

Therapeutic **Outlook**

Your Guide to Wellness Through Movement

VOLUME 7, ISSUE 2

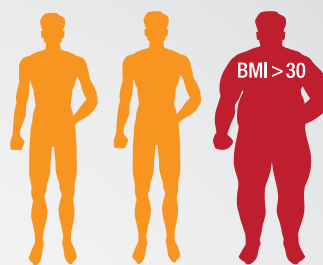


WE'VE STOPPED **MOVING**

The current generation is estimated to be the first with a shorter life expectancy than their parents.

OBESITY IN AMERICA

the weight of the nation



1 in 3
U.S. adults
are obese

**\$147
Billion**

The estimated annual medical cost of obesity in the US in 2008.

\$1,429

Higher expenditure in medical costs for people who are obese than those of normal weight.

17%

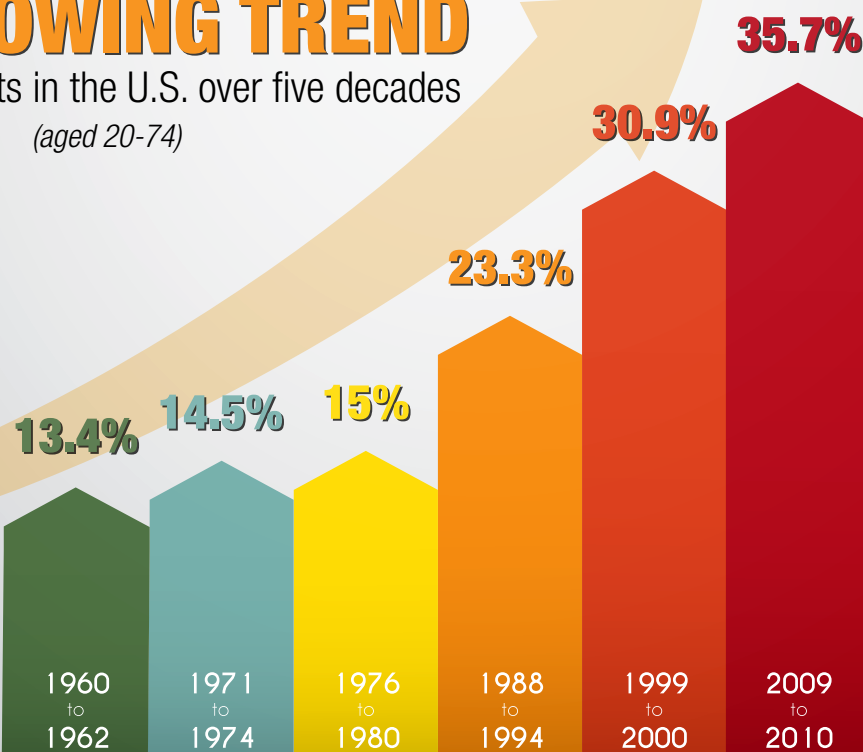
Children and adolescents aged 2-19 are obese in the U.S.

70%

of obese youth had at least one risk factor for cardiovascular disease.

THE GROWING TREND

% of obese adults in the U.S. over five decades
(aged 20-74)



42%

of the U.S. population is projected to be obese by 2030 if the current trend continues.

THIS TREND MUST END!

<http://www.cdc.gov/obesity/data/adult.html>

<http://win.niddk.nih.gov/publications/PDFs/stat904z.pdf>

Flegal KM, Carroll MD, Kuczmarski RJ, Johnson CL. Overweight and obesity in the United States: prevalence and trends, 1960-1994. *Int J Obes Relat Metab Disord.* 1998;22(1):39-47

<http://health.usnews.com/health-news/news/articles/2012/05/07/42-of-americans-could-be-obese-by-2030-cdc>



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American College of Sports Medicine, International Council of Sport Science and Physical Education, & NIKE, Inc. (2012). Designed to Move: A Physical Activity Action Agenda: www.designedtomove.org/downloads/Designed_To_Move_Full_Report.pdf

Exercise is Medicine (2008):
www.exerciseismedicine.org

Harvard School of Public Health, Economic Costs:
www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/

Let's Move! Campaign: <http://www.letsmove.gov/>
www.SuperTracker.usda.gov
www.DietaryGuidelines.gov

Government recommended guidelines on nutrition and diet choices: www.choosemyplate.gov

Recommended minimum physical activity levels based on age, with descriptors of time and intensities: www.cdc.gov/physicalactivity/everyone/guidelines/index.html

BMI calculator tool:
www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm

www.therapeuticassociates.com
www.moveforwardpt.com
www.nib.gov/health/wellness
www.commitmentday.com
www.health.gov/paguidelines/guidelines
www.cdc.gov/chronicdisease/overview
www.youtube.com/watch?v=3F5Sly9JQao

Have a question?

