

Health, Wellness & Fitness Quarterly

Oakland Physical Therapy, PC



Autumn 2008

WE ARE PROUD TO PRESENT OUR NEW OFFICE!!

We are very excited and pleased to be in our brand new location. We have put much time and thought into the layout of the facility and we are very delighted with the results of our clinic. We have been able to provide our patients with individual private treatment rooms that will enhance our patient care. We have a beautiful area for Pilates with a special wood floor for the classes. (Please call the office for the class schedule). We are also pleased that many of your physicians are now located in our building. The building is almost complete and there are also many new physicians that

have relocated to our new location. There is a pharmacy located on the first floor of the building for your convenience. A coffee shop is coming soon and there is a Credit Union Advantage located in the lobby.

Our mailing address is:
26850 Providence Pkwy.
Suite 365, Novi, MI 48374

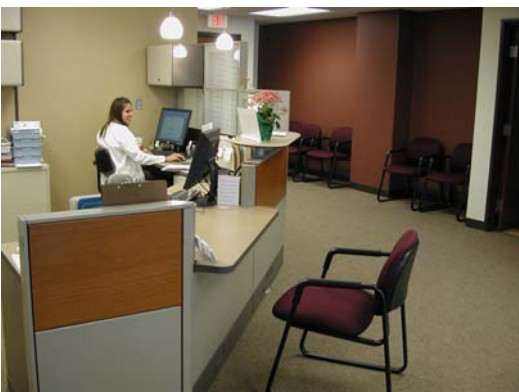
We are located on the 3rd floor in suite 365.

Please stop by and visit us in our new location. We would be happy to show you around the new clinic.

We look forward to seeing you soon.



Our new Pilates area.



Chronic Shoulder Pain and Physical Therapy *(by Frank Kava, MS, PT)*

A recent article published in the American Family Physician Journal on Chronic Shoulder Pain emphasized the value of physical therapy that focuses on the specific diagnosis. They reported that an estimated 20% of the population will suffer shoulder pain during their lifetime and shoulder pain is second only to low back pain in the primary care setting. Successful treatment begins with an accurate diagnosis made by the primary care physician and an accurate assessment of the specific muscles, tendons, ligaments and joints involved by the physical therapist.

There are many causes of Chronic Shoulder Pain; the most common are adhesive capsulitis, osteoarthritis, glenohumeral instability and rotator cuff pathology. Each diagnosis is treated differently. Most are amenable to conservative treatment but on rare occasion immediate surgery may be indicated.

Physical therapy is commonly indicated for most chronic shoulder pain. The type of focus of physical therapy depends on the underlying etiology and pathology. This article refers to recent evidence in the literature which demonstrates that stretching and strengthening of the shoulder improves short term recovery and long term function in patients with rotator cuff disease. Traditionally, therapeutic modalities such as heat, ice, ultrasound, diathermy and electrical stimulation have been used to treat chronic shoulder pain. Little evidence exists for the use of these therapeutic modalities alone in the treatment of



chronic shoulder pain. Adhesive capsulitis (frozen shoulder) can be particularly challenging because of the long duration of the symptoms of pain, stiffness and loss of function of the shoulder. Physical therapy is directed at decreasing the duration of the symptoms and quicker restoration of full range of motion and function. Some recent studies have found that adhesive capsulitis will resolve spontaneously over a one to two year period without intervention, although some non-functional loss of range of motion may be permanent if not treated. Adhesive capsulitis has traditionally responded well to stretching in physical therapy. Unfortunately, the progress is oftentimes slow but more advanced techniques can hasten the recovery. There is also recent evidence to show that injections into the joint performed by the doctor, in combination with stretching in physical therapy can also hasten the recovery. The more advanced techniques of stretching are referred to as manual therapy which includes highly skilled hands

on techniques of joint mobilization. The degree of joint mobilization varies from gentle low level stretching when increased pain is present, to a more aggressive manipulation when there is greater stiffness than pain. The success of physical therapy is optimized when the patient actively participates with daily exercises at home. The physical therapist is instrumental in guiding the patient with specific regimen of home exercises designed and graduated specifically according to the recovery phase.

