

August 2009

Strength Training Benefits in Older Adults



Strength training has benefits for all ages, but it can be a neglected part of an exercise regimen for men and women aged 50 years and older. Research suggests that when performed correctly, strengthening exercises are a safe way to improve fitness and health, even in older adults who have health conditions such as arthritis.

In fact, strength training—when used along with aerobic exercise—can have significant effects on your mental and emotional well-being. As you age, strength training can help reduce the effects of many diseases and health challenges, such as

- **depression,**
- **obesity,**
- **osteoporosis,**
- **diabetes** and
- **back pain.**

Strength training **encourages increased bone density** and **builds muscle mass**. Strength training can also help you **reach and maintain a healthy body weight** by promoting increased metabolism and decreased body fat. Better still, it **improves overall body composition and reduces the risks of obesity-related diseases**.

How often should a person engage in strength training to experience these benefits? Ideally, you should perform 30 to 60 minutes of exercise on three nonconsecutive days a week. Exercise all major muscle groups at moderate intensity, doing 10 to 15 repetitions, for one or two sets. As you get stronger over time, you can increase the weights.

While strength-training exercises have numerous benefits, they must be performed properly to ensure safety and maximum gains. It is particularly important that older adults consult a doctor before beginning a strength-training program. The next step is to see us for a personalized strength-training program that takes into account your specific health and fitness goals, which will allow you to get the most benefits from your regimen.

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Protecting and Repairing Meniscal Injuries



Although some athletes return to the game soon after a meniscal injury and others take months to recover, there is a good reason for this variation. To repair this athletic injury, especially common in soccer or football, treatment depends on the type and severity of the injury, the activity level of the patient and the response to treatment.

The menisci are discs of cartilage that fill the area between the large upper thigh

bone and the shin bone, acting as shock absorbers at the knee joint. If a movement stresses the meniscus, it can subsequently become torn or damaged.

Most tears can be treated with physical therapy and exercise, along with anti-inflammatory medications or cortisone injections. Typically, patients who need surgery may have a “partial” meniscectomy—where the torn portion of the meniscus is removed—or a repair that requires joining the torn edges with sutures.

After a partial meniscectomy, physical therapy can usually start within a few days, when bearing weight is comfortable and can be tolerated. After a meniscal repair, the patient can also begin physical therapy within a few days but will sometimes need to refrain from weight bearing for approximately four to six weeks, depending on the extent of the tear. Slow, steady weight bearing would follow this period of healing, although it can be several months before the patient can return to sports.

Regardless of the initial treatment, our first focus will be to reduce the swelling and inflammation, and relieve pain. When this inflammation is under control, subsequent exercises can effectively strengthen the knee muscles. Such exercises are designed to

- **control exercise progression to avoid injury,**
- **encourage gentle improvement of strength** and
- **facilitate complete range-of-motion.**

Proper aftercare and consistent exercises will encourage healing, prevent any future injuries and let you return to your sport within a reasonable amount of time. Talk to us about an exercise regimen devised especially for you.

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How Safe Is Soccer for Children?



A great sport for building endurance, dexterity, speed, agility, coordination and teamwork, soccer is a game played by both boys and girls. As far as safety is concerned, the injury rate in soccer is estimated to be between one-fifth and one-half that of football, America's other favorite fall sport. Still, with more than three million kids playing youth soccer, injuries send about 120,000 children to the emergency room each year. Many of their

injuries could have been prevented through good conditioning, proper use of protective equipment and common sense.

Sprains and strains, especially those of the ankle and lower leg, are the most frequent soccer injuries. They are much more likely to happen at the beginning of the season to players who are out of shape. Girls are especially prone to noncontact knee injuries, such as a torn anterior cruciate ligament.

We can help your child avoid such injuries through a conditioning program to strengthen the quadriceps muscles that run down the front of the thigh and the hamstring muscles at the back of the thigh. Strengthening these muscles helps stabilize the knee so it can better withstand quick stops and sharp turns. We also can suggest stretching exercises to improve flexibility and reduce the risk of muscle strains.

Another safety concern involves "heading" the ball, which can cause a concussion and result in brain damage. Because youth brains are still developing and are susceptible to serious consequences from head injuries, experts recommend that this technique not be taught to children younger than 10 years of age. For older children playing at a more advanced level, we can recommend exercises to strengthen the neck muscles and avoid injury when performing this move.

Prevention is the best defense against soccer-related injuries. We can develop a program of conditioning and strengthening exercises that, along with the right protective equipment and a coach who uses age-appropriate training techniques, will give you every reason to expect a safe and successful soccer season.

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Stenosis and Leg Pain



It may seem counterintuitive, but the pain you feel in your legs may actually be caused by a problem in your spine called **stenosis**. As we age, areas of the spinal column can become pinched or narrowed, resulting in the constriction and irritation of nerves surrounding the spine. This may result in a variety of problems, including pain or numbness in the back, shoulders, arms and the legs. In its most severe form, spinal stenosis can have a dire effect on bowel and bladder function.

The most common kind of stenosis affects the lower spine. When the nerves in this area are compressed, a condition called **pseudoclaudication** occurs, whereby **a pain or cramp you feel in your legs when you walk downhill improves when you stand still**. A

herniated disk can also narrow your spinal canal and compress nerves in your lower spine, leading to pain that starts in your hip or buttocks and extends down the back of your leg. This pain is worse when you sit and generally affects only one side.

Surgery can help in extreme cases, but symptoms often return years later due to continued degeneration of the spine. Unfortunately, postoperative pain may be even worse than the initial discomfort caused by the stenosis.

Many stenosis sufferers find relief through nonsurgical means, most commonly through physical therapy. We can design a series of exercises to help you strengthen and stabilize the spine, enhance your flexibility and release tension in tight muscles. By following such a program, hopefully you will be walking pain free before you know it!

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Retearing a Repaired Rotator Cuff



No one enters into surgery lightly. Before you underwent surgery to repair your rotator cuff, you probably weighed all the pros and cons with your doctor, so it is understandably disconcerting to discover you have return your rotator cuff.

A recent study by the American Orthopaedic Society for Sports Medicine found that **even after a retear, people experienced greater range of function and pain relief than**

those whose treatment did not include surgical intervention. The second tears were usually smaller than the one that first led to surgery. And even if the new tear grew in size, the patients reported no pain or problems and did not need additional surgery or treatment. Many of them were not even aware of the retear until an ultrasound exam or magnetic resonance imaging revealed it. In other words, you are still better off having had the surgery, even if the cuff has torn again.

It is not entirely clear what causes a retear, although certain surgical techniques have a higher incidence of recurrent tearing. Overzealous activity can also retear the surgically repaired tendons. Fortunately, the initial repair very rarely breaks down completely, and because the original surgery enlarged the subacromial space in which the rotator cuff is confined, the shoulder is not irritated and inflamed as easily as before surgery.

However, along with poor muscle tissue quality, lifting heavy objects improperly and engaging in nonapproved athletic activities, the lack of a physical therapy regimen might be a factor. Maintaining **an active exercise program**, which includes stretching and strengthening of the shoulder muscles to avoid stiffness and weakness, is recommended. To avoid potential problems, we can prescribe exercises to

- **maintain full function of the shoulder musculature,**
- **enhance control of the shoulder blade** and
- **slowly increase flexibility.**

So if you have return your rotator cuff, come in and talk with us about exercises you can do to keep pain from returning.