

March 2009

## Is Walking Enough Fitness for Women?



**W**alking is good exercise. It is inexpensive, requires only a good pair of athletic shoes and can be done almost anywhere. No one will argue about that. But even a brisk daily walk does not meet the goal of total fitness for women. A comprehensive woman's fitness program should include moderate to vigorous aerobic exercises, strength training and stretching exercises.

**Aerobic exercises are activities that strengthen the cardiovascular system and get the heart beating fast.** Walking usually is not vigorous enough to do this, but power walking or walking uphill make good aerobic workouts. Other aerobic activities include jogging, jumping rope, stair climbing, dancing, swimming or playing tennis. Most health clubs have aerobic exercise classes that combine elements of dance and calisthenics for those who do not enjoy exercising alone.

**Strength training, also called resistance training, increases muscle strength and builds and maintains bone mineral density of the hip and spine.** This is of particular concern to women after menopause when the body does not produce enough hormones to maintain bone density. Resistance training can address this condition. Using tension, these exercises also strengthen the muscles of the arms, legs, chest, abdomen and back. Some classes, such as Pilates, incorporate strength training because they work the stomach and back muscles. Strength training can be done using free weights, weight machines or elastic bands.

**Stretching exercises keep muscles limber and improve agility.** Stretching is an important part of warm-up and cool-down after aerobic exercise. The combination of stretching exercises and strength training particularly benefits older women because it helps improve balance and reduces the likelihood of falls.

Every woman—old or young, pregnant, disabled or with a chronic health problem—can benefit from a well-rounded exercise program. If you have a condition you think may be aggravated by exercise, talk with us. In consultation with your doctor, we can design a total fitness program that will take into consideration your special needs. Not only will your total fitness program provide more health benefits than a daily walk but its variety will help stave off boredom.

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## Returning to the Tennis Court After a Lazy Winter



**A**s the weather turns warmer, many of us jump right back into our favorite outdoor sports without any preparation, setting ourselves up for injury and frustration. Tennis is a physically demanding sport, so it is a great idea to **ease into a new season with a sensible, sport-specific fitness plan.**

Tennis requires cardiovascular endurance, overall muscle strength and flexibility in specific areas of the body, so you will need a program that covers all of these aspects.

- Give yourself about 4 to 6 weeks of **stretching, strengthening and cardiovascular training** before jumping back onto the court. Ease back into it with 30 minutes of low-impact activity (stationary bike, elliptical machine, treadmill) 3 to 4 times a week.
- Once you have built up some stamina, try **interval training**. Tennis involves short bursts of intense activity, followed by short recovery times. Try walking for a few minutes, then jogging and then walking again; or, in the gym, spend 30 seconds peddling rapidly on the bike, then 90 seconds at a slower pace. Continue this pattern for 20 to 30 minutes.
- **Strength training** is important, too. Use lighter weights and more repetitions to avoid strain. Focus on strengthening the areas needed for your game—the chest, back and shoulders (rowing machines, shoulder presses), thighs (squats) and, especially, the abdominal muscles (sit-ups, twists).
- Rotator cuff injuries and tennis elbow can put a major damper on your tennis season. You can avoid these injuries by engaging in **pronation and supination exercises** for the wrist and forearm. Ask us about exercises that stretch the shoulders and prevent tennis elbow.
- Finally, before playing competitively, **hit the courts casually**. Start off by just volleying; progress into friendly matches over a few weeks' time.

Jump back in without preparation, and you run the risk of overdoing it and having to sit out an entire season. It is far better to talk with us about designing a program to help you get back into the “swing” of things!

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## Does Wearing a Corset Prevent Back Injuries?



**W**hile back pain for some people is no more than a nuisance, statistics show that 50–80% of American adults will be disabled by back pain—some more severely than others—at some point during their lives. Corsets and braces, available without a prescription and generally obtained by individuals on their own or from employers, have been popular as a treatment for back and neck pain.

At the onset of acute back pain, a corset can be useful when worn for a short period of time to relieve stress on the spine and to help you avoid potentially injurious bends and twists. However, they do not appear to help relieve pain, and when used too frequently, they can contribute to the atrophy of spine-supporting muscles.

