

December 2008

## Winter Activities Foster Year-round Fitness



**T**he urge to “hibernate” in winter is strong, even for us humans. However, you are better off staying in shape than struggling to catch up come spring. And winter exercise benefits more than just physical fitness; it is also a powerful antidote for the winter blues.

Your options for winter workouts vary by interest and location. People in warmer, sunnier climates have the outdoor advantage

over those in regions with cold temperatures and snow. But many people find being outdoors in winter exhilarating. Snow shoeing, ice skating and cross country skiing—regarded as one of the best cardiovascular workouts—are among winter’s unique outdoor activities.

Winter exercise is not without its risks and challenges. In below-freezing weather, frostbite and hypothermia are of concern, while rainy climates make it challenging to stay both warm and dry. Make certain that you wear the right clothing to protect your skin and maintain appropriate body heat. And do not skimp on the warm-up exercises! **Your muscles take longer to loosen up in colder weather, making injury more likely without adequate preparation.**

If outdoor exercise in winter weather is not to your liking, shift your focus indoors. Head to the gym or health club for sports, fitness classes and workouts. Many facilities also have indoor pools. **Swimming is an excellent year-round activity that is gentle on joints and enhances cardiovascular health, strength and flexibility.** In many communities, walkers take to the indoor shopping malls in winter. Local walking clubs, health clubs and some malls themselves sponsor mall-walking programs.

**In all seasons, varying your activities**—cross training—**will reduce the likelihood of injury** and help prevent boredom. Focus alternately on strength and endurance, flexibility and balance, and skills specific to your favorite sports or fitness activities. Aim for 4 to 6 weekly sessions of 30 to 45 minutes each.

We can design a winter fitness program to facilitate your specific fitness goals while keeping you in shape and injury-free.

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## MRI Signals Rotator Cuff Changes



**T**he four muscles that constitute the rotator cuff wrap around the shoulder joint, helping guide the shoulder through its range of motions while simultaneously providing stability to the joint. At the ends of these four muscles are tendons, which attach to the humerus, or upper arm bone. If the magnetic resonance imaging (MRI) your doctor performed shows changes in these tendons, possibly including inflammation or irritation, you may incur a

complete rotator cuff tear in the not-too-distant future.

If you receive this news, do not panic. The beauty of catching these changes early using MRI technology is that **we can design a physical therapy program to decrease the likelihood of a complete tear.** We do this by concentrating on exercises that strengthen the rotator cuff muscles in such a way that the head of the humerus will stay in its proper position and not slide too far, which is the main reason your tendons can get inflamed or irritated.

Even if you are a highly skilled athlete, chances are that you have only worked on strengthening a few of the larger muscles surrounding the shoulder joint. The exercises we design will focus on the commonly neglected smaller muscles, using isometric and fixed-weight exercises. We may also implement such therapies as electrogalvanic stimulation or ultrasound treatment.

**The stronger the smaller rotator cuff muscles become, the better they compensate for damaged tendons, improving your range of motion and relieving discomfort or pain.** By sticking to your physical therapy program, you will likely avoid more serious rotator cuff problems—in fact, the majority of rotator cuff problems can be treated with exercise programs and nonsteroidal anti-inflammatory drugs, if your doctor agrees. We can help you develop a program to prevent further injury to your rotator cuff.

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## Morning Stiffness



**D**o your joints crack and your muscles ache when you get out of bed in the morning? This could simply be a sign of aging, or it could be a symptom of one of several medical conditions that can cause morning stiffness.

If it takes you longer and longer to get going in the morning or if morning pain and stiffness interfere with your normal morning routine or daily activities, then it is time to see your doctor. Morning stiffness can be a sign of such disorders as rheumatoid arthritis, fibromyalgia, chronic pain syndrome or lupus. While certain medications can help people suffering from these disorders control their pain, a person with a musculoskeletal disorder can also benefit from a physical therapist-designed morning

stretching routine that addresses the specific symptoms.