Visit us online and ask your Physical Therapist, the musculoskeletal expert!
<http://www.therapeuticassociates.com/education/ask-the-experts/>



Therapeutic Associates
PHYSICAL THERAPY

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The Changing Healthcare Environment

By Rich Katz, Director of Contracting and Business Development

The United States healthcare system is in a state of change. Since the early '90s the insurance community has tried to rein in growing costs by instigating change in the provider community. These attempts have resulted in short-term gains and have had long-term impacts that we feel now: increased medical management administration, delayed access to care and limited treatment for patients, and healthcare providers acting more like insurance companies than trusted servants for the infirmed. The result? Patient pushback, provider resistance, and a complicated web that all of us try to navigate.

Regardless of these attempts by the insurance community to reduce costs, the exact opposite has happened. Providers found themselves adding staff to deal with new insurance requirements. Administration costs and paperwork more than doubled. As our country searches for change, we must not look to simply apply what's failed in the past, nor should we look to the insurance community for the solution. Instead, it is time to listen to the healthcare providers that serve



Rich Katz

patients regardless of which insurance company provides their coverage. Medical providers are the foundation of healthcare and must be the ones to come up with new ways to provide lower-cost value and positive patient experience. Patient-centered medical homes, accountable care organizations, coordinated care organizations, and integrated delivery systems are all provider-centric groups that should be sources for solutions. These organizations are promoted throughout the Affordable Care Act and are the right place for a new healthcare system to start. For a summary of 2014 changes, go to www.healthcare.gov/blog/2014-in-214-words/

Therapeutic Associates and our Northwest Rehab Alliance network partners are proud to be part of communities throughout the Northwest. Insurances and health plans may be constantly changing, but our clinics and clinicians are solely focused on the needs of our patients. We realize our patients are our customers for life, and the communities in which we work are populated by our family, friends, and neighbors. Because we feel a deep responsibility to be part of the solution, we have been actively developing new ways to assess and treat the conditions and needs of our patients and measure and adjust the effects of our work.

What gets measured gets managed. The CareConnections Division of Therapeutic Associates has determined the right data to collect and researched the most current medical studies and literature upon which to base our treatments. [See below for more information on CareConnections.] We have developed the capability to manage healthcare services with as little administrative expense as possible. We offer our outcome measurement tools, best practice guidelines, and technological capability to the insurance companies as a solution rather than the other way around. In this way, we can better serve all members of our community regardless of who insures them. With this approach comes less variation in care, better data to help analyze the value of services, and sim-

plified administration. Employers may change insurance companies, and insurance companies may attempt new administrative programs, but the providers in every community are the stable foundation of healthcare delivery. We encourage you as members of our community to ask your insurance carrier to seek our solutions rather than impose the failed concepts of a past era.



Who is Northwest Rehab Alliance?

Therapeutic Associates clinics are proud members of Northwest Rehab Alliance or NWRA. There are 370 NWRA member locations throughout Oregon, Washington and Idaho. The



PT clinics that have joined NWRA are committed to offering the solution that is needed to resolve the high costs and complicated health care system we have today. All NWRA member clinics contribute to the national outcome database that has been established by CareConnections. The data collected from NWRA member clinics helps determine the effectiveness of therapy treatments. NWRA clinics also collect patient feedback information to constantly address the needs of our customers and communities. Finally all NWRA clinics seek to deliver care consistent with standards of what the rehabilitation community has defined as appropriate and effective treatment. Health plans in the northwest can rely on NWRA's network of providers to simplify their efforts to offer an accessible panel of providers, that are both qualified and committed to providing their members with only the best of care. Be sure and ask your health plan if they utilize Northwest Rehab Alliance to ensure the value of the physical therapy benefits under your coverage; and look for the NWRA logo when choosing your next therapy provider.

