes out clean. Cool completely on wire rack.

## Roasted Asparagus Avocado Soup

**Ingredients:** 12 ounces asparagus; 1 tbsp garlic infused olive oil; 2 cups chicken stock (or vegetable

stock); 1 avocado, peeled and cubed; 1/2 lemon juiced; 1 tbsp ghee or coconut oil; sea salt, to taste; fresh ground pepper, to taste.

**Instructions:** Preheat oven to 425 degrees, or preheat an air fryer to 390 degrees. Toss asparagus with garlic infused olive oil, salt, and pepper, and roast for 10 minutes. Carefully transfer asparagus to high-speed blender with remaining ingredients and puree until smooth. Add salt and pepper to taste. Add water to thin to desired consistency, if needed, and warm gently over medium heat. Serve immediately.

## Arugula Strawberry Salad with Meyer Lemon Vinaigrette

**Ingredients:** 4 cups baby arugula; 6 strawberries, quartered; 1/4 cup sliced almonds

**Meyer Lemon Vinaigrette:** 2 tbsp Meyer lemon juice; 2 tbsp avocado oil; sea salt, to taste; fresh ground pepper, to taste.

**Instructions:** Layer arugula, strawberries, and almonds on a plate. Whisk together ingredients for vinaigrette and drizzle over salad.

*Source: <https://cookeatpaleo.com/paleo-recipes-for-spring/>*

## Mustard Baked Salmon with Roasted Asparagus

**Ingredients:** 2 salmon fillets; 8 ounces asparagus; 1 tbsp garlic infused olive oil; sea salt, to taste; fresh ground pepper, to taste; 2 tbsp whole grain mustard to taste; lemon slices for serving.

**Instructions:** Preheat oven to 400 degrees and line a rimmed baking sheet with parchment paper. Put the salmon on one end of the baking sheet and asparagus on the other end. Drizzle asparagus with olive oil and toss to coat. Season with salt and pepper to taste. Spread mustard on top of salmon. Bake until salmon is cooked through and asparagus starts to caramelize but is still crisp, about 10 minutes. Serve with lemon.

## Mexican Chocolate Avocado Mousse

**Ingredients:** 2 ripe avocados; 1/2 cup organic raw cacao powder; 1/2 cup full fat coconut milk; 1/3 cup local raw honey or maple syrup, to taste; 2 tsp organic vanilla extract; 1 tsp cinnamon, to taste; 1/4 teaspoon ground ancho chile, to taste.

**Instructions:** Combine all ingredients in food processor and process until completely smooth. Spoon into serving dishes and chill to set.

*Here are a few recipes for spring using seasonal fruits and vegetables (such as asparagus, arugula, avocado, lemon, and strawberries) that fit the bill. All are paleo and gluten free, and some are keto- and Whole 30-friendly as well.*

## The Girls of APTS Play Mini Golf for a Good Cause

On Wednesday, March 27, the girls of Active PT Solutions participated in the United Way of Cuyuga County's 26th Annual Tim Morrison Miniature Golf Tournament sponsored by Classic Hits 99.3 and Auburn Foundry. The theme this year was "Clad in your best Plaid" to celebrate golf's rich Scottish heritage!

This was Sue's first time in this tournament with us. We didn't win by any means, but we had fun! Linda and Carolyn both got a hole-in-one on a Plinko hole, and a Monopoly-themed hole got our best vote. We look forward to this tournament every year!





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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: How Excess Sugar Affects the Body

**Heart:** A 2013 Study in the Journal of the American Heart Association found that increased sugar creates more stress on the heart muscle and decreased its function. Over time this could lead to heart failure.

**Diabetes:** A 2004 Nurses' Health Study concluded that women who had one or more serving per day of sugar sweetened soft drink or fruit punch were nearly twice as likely to develop Type 2 diabetes compared to those that rarely drink sugary beverages. Other studies have concluded that drinking 1-2 cans of sugary drinks per day have a 26% greater risk of developing Type 2 diabetes. The risk was even greater for young adults and Asians.

**Obesity:** One study compared 120,000 men and women who increased their sugary drink consumption by one 12 ounce serving per day over a 20-year period. The study concluded that those who increased consumption gained more weight over time, on average an extra pound every 4 years, when compared to those that did not increase

their intake. Children who consume a 12 ounce beverage each day increase the odds of becoming obese by 60% one and a half years after follow up.



**Cancer:** Several studies have shown that high sugar intake places an individual at a higher risk of developing cancer. The research indicates that it is more the effects sugar has on insulin levels that may cause a higher rate of cancer. In addition, a diet high in sugar and processed foods are often low in vital nutrients. This can limit the body's natural

defenses to cancer.

**Intestines:** A diet high in sugar can decrease the amount of good bacteria in your gut. This can cause more sugar cravings, thus damaging your gut even further. This imbalance in the gut can cause problems with digestion and absorption, which leads to nutritional deficiencies. This ultimately leads to other health problems, such as those previously mentioned.

**How does this tie into physical therapy?** A 2002 study published in the American Journal of Clinical Nutrition, concluded that elevated levels of processed sugar can increase the inflammation that causes joint pain. So if you experience painful joint symptoms, you can try to start cutting sugar from one meal a little at a time. You'll start to see a difference in how you feel pretty quickly that you'll be able to continue gradually cutting sugar from your diet. Take care of your body—it will thank you!

Article by Tom Zirilli, PT