Glenohumeral osteoarthritis presents as a gradual pain, stiffness and loss of motion in patients older than 50 years. The goal of physical therapy is to improve mobility and function and advise the patient in a management program of exercise to maintain mobility and activity modification to minimize the recurrence of symptoms. In order to improve the stiffness and loss of motion the therapist will apply specific joint mobilization techniques to improve mobility and restore motion. In the arthritic shoulder the fibrous tissue



Chronic Shoulder Pain and Physical Therapy (continued)

the rotator cuff tendons may also degenerate and possibly tear. When this is diagnosed therapy is then directed toward the specific tendon and muscle involved.

Glenohumeral instability refers to disorders that are caused by defects in the joint capsule, which is the fibrous tissue that holds the bones together or the labrum which is a rim of cartilage which deepens the socket of the joint. The defects can cause many degrees of laxity in the joint from intermittent catching to recurrent dislocation. Intensive physical therapy is directed at strengthening the muscles to stabilize the joint and prevent recurrence of the symptoms. Laxity and subluxation may occur in the front, back or underneath the shoulder. The physical therapist assesses the specific laxity and strengthens the specific muscles to stabilize the joint laxity. Should the patient fail to improve sufficiently with conservative therapy then surgical correction of the defect is considered. Physical therapy is then very important during the postoperative recovery phase.

Rotator cuff disorders are sometimes thought to happen only in the young athlete but more often they are prevalent in the adult and geriatric population. Rotator cuff disorders are often caused by high intensity repetitive movements of the shoulder and poor body mechanics involving the entire upper extremity and spine. Rotator cuff tendonitis is the inflammation in any of the tendons. Successful conservative treatment often includes an anti-

inflammatory or analgesic medication and physical therapy. If progress is slow due to the pain, a corticosteroid injection by the doctor will often allow a smoother progression of the physical therapy. A corticosteroid can also be introduced transdermally with ultrasound called phonophoresis or electrical stimulation called iontophoresis. Soft tissue mobilization is manual therapy



which involves specific deep massage and advanced specific stretching to the site of inflammation in the tendon and muscle. For successful physical therapy, the physical therapist must be able to specifically identify the site of the inflammation and then direct the appropriate treatment to that tissue. Once the chronic inflammation is controlled, the muscles and tendons can be stretched and strengthened with exercise. Surgical repair of a torn rotator cuff tendon is very common. The physical therapist guides the patient through a strict postoperative rehabilitation protocol.

Physical therapy encompasses a large range of treatment. The clinicians at Oakland Physical Therapy recognize that the benefits of physi-

cal therapy are optimized when the underlying diagnosis is accurately determined by both the physician and physical therapist and treatment is directed to the specific anatomical and pathological sites. Little evidence exists for the use of therapeutic physical modalities alone. Recent research show stretching and strengthening provides improved short term recovery and long term function. Physical therapists at Oakland Physical Therapy have advanced training and experience with manual therapy and skilled specific stretching techniques. The physical therapist works closely to guide the patient through a progressive and safe program of therapeutic stretching and strengthening exercises. Successful treatment of the patient is most enhanced when the patient actively participates in the rehabilitation process daily. The physical therapist advises the patient in a progressive home exercise program and activity modification to maintain the progress made in physical therapy and prevent future recurrence of the chronic shoulder pain.

(Burbank KM, Stevenson JH, Czarnecki GR, Dorfman J. Chronic shoulder pain; part I, Evaluation and diagnosis. *Am Fam Physician*. 2008 Feb 15;77(4):453-60.



Dr. Kristie S. Kava Presents Doctoral Research



In June, 2008, the Performing Arts Medical Association in conjunction with the Aspen Music Festival and School presented the twenty-sixth annual symposium on Medi-

cal Problems of Musicians and Dancers. During this symposium, Dr. Kristie S. Kava, physical therapist presented her doctoral research considering the effects of trunk muscular endurance exercise (core stabilization exercises) on the instrumental performance of musicians. The presentation was very well received with a wonderful response from colleagues. Dr. Kava has also been

invited to speak at the symposium that will be presented by the British Performing Arts Medical Association taking place in London, England during November of 2008.

Congratulations Kristie!!