CARE CONNECTIONS PATIENT WORKSHEET

NAME: _____ DATE: _____

INITIAL VISIT: DISCHARGE VISIT:

PROBLEM AREA (Please check one):

Upper Extremity (A/E) Lower Extremity (L/E) Cervical/Thoracic (C/T) Lumbar (L/B) TMJ (C/E)

FUNCTIONAL INDEX

PART I: Answer all the questions in Part I. Circle the one answer in each section that best describes your condition.

WALKING

Symptoms do not prevent me walking any distance.

Symptoms prevent me walking more than 1/2 mile.

Symptoms prevent me walking more than 3/4 mile.

I can only walk using a stick or crutches.

I am in bed most of the time and have to be lifted to the toilet.

WORK

I can do as much work as I want to.

I can do only my usual work, but no more.

I cannot do my usual work.

I can hardly do any work at all daily light duty.

I cannot do any work at all.

PERSONAL CARE
(Dressing, Grooming, etc.)

I can manage all personal care without symptoms.

I can manage all personal care with some increased symptoms.

Personal care requires slow, careful movements due to increased symptoms.

I need help to manage some personal care.

I cannot manage any personal care.

SLEEPING

I have no trouble sleeping.

My sleep is mildly disturbed (less than 1 hr. awake).

My sleep is moderately disturbed (1-2 hrs. awake).

My sleep is severely disturbed (2-3 hrs. awake).

My sleep is greatly disturbed (3-4 hrs. awake).

My sleep is completely disturbed (5-7 hrs. awake).

RECREATION/SPORTS
(Indicate level of appropriate activity)

I am able to engage in all my recreational/sports activities without increased symptoms.

I am able to engage in all my recreational/sports activities with some increased symptoms.

I am able to engage in most, but not all of my usual recreational/sports activities because of increased symptoms.

I am able to engage in a few of my usual recreational/sports activities because of my increased symptoms.

I can hardly do any recreational/sports activities because of increased symptoms.

I cannot do any recreational/sports activities at all.

ACILITY (Climb or crawl only)

How many days ago did breast injury occur? _____ days

PART II: Circle the one answer for each question that best describes your condition.

A. UPPER EXTREMITY

CARRYING

I can carry heavy loads without increased symptoms.

I can carry heavy loads with some increased symptoms.

I cannot carry heavy loads overhead, but I can manage if they are positioned close to my trunk.

I cannot carry heavy loads, but I can manage light to medium loads if they are positioned close to my trunk.

I can carry very light weights with some increased symptoms.

I cannot lift or carry anything at all.

DRESSING

I can put on a shirt or blouse without symptoms.

I can put on a shirt or blouse with some increased symptoms.

It is painful to put on a shirt or blouse and I am slow and careful.

I need some help but I manage most of my shirt or blouse dressing.

I need help in most aspects of putting on my shirt or blouse.

I cannot put on a shirt or blouse at all.

REACHING

I can reach to a high shelf to place an empty cup without increased symptoms.

I can reach to a high shelf to place an empty cup with some increased symptoms.

I can reach to a high shelf to place an empty cup with a moderate increase in symptoms.

I cannot reach to a high shelf to place an empty cup, but I can reach up to a lower shelf without increased symptoms.

I cannot reach up to a lower shelf without increased symptoms.

I can reach counter height to place an empty cup.

I cannot reach my hand above waist level without increased symptoms.

B. LOWER EXTREMITY

STAIRS

I can walk stairs comfortably without a rail.

I can walk stairs comfortably, but with a crutch, cane, or rail.

I can walk more than 1 flight of stairs, but with increased symptoms.

I can walk less than 1 flight of stairs.

I can manage only a single step or curb.

I am unable to manage even a step or curb.

UNEVEN GROUND

I can walk normally on uneven ground without loss of balance or using a cane or crutches.

I can walk on uneven ground, but with loss of balance or with the use of a cane or crutches.

I have to walk very carefully on uneven ground without using a cane or crutches.

I have to walk very carefully on uneven ground when using a cane or crutches.