Today, the true key to help prevent back injuries is strengthening the back through

- **specific exercises,**
- **being physically active** and
- **using proper body mechanics in your daily activities.**

The body mechanics component begins with learning the all-important **neutral spine position**. Knowing how to bend and how to lift objects properly is crucial because doing so incorrectly is a prime cause of back injuries. The spine consists of 3 parts, each with a natural curve: cervical (neck), thoracic (middle) and lumbar (low). We can help you recognize how to stand, sit and walk to best maintain these curves in their proper neutral alignment, or to correct overcurvatures that may have developed over time.

A supervised exercise program designed for you might include stretching, muscle strengthening, back stabilization and flexing. Your plan would probably also include exercises designed to build aerobic capacity and endurance; improving your overall fitness makes you less susceptible to back and other injuries.

Finally, we can work with you to strengthen your abdominal muscles. Though they are found in the front region of your body rather than the back, they are critically important to supporting your spine.

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## Hip Pain After Hip Replacement Surgery



**D**epending on how recently your hip surgery was performed, the hip pain you experience afterward could be quite normal. It will be minimized if you remember to diligently follow your surgeon's specific instructions about what you can and cannot do in the first few weeks after surgery. In fact, **a program of physical therapy exercises—began immediately after surgery—is a critical component of your rehabilitation.**

Up to 6 weeks after surgery, you can still expect discomfort at night and when you move about, although it should not stop you from performing most activities of daily living. It is important that you slowly increase your activity with **a walking program and, several times each day, sets of hip-strengthening exercises and exercises designed to restore your mobility.** To prevent any discomfort during this period, take your pain-relief medications about 30 minutes before you begin to exercise. If, however, any of these movements cause pain, rather than mild discomfort, you should consult your surgeon.

At the 6-week point, the pain should have receded to the point where, with a cane, you can walk a fairly long distance without much discomfort. Walking, however, does not substitute for the prescribed exercises. If you need help in continuing to perform the exercises, we can evaluate your program in consultation with your surgeon.

Until at least 8 weeks have passed, avoid bending excessively (picking anything up from the floor, for instance) or sitting in chairs without arms (arms give you something to lean on as you rise). While being too active too quickly can cause pain, walking, swimming (after your wound is completely healed), dancing, golf (do not wear shoes with spikes and do use a golf cart) and bicycling on a stationary bike or on level surfaces can help increase your strength, flexibility and endurance.

**A close-to-ideal rehabilitation—which takes at least 6 months—involves dedication and work on the part of any patient who has had a hip replaced.**

Maintaining an exercise program exactly as prescribed by us will help speed your recovery and alleviate any residual pain.

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## Treating a High Ankle Sprain



**A** high ankle sprain involves a stretching or tearing of the ligaments that bind the two lower leg bones (the tibia and fibula) together at the place where they meet the anklebone (the talus). This complex joint is called the ankle syndesmosis, and these sprains sometimes are called ankle syndesmotic sprains. Unlike most ankle sprains that occur when the foot rolls inward, **the foot being forced upward and the ankle forcibly rotating outward cause high ankle sprains.** This type of injury is most common in high-level football players, ice hockey players and snow skiers.

High ankle sprains are serious injuries that take at least twice as long to heal as more common sprains and always need physical therapy to rehabilitate the ankle. These sprains are treated initially with **PRICE: P**rotection, **R**est, **I**ce, **C**ompression and **E**levation.

Even with a mild sprain, you will need to use crutches for a week or more to keep all weight off the ankle. If the ligaments are partially torn rather than just stretched, your ankle may be put in a cast for 4 to 6 weeks. Complete ligament tears require surgery to insert a screw to hold the leg bones together while the ligament heals. Recovery can take anywhere from 6 weeks for a mild sprain to 6 months or longer for sprains requiring surgery.

As part of the rehabilitation process, physical therapy should begin as soon as possible and may continue for anywhere from a few weeks to several months, depending on the severity of the sprain. We can work with your doctor to develop an **exercise program that begins by extending range of motion in the ankle and then moves on to strengthening and balance exercises** so that you can return to your sport as soon as safely possible.