

November 2009

## Staying Active and Fit in Cooler Weather



**W**hile the summer months bring a flurry of outdoor activity and exercise, the cooler fall and winter months mean that you need to tweak your routine for the best results. Protecting yourself from the elements and keeping your program varied will help you maintain optimal fitness results, without compromising your safety and health.

Most people can continue activities such as running and walking outdoors but will need to **wear appropriate clothing**, along with keeping their hands and face protected. A **gentle warm-up** is also important if it is cold outside, so consider walking first before transitioning into a run. On rainier days, be extra careful about **wearing the right footwear**, especially if you are playing sports on a muddy field.

Some days, the weather simply will not support an outdoor workout or activity that you can enjoy to the fullest. However, a variety of indoor activities can get your heart rate up and improve your strength. Consider working out on such exercise equipment as the

- treadmill
- elliptical trainer
- stationary bicycle
- rower

You can always use the time on the machines to catch up on some reading or listen to your favorite songs. Even “mall walking” can be an effective way to remain active in the cooler months.

On days where you really do not want to venture away from home, try **running up and down your stairs in 10-minute increments**. Also, do not forget the importance of strength training two to three times a week.

Consult us for a program of activities that will work best for your fitness goals and safely keep you fit and healthy—no matter what the weather and season. Keeping fit through the cooler weather can leave your body, energy levels and mind in peak form.

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## A Safer Basketball Game for Every Age



If you have ever wondered whether basketball is too stressful on your body as you age, you are not alone. While many people worry that older adults should not enjoy the benefits of fast-moving sports like basketball—for fear of injury or health—with a little help from us, you can continue to participate in this sport.

**No single activity is automatically ruled out as you age;** however, common sense

should prevail, and enjoying your basketball game can be accomplished within reason. To warm up and stretch your muscles, begin with short intervals of moderate physical activity of, say, five to 10 minutes and gradually build up to the desired amount. And do not forget to cool down and stretch after playing. Make sure you have plenty of fluids on hand and rehydrate frequently.

You can continue to reap the benefits of the game by making adjustments to accommodate your aging body. If running is too tiring, you may need to play half court, rather than full court. Generally, playing with people at a similar level and ability can make the game even more successful. While your game may become a bit less competitive, you may find that shooting and dribbling give you an excellent, enjoyable workout without the strain of competition.

Although it is not considered an aerobic sport, basketball can help you

- **burn calories**
- **build endurance**
- **improve your coordination**
- **develop concentration and self-discipline**
- **build muscle**

As we age, health conditions such as arthritis or diabetes often emerge. Check with us to ensure that you are playing basketball or any other sport at an intensity appropriate and safe for your age, fitness level and any health conditions you may have. Basketball and other sports are not just for younger people. With our support, you can enjoy your game for many years to come.

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## A New Procedure to “Fix” Cartilage



**K**nee problems associated with cartilage damage are not fun. Particularly prone to damage is the **articular cartilage**, which covers the end of bones where they meet, or articulate, with another bone, such as the knee, to provide shock absorption and enable the joint to withstand weight bearing needed to perform daily activities and sports.

Once the cartilage is damaged, it continues to deteriorate over the years, resulting in constant pain and reduced mobility. Some procedures can alleviate symptoms but do not provide lasting results. Because artificial joints only last 10 to 15 years, knee replacement for younger patients is often discouraged.

Usually reserved for those with limited areas of cartilage damage, **cartilage replacement can be used in patients with certain knee problems to improve function**. First, through arthroscopic surgery, a surgeon harvests the cells (chondrocytes) that make up your own cartilage, places them in an enclosed container and sends them to a lab where they are allowed to multiply. Then, during a second surgery, which entails opening up your knee to remove damaged articular (surface) cartilage, the newly “grown” cells are inserted into the damaged areas of your knee by injection. This zone is then covered with a special patch, and the hope is that new cells will provide a new surface over time.

Because **early therapy is the key to successful outcomes with this type of procedure**, you will probably meet with a hospital staff physical therapist even before being discharged. You will learn how to move while placing minimal weight on your knee. You may also use a continuous passive motion device to reduce joint stiffness and enhance healing. To protect your fragile knee surface while it heals, you might wear a leg brace for a short period of time.

In the following months, we will help you to start walking unassisted, eventually moving on to gentle cycling after about three months and low-impact sports by six months postoperatively. You might have to take at least a year off from high-impact sports, but by following your rehabilitation program, you can expect improvements in function and, eventually, a full return to normal activities.

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## Attaining Those Elusive “Six-pack Abs”



**F**or many people, achieving a defined abdominal area seems to be a nearly impossible goal, one for which we purchase a variety of abdominal trainers with the hope that they live up to their advertised claims of attaining “six-pack abs.” Unfortunately, **achieving a slim and defined midsection is more challenging than simply using one piece of equipment.**

To really develop toned abdominal muscles, you must take into account a combination of

- **genetics and body type**
- **diet and nutritional support**
- **cardiovascular training**
- **strength-training exercises**

Your natural body shape, combined with your diet, will dictate much of the results you obtain from abdominal exercises. Some people naturally gain more midsection weight—called **visceral fat**—that can be particularly challenging to shed because it is located deep inside the abdomen where it surrounds the abdominal organs.

Evidence suggests that a diet high in refined carbohydrates can lead to increased visceral fat. While you need not eliminate carbohydrates, a focus on whole grains, fruits and vegetables, along with lean proteins, dairy and nuts, may help reduce visceral fat.

**Strength training to condition your core can result in a more defined midsection,** provided exercises and breathing patterns are performed correctly. While equipment works well for some people, others do just fine with traditional crunches, assuming they use proper form and breathing. For the results of strength training to be visible, you will need to perform cardiovascular exercise for overall fat reduction. Aim to get your heart rate up to a moderate-to-high intensity level approximately three times a week.

Not only will the aesthetic aspects of strong, defined abdominals be rewarding but **you can improve your back, posture and overall core strength,** as well. To help you accomplish this goal, we can design a program that is safe, manageable and, most importantly, effective.

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## Shoulder Stabilization Surgery for the Young Athlete



**S**houlder dislocations are quite common in active young people. While surgery might seem like an extreme solution to a moderate problem, the procedure is actually the best chance for a problem-free shoulder in the future.

A dislocation usually results in a trip to the emergency room, where the shoulder is reduced (placed back into its normal position) and stabilized with a sling. For many adults,

this would be the only course of treatment, followed perhaps by some physical therapy, but **for those younger than 30, the chance of a second (and potentially more debilitating) dislocation is about 80%, because portions of the ligaments and capsule do not heal fully.** This can mean long periods of being kept out of sports or play and ultimately may result in the need for surgery anyway.

While it might seem a scary prospect, **shoulder stabilization surgery can prevent future problems for the active young person.** He or she will be able to return to normal activities and sports without the fear of another dislocation, soreness or reduced mobility from incomplete healing.

A good rehabilitation program will hasten and enhance recovery. We can design a regimen of exercises that strengthen musculature to protect other shoulder structures while focusing on the patient's particular needs. By sticking to the program, the results of the surgery should be permanent, and the athlete will be running, jumping and throwing in no time.