I have to walk very carefully on uneven ground and require physical assistance to manage it.

I am unable to walk on uneven ground.

What is CareConnections?

When a patient comes to a Therapeutic Associates clinic, they are asked to fill out a 10-question CareConnections survey. This survey takes only about 3-5 minutes, but it delivers some of the most valuable information a therapist can get from their patients. From the CareConnections survey your therapist can assess your level of function and pain and use the information as a baseline for evaluating the progress of your treatment. The therapist can then establish specific, customized goals for your treatment and use the data to assist both us and the insurance community in determining the value of the care we deliver. Using the CareConnections information from our database of well over a million episodes of care, we can benchmark our services with other providers from around the country that use the same system. We can better develop our best practice protocols, perform research on new types of therapy, and share our data with doctors, insurance companies, and employers. Not bad for 10 simple questions!

Walking the Wellness Talk

By Stephen E. Anderson PT, DPT, CEO, Therapeutic Associates

Embracing a wellness attitude to support those you care about takes focus and commitment. At Therapeutic Associates (TAI) we walk our talk. As a trusted company that enhances clients' lives and health, we need to take care of our own employees as well. We all know health benefit costs have spiraled out of control. Businesses need to address the health of their people, not just the financial health of their company. We accept our mission to improve the health of not only the communities we work in, but the internal community of TAI as well.



Stephen E. Anderson PT, DPT, CEO

In early 2013, TAI launched a wellness program for employees. Recent surveys have reported that 85 percent of Fortune 500 companies have gotten on board to not only provide health benefits for their employees and financially support healthcare expenses, but also to provide programs that have been proven to assist workers in leading healthier lives. TAI contracted

with a wellness company that tested employee participants to establish baseline biomarkers. If anyone's test results were outside the norms in any category, they were assigned a health coach. Health coaches helped employees to set goals and design a program to move biomarkers into the normal range. Research shows that addressing potential health risks before they become medical maladies improves quality of life and saves companies and employees money in the long run. Compared to many companies, TAI is already a healthy company due to our active employee base, but we can all do better. Having help through the process seems to give people that little nudge to stay on top of living healthy every day.

It has been exciting for me to see groups of employees head out for walks at lunch, find events on the weekends to do together to stay active, and put the benefits of prevention front and center. Surveys show that TAI personnel have become more motivated in finding ways to exercise. Their energy has increased, and they have seen the benefits of adopting wellness and

prevention as part of a daily consciousness. Can you imagine the power of identifying just one person who had a health risk they were unaware of and giving them the power to avoid a potential life-threatening issue through a prevention plan? It happens and it is just commonsense that paying attention to details that matter most can have significant benefits for everyone involved.

Physical therapists are uniquely qualified to guide people toward a healthier lifestyle. We are movement science experts and understand the health benefits of getting people active. If your company has joined the wellness movement, get on board and take advantage of programs that make a difference. If you don't have access to a formal program, take charge yourself. See a physical therapist and discuss wellness strategies that will show how movement will enhance your life. A sedentary lifestyle is the "tobacco" of current generations—it can have dire consequences and is truly a recipe for emotional and physical degeneration. Take control and spread the word. Walk your talk. Get Moving!



WELLNESS IN ACTION



Hi, I'm Sally.

I work for TAI and I participated in a TAI challenge to be active 2 years ago and over the last 2 years have made small changes over time in eating and keeping active (30 minutes at a time). One way I've done this was to walk on a treadmill in my living room whenever I watch TV. All of these changes have added up to a loss of over 130 lbs! I didn't set any big goals along the way but just wanted to be a healthier me. I had many firsts this year, including my first 7k marathon and being told my blood pressure was very good by my doctor. I've also found that my co-workers have been very supportive and encouraging on this journey.

Thank you,
Sally Filippini



National Health Crisis

By Timothy Brinker PT, DPT, OCS, COMT, FAAOMPT, Director, TAI Hillsboro Physical Therapy

It seems like everywhere we look there is a discussion of the current healthcare crisis in the United States. The media typically tends to fault medical providers' fees or insurer flaws or even the aging population of our country. Rarely do we hear discussions considering the individual's responsibility and contribution toward the current crisis our society is facing. If we change our perspective and take an introspective look, it becomes pretty clear that each of us has contributed to the crisis. The leading causes of death in the U.S. are cardiovascular (heart) disease, metabolic disease (diabetes), and cancer.

