

Health, Wellness, & Fitness Quarterly

Fall 2012

Oakland
PHYSICAL
THERAPY, P.C.

Physical Therapy Students Elizabeth Burkel, DPT, OMPT

At any point during the year, you may stop by Oakland Physical Therapy, P.C. and see a new face with lab coats with "SPT" on their name badge. SPT is the acronym for Student Physical Therapist. Oakland Physical Therapy, P.C. collaborates with several universities allowing students from physical therapy doctoral programs to intern at our facility. Linda Erickson, PT, MS, OMPT is our Center Coordinator for Clinical Education. She communicates with the



academic coordinators of clinical education at the universities who provide details regarding the placement needs of the students. Most of our students come from



Central Michigan, Grand Valley State, Oakland, and Wayne State universities but students from all schools are welcome.

Students come prepared. All of the physical therapy students who enter our doors have finished their undergraduate degrees and completed the rigorous process of acceptance into a graduate level physical therapy program. In the first year of the doctoral program, students receive training in anatomy, therapeutic exercise, evaluation and differentiation between different diagnoses, and instruction and practice in various forms of treatment. Students practice evaluation and treatment techniques on their classmates and test their manual skills on their professors. Typically students must maintain a 3.0, or "B", average in order to continue in the program.

During the internship at our facility a student



Linda Erickson observes as a student treats a patient's ankle

is typically paired with one full-time therapist who is called the Clinical Instructor (CI). The student will begin with an orientation and discussion regarding clinical goals. During the first week, the student becomes familiar with our facility and schedule. Whether directly in the treatment room or by discussion before or after each session, the physical therapist closely monitors the evaluations and treatments performed by the student. As time progresses, the CI will determine the level of independence of the student. Students who are in their final internships must be able to function as entry level physical therapists by the end of the experience.

Allowing students to complete their internships or clinical rotations at our facility has many advantages. Our therapists have advanced training in Orthopedic Manual Physical Therapy, *(continued on page 2)*

(continued from page 1) and as a result, students benefit from this training and experience by learning mobilization techniques to improve muscle flexibility and joint mobility. Students also learn to translate textbook knowledge into real life situations. Diagnoses may be similar, but every patient comes with a unique presentation and set of challenges. Students learn to communicate and work together with patients to restore function, decrease pain, and improve strength and mobility.

The staff also benefits from working with students. You must know in order to teach. Students keep the therapists sharp and on their toes as they demonstrate techniques and pose questions. Students can also bring fresh ideas. While in class they are tested on current information. Students will often present research to our staff and facilitate discussion of new treatment techniques.

Other benefits include continued friendships and, occasionally, new staff. Cathy Jamrog, Beth Burkel, and Cortney Gibson were all hired following their final internships at Oakland Physical Therapy, P.C. They have since had the opportunity to work with students themselves and continue the process of educating future physical therapists.

Internships and clinical rotations are an integral part of the education of student physical therapists. Thank you for participating with us as we continue to welcome new students to our clinic.

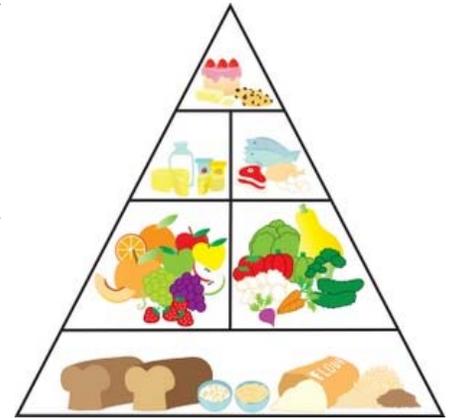
Nutrition and Healing

Cortney Gibson, DPT

Good nutrition is necessary for healing. There are nutrients that the body needs more of during the healing process including increased amounts of protein, vitamin A, and vitamin C. Including more of these nutrients in your diet during your rehabilitation may help accelerate your results. Protein can be found in foods including meats, eggs, cheese, milk, yogurt, dried beans, nuts, and seeds. Vitamin A can be found in dark greens, leafy vegetables, orange or yellow vegetables, orange fruits, fortified dairy products, and liver. Vitamin C can be found in citrus fruits and juices, strawberries, tomatoes, peppers, potatoes, spinach, broccoli, cauliflower, brussel sprouts, and cabbage.

In addition to the importance of extra nutrients during the healing process, there are also foods that promote inflammation while others are anti-inflammatory. This can impact the healing process after injury or after strenuous exercise. Think about including the anti-inflammatory foods versus the inflammatory foods in your diet. Anti-inflammatory foods include fish (salmon or albacore tuna), dark leafy greens, bell peppers, berries, kiwi, dark beans, pecans, almonds, garlic, and whole grains. Try to avoid eating pro-inflammatory foods including trans and saturated fats (high fat red meat, fried foods, processed meats), excess alcohol, and sugared beverages, cereal and snacks.

