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Does Yoga Equal Fitness?

As the popularity of yoga soars, the question of whether yoga provides enough physical activity for total fitness is asked more and more often. The answer is not as straightforward as you might expect. The fitness benefits you get from yoga depend on what kind of yoga you do, how often and for how long you do it.

Hatha yoga is the most popular style of yoga practiced in the United States. It emphasizes stretching, breath control and meditation. **Ashtanga yoga** moves hatha routines along at a brisk speed; when performed by well-conditioned practitioners, this style can resemble an aerobic workout. Most yoga enthusiasts, however, do not take their routines to this level.

Good fitness programs strive for three things:

- **stressing the cardiovascular system to improve stamina and strengthen the heart and lungs**,
- **increased muscle strength** and
- **improved flexibility**.

There is no doubt that yoga has health benefits. It improves flexibility and posture, reduces stress and provides a low-impact workout. But what about the other two elements: increased strength and improved aerobic capacity? A 2007 study by the Mailman School of Public Health at Columbia University found that **a typical hatha yoga session for intermediate-to-advanced participants** raised heart rate and energy expenditure to a level equivalent to walking on a treadmill at a rate of just under two miles per hour, which **does not meet current cardiovascular health recommendations**.

Although some yoga experts might disagree, we suggest that for total fitness you add some strength work and increased aerobic activity to your exercise routine at least twice a week. To boost your cardiovascular health, for example, you might replace a couple of yoga sessions weekly with some time on an elliptical trainer. We will be glad to help you evaluate your fitness goals and design a program that incorporates other activities to supplement your yoga routine.

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Recovery from Microdiscectomy

Microdiscectomy, a common form of lower back surgery, is used **to treat leg pain caused by disc herniation**. Because it uses a smaller incision, microdiscectomy is far less invasive and causes far less trauma to underlying tissues than its alternative, laminectomy. Because the mechanical structure of the lower spine remains unchanged, the recovery period after microdiscectomy is shorter, and postoperative pain and complications decrease.

Whether or not to undergo lower back surgery can be a difficult decision. Unfortunately, with microdiscectomy, time is a factor: Your results might be less satisfactory should you wait more than three to six months from the onset of the pain.

If you decide to go ahead with microdiscectomy, we can help your quick and successful recovery through **a formal rehabilitation program**. The typical protocol involves the following:

- **Limited activities for about a month.** Patients used to be told to wait six weeks before resuming activity, but studies have since suggested that an earlier appropriate exercise program might actually expedite recovery.

- **Stretching, strengthening and conditioning.** These exercises can help with secondary causes of back and leg pain, enhancing the outcome of your surgery.

- **Walking, followed by bicycling or swimming.** Low-impact exercise decreases your risk of developing scar tissue and provides a gentle aerobic workout that does not interfere with healing.

Some postoperative pain is to be expected. Common complaints after microdiscectomy include an ache in the legs caused by healing nerves, pain caused by inflammation and muscle spasms. Sitting can also be uncomfortable for the first few weeks after surgery, so try to get up every 15 to 20 minutes and walk around.

In conjunction with your recovery, we can design an exercise plan—with your surgeon's approval— for you. This way, side effects will be relatively tolerable and quickly diminish, and you can resume your normal activities free of pain.

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Double-bundle Surgery to Repair ACL Damage

The **anterior cruciate ligament**, or **ACL**, which connects the femur (thigh bone) to the tibia (shin bone) in the center of the knee joint, actually consists of two "bundles" or "bands." One, **the anteromedial (AM)**, **controls the forward and backward movement of the tibia** while the other, **the posterolateral (PL)**, **controls the knee when it pivots or twists**, as in stop-and-start sports, such as soccer and football. In the more than 200,000 ACL tears that occur annually in the United States, both bundles are usually torn.

In single-bundle ACL surgery, the surgeon constructs a single "new" ligament (made from cadaver tissue or the patient's own) and inserts each of its two ends into a "tunnel," one on the tibia and one on the femur. Double-bundle ACL surgery involves more closely replicating the pre-damage ACL in that it replaces both the AM and PL, two grafts with two tunnels into the femur and tibia.

To explain the difference between the two surgeries, one of the leading double-bundle ACL surgeons has likened the knee ligaments to door hinges: A door that has only one hinge in its center is less stable than a door with two evenly spaced hinges. Because the single hinge absorbs all the work, it is more likely to be stretched, compared with two hinges that share the work.