Unfortunately, there are two primary risk factors that are directly associated with these Big Three mortal diseases that the majority of our population is faced with: elevated Basal Metabolic Index (BMI) meaning, overweight or obese, and lack of physical activity. Currently, 69.2 percent of our population is overweight, while 35.6 percent of this overweight population is considered obese.¹ That means that 70 percent of all Americans have personally



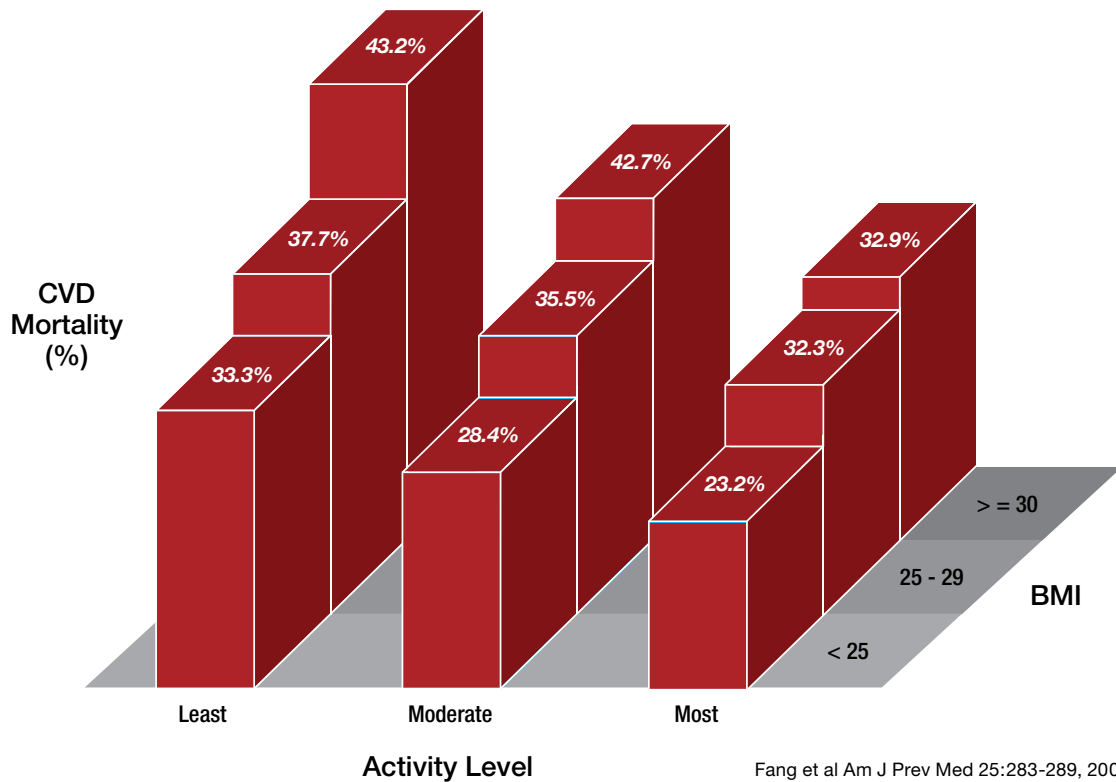
*Timothy Brinker PT, DPT,
OCS, COMT, FAAOMPT*

ally contributed to the healthcare crisis. Of course other factors relate to this crisis, but it is time to pony up and accept that we have all contributed on some level. Only one in five (or 20.6 percent) of adults in the U.S. currently meet the minimum standard of physical activity² for muscle strengthening and aerobic physical activity, both of which are directly associated with increased BMI and health-risk factors³.

Close review of the attached graph and study identifies that individuals who are obese or over weight (elevated BMI) and perform minimal physical activity have an increased mortality risk of 42 percent. Stated another way, they are 42 percent more likely to die. This can translate directly into an increased demand for medical care that trickles down to increase healthcare costs.