Beyond what you are consuming nutritionally, there are additional factors that can affect the healing process. We all know that smoking has negative effects on our health, but did you know that smoking delays healing? Smoking causes the blood vessels to become smaller and with the smaller size of the vessels it makes it difficult for them to carry oxygen, nutrients, and healing factors to your injury. Cigarette smoke also contains carbon monoxide which is a poison that decreases the amount of oxygen in your blood. Oxygen is a vital component to the healing if your injury. So what's the good news? Studies have shown decreased carbon monoxide levels in the bloodstream as well as increased oxygen levels after only 3 days of quitting smoking.



Nutrition web sources:

www.eatright.org www.mypyramid.gov www.fda.gov

Shoulder Surgery Avoided with Specific Physical Therapy

Frank Kava, PT, MS, OCS, OMPT

A recent study in the British Medical Journal examined the effect of specific exercise strategy in physical therapy on the need for surgery in patients with *subacromial impingement syndrome*¹. This study was very unique. The randomized controlled study was performed in a well known university in Sweden where patients in need of surgery are placed on a long waiting list. The patients in the study had already had shoulder pain for at least six months and had failed to improve with injections and other conservative treatment. While waiting for surgery 97 participants completed the study comparing a specific physical therapy program to an unspecific physical therapy program. The specific physical therapy program consisted of well designed exercises to strengthen the rotator cuff and scapular muscles and included manual stretching and soft tissue joint mobilization techniques as well as a well monitored home exercise program. After completing the 12-week program, 80% of the patients in the specific physical therapy program improved significantly and chose not to undergo surgery and took their names off of the surgical waiting list.

Subacromial impingement occurs in the shoulder when a sensitive or inflamed tendon or bursa is pinched between forward projection of bone from the shoulder blade called the acromion and a bony prominence where the rotator cuff muscles attach to the humerus called the greater tuberosity. The space between these two bones may vary in individuals due to bone spurs but can also be dynamically altered by the position of the shoulder blade and the upper back. It has been demonstrated that the subacromial space decreases when the shoulder blade protracts and rotates excessively forward and further accentuated with the upper back is rounded. Weakness of the rotator cuff muscles and the muscles between the shoulder blade and trunk can also influence the position of the scapula and the size of the subacromial space. A specific physical therapy program addresses all of these deficits and can have a favorable effect on decreasing the *subacromial impingement* in cases of rotator cuff and biceps tendinitis, subdeltoid and subacromial bursitis, and frozen shoulder.

Arthroscopic surgery for *subacromial impingement syndrome* involves opening the space by removing a portion of the bone from the acromion and underlying ligaments thereby increasing the subacromial space. The surgery is typically performed arthroscopically. This may be necessary for patients with enlarged bone spurs typically due to advanced arthritis. It may also be necessary if the patient fails to respond or is noncompliant with conservative treatment including physical therapy.

As this study shows, a specific physical therapy program can have very favorable effects in the treatment of these conditions. Tightness of the muscles and joints of the shoulder and upper back can be treated by passive mobilization and stretching by the physical therapist. The patient is instructed in effective self-stretching exercises that can maintain the mobility. The patient is also instructed in correcting the rounded posture of the upper back. *(continued on page 5)*



(continued from page 4) Muscular weakness is treated with a very specific regime of strengthening exercises that the patient is trained in under the direct supervision of the physical therapist and effectively continues to perform at home.

The Swedish study is unique and would be unable to be duplicated at this time in the United States. Socialized medicine in Sweden results in long waiting times for shoulder surgery. The average waiting time for shoulder surgery in Sweden is 13 months after being placed on the waiting list. This is unfortunate for the patient but does provide a unique pool of patients for research. In the Swedish study, 97 patients aged 30-65 were recruited from the department of orthopedics from the University hospital in Linköping, Sweden. Part of the inclusion criteria was that the patient had at least a six month duration of the current episode and lack of response to three months of conservative treatment including standard exercise, had an injection of corticosteroid, and placed on the waiting list for surgery. These patients were referred to physical therapy and then randomly divided into two groups with different exercise interventions; one group received a specific physical therapy program of specific exercise and mobilization, the other group received unspecific general exercise treatment.

All of the physical therapists at Oakland Physical Therapy approach the treatment of *subacromial impingement* as described in this successful study. They all have advanced training in orthopedic manual mobilization and stretching of the joints and muscles as well as advanced training in rehabilitation exercise strategies including Pilates.