If your doctor rules out a medical condition as the reason for your morning discomfort, then the aches and stiffness most likely are due to **natural aging**. When the body is inactive during sleep, fluids accumulate in the tissues. This is a normal process, but it makes the muscle tissue more gel-like and difficult to move. The same thing happens in the discs of tissue that act as cushions between the vertebrae of the spine. During the night they absorb fluid and swell, so that the flexibility in your spine is decreased. Morning aches may make you want to limit your movements, but that will only make things worse.

Regardless of your age and physical condition, we can develop a set of gentle stretching exercises to be performed each morning to improve your circulation and loosen up your muscles and spine. We can develop exercises that will also increase your range of motion, decrease pain and, along with a hot shower, get you on your way to enjoying your daily activities.

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## Partial Knee Replacement: An Alternative to Total Joint Replacement



**A**s we age, many of us experience increased pain in our knees. Most of this pain is the result of osteoarthritis (OA), which is the wearing away of cartilage that helps our bones glide smoothly. If nonsteroidal anti-inflammatory medications, muscle strengthening, rest and weight loss do not relieve knee pain, joint replacement surgery may be in order.

The extent of this surgery will depend on how much damage is evident in your knee joint. The knee has three compartments, and if only one of these compartments is damaged, your physician may recommend a **partial joint replacement**. Benefits of such surgery include

- **smaller incisions**, one third to one quarter the size of the traditional total joint incision;
- **a shorter hospital stay**; and
- **faster recovery and rehabilitation time**.

In addition, a partial knee replacement provides better joint function because healthy natural bone and joint are preserved, which may be helpful if you ever need a total joint replacement in the future. The surgery takes approximately 1 to 1½ hours, and patients usually go home the day after the operation, instead of the 3 to 4 days after total joint replacement. Common complications include stiffness from scar tissue, blood clots and infection.

Your physician will take a thorough medical history and administer tests, including x-rays, to determine if you are an appropriate candidate for partial joint replacement surgery. Ideal patients are those who are older than 55 years of age, have OA that is confined to one knee compartment, have an intact anterior cruciate ligament, have no significant inflammation and are relatively sedentary or perform low-impact exercises.

Because rehabilitation is much shorter than with total knee replacement, you can soon resume low-impact activities such as walking, biking or swimming. The goals of partial knee replacement are to reduce pain and help patients regain as much range of motion as possible. We can help design a program to meet your specific needs and goals and get you back on your feet as soon as possible.

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## Hip Resurfacing: An Alternative to Hip Replacement



If your surgeon has suggested “resurfacing” your hip, he or she probably believes you are a good candidate for a newer procedure that has gained popularity in the past few years: **hip resurfacing arthroplasty**. Unlike a traditional hip replacement, where the entire head of the femur (the long bone in your thigh that fits into the socket) is removed, this surgery involves only shaving the head of the femur to a rounded shape and covering it with a metal cap. The appropriate candidates

are typically women in their 40s and 50s, and healthy men under the age of 60.

Many surgeons prefer resurfacing over a complete hip replacement because removing less bone allows for a second hip replacement in the future, if necessary. However, this type of surgery is no easier on the patient than traditional hip replacement—in fact, a larger incision is needed to perform the procedure—and the recovery can still take up to 6 months or longer.

For ultimate success, it is important that you work with us and commit to the rehabilitation program designed for this type of surgery. Keep the following points in mind:

- The reason for resurfacing your hip with an artificial implant is to get you moving again with less pain and better freedom of movement; your rehabilitation will focus on the same things.
- The goal of physical therapy will be to strengthen the thigh and hip muscles, improve balance, and manipulate ankles and knees to avoid swelling and blood clots.
- Directly after surgery, you will have to follow strict “hip precautions” since you will be at greater risk for dislocation. We will teach you specific ways to perform seemingly simple tasks, such as climbing stairs and getting in and out of bed or your car.
- Once your soft tissues have gained adequate strength, you will be able to incorporate more varied therapeutic exercises.

While recovery can be extensive, by following our suggestions and committing to the rehabilitation process, you will achieve the best—and fastest—results from hip resurfacing.