Taking an anthropological view, we can see that there have been some drastic changes to our society over the past few generations. Currently we are focused on a knowledge-based market, which includes occupations that are sedentary and include sitting for eight or more hours per day. Previous generations existed in more mechanical-based and labor-based markets where physical activity was part of everyday life. In addition, the

Age and Gender-Adjusted Cardiovascular Disease Mortality Rate (per 1000 person-years) by Recreational Physical Activity and Overweight/Obesity Status (NHANES I, N=0, 790)



Self-Assessment. How Do You Fit In?

To help you understand the graph above, check the box in each category that applies to you to see where you fit in.

BMI Score

Calculate your BMI score by going to: <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>

Check the box for the range of your BMI score

- Less than 25
- 25-29
- Greater than 30

Activity Level

The CDC recommends that the average adult should participate in 150 minutes (2 hours and 30 minutes) of moderate activity per week, or 75 minutes (1 hour and 15 minutes) of vigorous activity per week.

Least (light)

Light daily activities, such as shopping, cooking, or doing laundry, that don't raise your heart rate.

Moderate

Moderate activity means you're working hard enough to raise your heart rate and break a sweat.

Most (vigorous)

Vigorous-intensity aerobic activity means you're breathing hard and fast, and your heart rate has gone up quite a bit.

quality and quantity of the foods we eat have drastically changed. Though medicine has made many advancements over the years, there is no denying that these abrupt changes in physical activity and diet have led to an increased risk of poor health related to heart disease and diabetes, including early death.

Despite all of these hurdles and the current poor health of our communities, the time has never been

brighter for individuals to access facilities, resources, and support to directly impact their personal health. Healthcare providers, insurers, exercise specialists, schools, nonprofits, and federal and regional governments are investing in services and facilities to provide opportunities for individuals, families, and communities to improve their health. It is time for each of us to take personal responsibility for our health and overall wellness.

Self-assessment

So, how do we assess our current health status?

A simple self-assessment or screening can be completed by two primary measurements: Basal Metabolic Index (BMI) and Level of Physical Activity. The BMI is assessed by measuring both your weight and height. Using a BMI calculator⁴ you can determine where you stand in the ranking of underweight, normal, overweight, or obese. The BMI is a well-studied, evidence-based general assessment closely associated with increased disease risk for the Big Three—heart disease, diabetes, and cancer.

Another quick assessment is a self-evaluation of your physical activity (exercise, recreation, or work) over the course of a week. The minimum expected standard for meaningful health benefits is approximately 150 minutes of physical exercise per week. This can be performed in bouts as short as 10 minutes up to 50 minutes, totaling 150 minutes. See “Evidence Based Medicine” on page 14 for additional information. Those with less than 150 minutes of vigorous physical activity have increased risk of elevated BMI and heart disease.

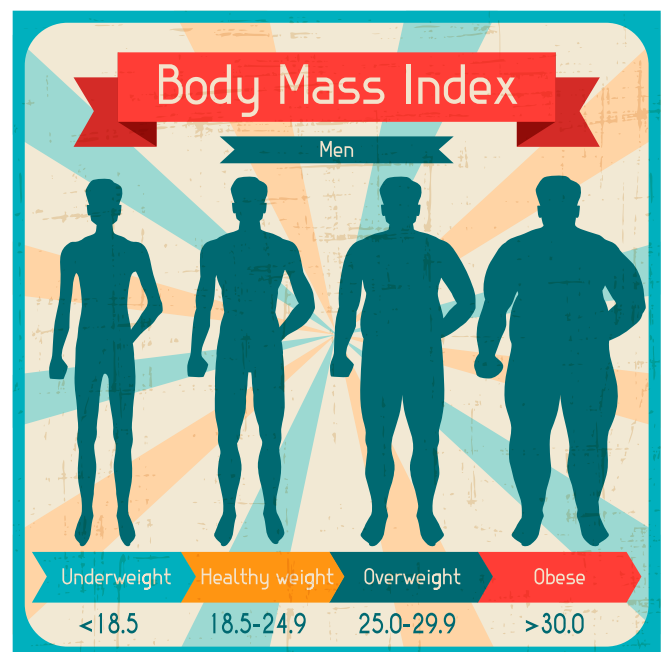
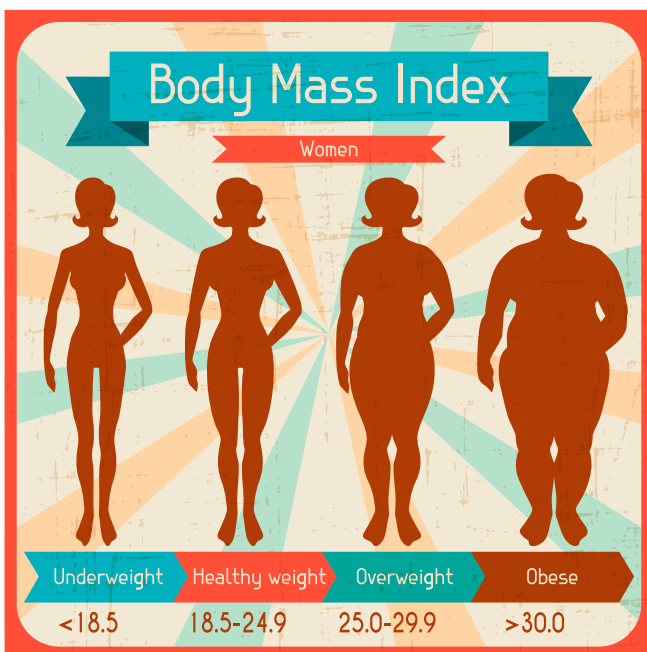
Mortality Risk Factors Graph