1. Holmgren, T., Hallgren, H., Öberg, B., Adolfsson, L., Effect of Specific Exercise Strategy on Need for Surgery in Patients with Subacromial Impingement Syndrome: Randomized Controlled Study. *BMJ* 2012;344:e787.

NEWS!



June: Linda Erickson, PT, MS, OMPT attended “Management of the Injured Runner and Cyclist” presented by Brian Heiderscheit, PT, PhD and Jay Dichary, MPT, SCS on June 8 and 9, 2012. The program was held at MedSport in Ann Arbor, Michigan, which is part of the University of Michigan Hospital System.

July: Kristie Kava, DScPT presented at The Performing Arts Medical Association conference July 26-29, 2012 in Snowmass, CO. The title of the presentation was “Physical Therapy Treatment of Musician and Dance Injuries: a Comparison of Two Case Studies”.

August: Linda Erickson attended the Third Annual Oncology Rehabilitation Symposium at Oakland University on August 24 and 25, 2012. The focus of the program this year was functional massage, nutrition, and emotional support during all stages of survivorship.

Oakland Physical therapy is pleased to welcome **Sara Randazzo, PTA** to our staff! Sara is a licensed physical therapist assistant who graduated from the PTA program at Washtenaw Community College. Sara has interned at the University of Michigan among other physical therapy clinics in the area during her education. Sara is also a certified Stott Pilates instructor as well as trained in matwork and reformer exercises. Welcome Sara!



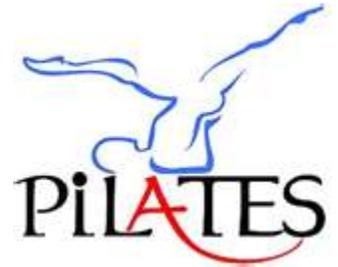
Looking for Eligible Participants!

As part of a study being conducted by Wayne State University Physical Therapy and Pharmacy faculty, **Kristie Kava, PT, MS, DScPT, OMPT** will be teaching a Pilates class at Oakland Physical Therapy to examine the effect of Pilates exercise on participants with moderate to severe neck pain.

We are looking for 6 to 8 people to fill the class.

Eligible participants are:

- 50 years of age or older
- Able to attend 12 exercise classes, once a week for 1 hour, classes will be Wednesdays at 1:30pm
- Have stable, moderate to severe neck pain (3/10 to 8/10)
- Able to get up from and down to the floor without assistance
- Able to walk without an assistive device.



Participants are NOT eligible if:

- Have neck pain that is easily aggravated by exercising
- Are receiving manual treatment for your neck pain currently
- Have numbness, tingling, or weakness in arms and legs
- Have a history of whiplash, spine surgery, osteoporosis, or cervical stenosis
- Have any medical condition that does not allow active exercise

ALL participants will be required to:

- Attend 4 testing sessions that are 1 1/2 hours long in addition to the classes
- Fill in pain diaries daily
- Fill in questionnaires once a week for the 12 weeks

Participants will receive compensation in the form of 3 \$20 Target gift cards.

If you are interested, please contact Dr. Kim Dunleavy at ad6611@wayne.edu or (313)577-5630 to set up a time for a screening. *Specify that you are interested in participating in the Pilates classes at the Oakland Physical Therapy location.*

Oakland PHYSICAL THERAPY, P.C.

26850 Providence Parkway
Suite #365, Novi, MI 48374

Phone: 248-380-3550 Fax: 248-380-1620
E-mail: mail@oaklandphysicaltherapy.com
www.oaklandphysicaltherapy.com

Our Therapists:

FRANK KAVA, PT, MS, OCS, OMPT
KRISTIE KAVA, PT, MS, DScPT, OMPT
LINDA ERICKSON, PT, MS, OMPT
ELIZABETH BURKEL, DPT, OMPT
CORTNEY GIBSON, DPT
CATHY JAMROG, MPT
DALE WALTMAN, MPT



Oakland Physical Therapy specializes in Orthopedic Manual,
Performing Arts, and Sports Physical Therapy

We integrate the Pilates method of exercise into patient treatment programs as well as offering individual and group Pilates sessions. Exercise programs are individually designed for each of our patients to maintain optimal performance and conditioning throughout the course of treatment. We also offer a fitness program to our patients to continue their exercise program at our facility after discharge from treatment.



Oakland Physical Therapy Newsletter Produced by Grace Dzwonkowski, Office Manager



Visit us on YouTube!
<http://www.youtube.com/user/OaklandPhysTherapy>

Find us on Facebook!
<http://www.facebook.com>

