

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

# APTS Monthly



VOLUME X, ISSUE III

MARCH 2020

## NEW Office

### Hours:

Monday - 8:00am -  
5:30pm

Tuesday - 8:00am -  
7:00pm

Wednesday - 8:00am  
- 6:00pm

Thursday - 8:00am -  
7:00pm

Friday - 8:00am -  
5:00pm

Saturday - 8:00am -  
1:00pm

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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

Con’t on page 2

# Exercise of the Month: Pelvic Tilt



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.

tions 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 from page 1

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.

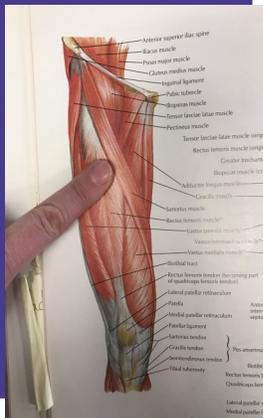
Never go to bed with an ice pack or heating device ap-

plied 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 healthcare provider who knows your medical history and whom you trust.

Article by Dale Buchberger, DC, PT, CSCS

The sartorius muscle (right leg shown)



...the **sartorius muscle** is the longest muscle in the human body? It is a thin, superficial muscle that originates at the pelvis, runs down the front of the thigh, and attaches on the inside of the knee. It assists in flexing, abduction, and lateral rotation of the hip, as well as flexion of the knee. Looking at the bottom of one's

## Did You Know That...?

demonstrates all four actions of the sartorius. In fact, its name comes from the Latin word *sartor*, meaning *tailor*, thus it is sometimes called the *tailor's muscle*. One guess is that this name was chosen in reference to the cross-legged position in which tailors once sat. Another is that it refers to the “inseam” or area of the inner thigh that tailors commonly measure when fitting pants.

What causes an injury to the sartorius muscle? *Pes anserine bursitis* is most common, which is an inflammatory condition of the inside portion of the knee. It usually occurs in athletes from overuse and is characterized by pain, swelling, and tenderness.

...Now you know!



# Making Your Office Visit More Efficient

If you've had to visit a health care provider for any reason in the last 5 years, you may have noticed a few things that have changed. The first thing is that the initial paperwork has become increasingly complicated. It's not enough to provide your name, address, phone number, and insurance card. Because the insurance industry has become more complicated than getting a Masters degree, the office paperwork has become equally as complicated. It is now comprised of several sections.

Usually you start with demographic information (name, address, phone number, insurance information). Your family and medical history is of major importance. In order to start your visit off right, arrive early with your paperwork filled out completely. Arriving at your appointment time is as good as arriving late. Your appointment time is the time your visit is supposed to begin or your face-to-face time with the provider. The front desk staff needs to scan your insurance card, finalize your chart, and look through the various sections of your paperwork. After the front desk takes and reviews your information, the provider needs to have a few minutes to look through your medical history. If you don't provide the office with necessary time to perform their duties, you risk having to reschedule your appointment, which would be an understandable inconvenience. But if you are late, that means everyone else in that office for the rest of the day is late.

When a health care provider is trying to figure out your problem, there are many clues in the family and past medical history that can help. It is vital to provide this information in as much detail as possible. Providing your history of medications and surgeries as well as your family history can narrow the



thought process and give the provider the best chance of helping you. Omitting information because you don't think it is important or because you are getting tired of filling out

the paperwork will not improve your chance of getting the answers you are seeking. Give yourself enough time to fill out the paperwork completely. In today's electronic age, you can easily get your paperwork packet from an office website or have it emailed to you. There is still the tried and true option of having it mailed by postal service, or you can even stop in the office and pick it up ahead of time. Filling it out at home gives you the best opportunity to fill it out completely and correctly.

A good portion of the initial paperwork is dedicated to the Health Insurance Portability and Accountability Act of 1996, or HIPAA. This is a government-mandated regulation and was put in place for your protection. After the HIPAA section, there is usually a lengthy section on office financial policies. Between private policies, Medicare, workers' compensation, and liability policies, there are many different regulations and payment arrangements. Regardless of your agreement with your carrier, the patient is ultimately responsible for their financial standing with the healthcare office. Most offices work well with the various insurance carriers but it's up to the patient to ensure that payment is made. Most financial agreements merely have you recognize this fact.

Once the provider has reviewed your information, he or she will begin your face-to-face visit. You will be asked several questions pertaining to your primary complaint. You should be ready to answer these questions as directly and succinctly as possible. Providing an answer like "I don't know" or "I am never able to answer that" only prolongs the visit and does nothing to help the provider help you, which is why you are in the office in the first place. In some ways it is good to rehearse the facts about your problem before your visit. Practice answering questions such as: when did it start, how did it start, how long has it been there, what makes it better or worse, is your pain local to an area or does it radiate into the arms or legs, does it affect your sleep, does it prevent your normal activities, have you lost work time, etc. You will be asked to quantify your pain on a numerical scale of 0-10 (0 meaning no pain and 10 meaning the worst possible pain you have ever experienced). Many patients have trouble with this, but it is imperative to monitoring progress, and many insurance carriers use this as a guideline to ration out healthcare provisions.

Once the provider has this information, they can tailor an examination to match your problem. Matching the examination results to the information you provided can lead to an accurate diagnosis. Once an accurate diagnosis is made, the provider can then develop a treatment plan based on his or her knowledge level and your current level of functional ability. Getting the answers that will lead to a successful outcome starts with you providing a complete, detailed, and accurate medical history.

Article by Dale Buchberger, DC, PT, CSCS

**You will always be asked to quantify your pain on a numerical scale of 0 to 10. It is imperative to monitoring progress and many insurance carriers use this as a guideline to ration out healthcare provisions.**

# 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 towel 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!**

**...BECAUSE LIFE SHOULD BE**

**ACTIVE!**

## Heat vs. Ice Quick Reference Chart

	Heat	Ice
Acute Injury (Sprains, Strains, Bumps, Bruises)		X (24-48 hours or until swelling decreases)
Chronic Injury (tendinosis, 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**