Because the **double-bundle reconstruction allows for better postoperative control of both kinds of knee motions**—pivoting and back-and-forth—the hope (backed up by preliminary evidence) is that the knee is less likely to be subject to future degeneration and injury than if single-bundle surgery were performed.

Postoperatively, though, whether you undergo a single-bundle or double-bundle procedure, the rehabilitation process will be about the same. We will work with you and your surgeon to create a strengthening rehabilitation program that will have you using your knee "normally" in a matter of months.

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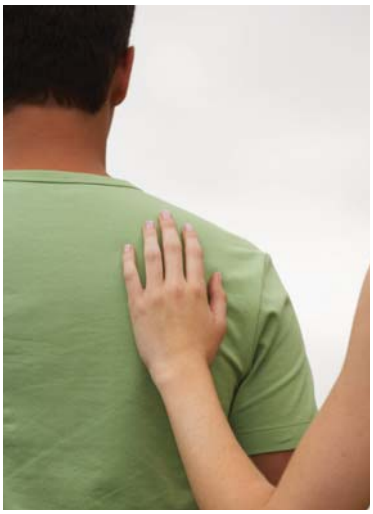
Continued Shoulder Pain After Decompression Surgery



Shoulder impingement syndrome, the condition that often results in decompression surgery, can cause pain as you perform your daily activities. Therefore, it is understandably frustrating when you continue to experience pain after surgery. Luckily, chances are that this new discomfort will be short-lived, especially with good postoperative care.

In most cases, **decompression**—a procedure performed to "open" the subacromial space between the top of the arm and the shoulder by removing scar tissue and bone spurs—**is performed using an instrument called an arthroscope**. This fiber optic scope allows surgeons to examine the shoulder joint with a few small incisions, sometimes finding injuries that magnetic resonance imaging or traditional open surgery might miss. It is **a minimally invasive procedure with a low risk of complications**. However, surgery is still surgery, and some postoperative pain is to be expected.

Keep in mind that the length of your recovery depends on the severity of your shoulder impingement in the first place. More extreme cases require more extensive surgery. Prior to the surgery, the impingement may have hindered your shoulder's mobility, meaning that your muscles have paid the price.

The good news is that arthroscopic decompression is successful in more than 80% of patients. **Your chances of success increase when you follow a physical therapy program that helps you regain full range of motion in your shoulder and eases any stiffness or pain you might be feeling.**

Even before you are able to move the shoulder, we can work with your surgeon to develop exercises that work the hand and elbow, which will keep postoperative swelling to a minimum. We can also design a rehabilitation program to give you better control of the musculature involved, leading to a pain-free, fully functional shoulder.

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Individual Solution Key to Repairing a Torn Achilles Tendon

The Achilles tendon, the longest and strongest tendon in the body, connects calf muscles to the heel bone. When it is injured, the treatment is often individualized. For example, a patient recently began physical therapy after surgery to repair an Achilles tendon he had torn playing basketball. When another patient tore his Achilles tendon, he had worn a cast for about a week and then a brace for two months, followed by physical therapy. Because the recovery time from surgery was about the same length as the nonoperative treatment, the first patient wondered why his doctor had recommended surgery.

Jumping and pivoting put tremendous stress on the Achilles tendon and can cause it to tear, especially in middle-aged weekend athletes, like the first patient. Partial Achilles tendon tears are often treated with rest, casting and bracing, while complete tears are repaired surgically. Lifestyle factors can also affect individual treatment decisions.

Surgical repair reduces the chance of rupturing the tendon again and is often preferred for individuals who

- **are younger than middle age and otherwise in good health**,
- **want to return to athletic activities after rehabilitation** and
- **hold physically demanding jobs**.

Nonoperative treatment eliminates risks associated with surgery, such as infection and the side effects of anesthesia. It may be preferred for people who

- **are late middle-aged or older**,
- **do not intend to participate in vigorous athletic activity after rehabilitation**,
- **have health conditions**, **such as diabetes**, **that may complicate healing** and
- **hold sedentary jobs**.

If you tear your Achilles tendon, full recovery takes four to six months and requires intensive physical therapy, regardless of the process used to restore the tear. We can design a program that addresses your specific needs and allows you to resume activities that are important to you.