School presented the twenty-sixth annual symposium on Medi-

FALL PILATES SCHEDULE



INTERMEDIATE PILATES CLASSES

MONDAY AND WEDNESDAY

12:00 - 1:00 PM

CLASS BEGINS WEDNESDAY, SEPT. 10, 2008

6 WEEK CLASS SESSION

\$160 PER SESSION

OR \$15.00 PER CLASS

BEGINNING PILATES CLASSES

TUESDAY AND THURSDAY

8:00 AM - 9:00 AM

CLASS BEGINS TUES. SEPT 9, 2008

MONDAY AND WEDNESDAY

1:00 PM - 2:00 PM

MONDAY AND WEDNESDAY

6:00 PM - 7:00 PM

CLASS BEGINS WED. SEPT 10, 2008

6 WEEK CLASS SESSION

\$160 PER SESSION

OR \$15 PER CLASS



Oakland Physical Therapy, P.C. Presents our Community Education Schedule for Fall of 2008

TUESDAY, SEPTEMBER 16, 2008 @ 7 pm

HEADACHES (HEAD AND NECK PAIN) - given by Elizabeth Uitti, DPT

This program will review and discuss the causes of headaches, and head and neck pain. It will also emphasize on how to prevent head and neck pain.

TUESDAY, SEPTEMBER 30, 2008 @ 7 pm

YOUR CAREER AS A PHYSICAL THERAPIST - given by Frank Kava, PT, MS, OCS, OMPT and Julie Wright DPT.

This is an opportunity for high school and college age students and their parents to meet and talk to an experienced physical therapist. Hear about a typical day in the life of a physical therapist and tour the clinic where they work.

THURSDAY, OCTOBER 2, 2008 @ 7 pm

INTRODUCTION TO PILATES FOR MEN - given by Kristie S. Kava, PT, MS, DScPT, OMPT

This presentation is geared toward a man's physique and how the basic Pilates philosophy and principles will help him understand what to expect in a Pilates workout.

THURSDAY, OCTOBER 23, 2008 @ 7 pm

THE LATEST ADVANCES IN EXERCISE FOR LOW BACK PAIN - given by Frank Kava, MS, PT.

This is a lecture/demonstration and group participation class for all individuals interested in preventing low back pain, especially those with pain that interferes with daily living, sports or occupation.

THURSDAY, NOVEMBER 6, 2008 @ 7pm

Wii HABILITATION - given by Julie Wright, DPT

Everyone is playing it. It is the hottest video system on the market but many people are finding that they are injuring themselves. This is an informative lecture on the causes of the injuries and how to prevent further injury.

TUESDAY, DECEMBER 9, 2008 @ 7 pm

GET CONDITIONED FOR SKIING - given by Linda Erickson, MS, PT, OMPT and Cathy Jamrog MPT

The emphasis of this class will be on stretching and strengthening exercises as well as an overview of musculoskeletal conditioning. A live demonstration of exercise techniques and presentation of biomechanical principles is included.

All classes require registration and space is limited. Classes are designed to address proper posture, body mechanics, flexibility and strengthening issues relative to each specific activity. Participants should wear loose, comfortable clothing and appropriate footwear.

All classes are held in our new clinic located at 26850 Providence Parkway, Suite 365, Novi, Michigan at 7 pm, each seminar is free of charge as a community service.

For additional information or to register, please call (248)380-3550



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Kristie S. Kava, PT, MS, DScPT, OMPT
Linda Erickson, MS, PT, OMPT
Elizabeth Uitti, DPT
Julie Wright, DPT
Cathy Jamrog, MPT

www.oaklandphysicaltherapy.com

New Medicare Legislation in Effect through December 2009

Legislative Updates:

Good News for Medicare Patients!

According to a bulletin from the American Physical Therapy Association, the United States Senate has enacted the Medicare Improvements for Patients and Providers Act. This went into effect on July 15, 2008.

What are the implications for you as a Medicare beneficiary? The 2008 legislation makes it possible for those pa-

tients receiving physical therapy services which meet certain criteria to receive benefits beyond the previous limits. This is a very positive development for you as a Medicare patient.

Oakland Physical Therapy will ensure that our Medicare patients receive the best quality of care. We will work within the Medicare guidelines to see that your care is covered and your treatment plan is implemented for you to receive

the optimum benefits from physical therapy at our clinic. If you have any questions regarding Medicare guidelines, please contact our Billing department at (248) 380-3550.