Completing a physical fitness exam provides an overall baseline health assessment that can be used to identify areas of potential risk. Applying the results of the self-assessment clearly places individuals in classifications of higher or lower mortality or risk of death. For example, an obese person who does not meet the physical activity requirements has an increased mortality of 43.2 percent. That same person who adds in physical activity can reduce their risk factor to 32.9 percent. While persistent

efforts to control diet, effectively manage weight, and increase physical activity will reduce their risk of death, a secondary benefit is a reduction in the risk of the Big Three to a whopping 23.2 percent. Likewise, note that those who have an average BMI but do not meet physical activity requirements have an elevated cardiovascular risk factor of 37.7 percent.

Solutions

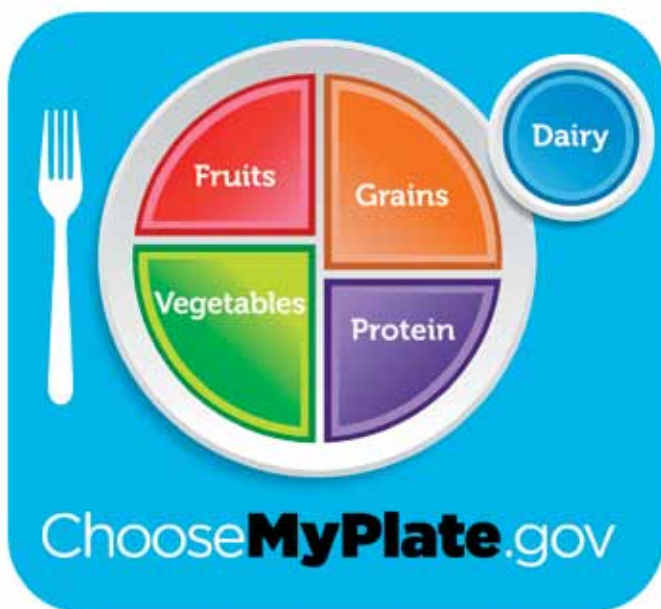
Often, awareness of these risk factors and the perception of climbing such mountains for improved health can be overwhelming and seem unachievable. This perception, combined with being part of a society with generally poor eating habits, lack of accessible exercise space, and even sensitivities (disease process, aging body, or joint issues) could easily leave some feeling helpless. Fortunately, the first steps for change are quite simple and can have statistically significant impact on your body’s health and resistance to disease. For example, the minimum recommended physical activity requirement is 150 minutes of moderate activity per week. This can be performed as three 50-minute workouts or five 30-minute workouts per week. For those starting out or leading hectic lives with families and careers, that duration of time could feel impossible. Fortunately, there is one other option that will achieve the desired minutes as well as the same statistical effect on health. Three 10-minute bouts of moderate activity per day for 150 minutes per week can reduce the risk of cardiovascular mortality by approximately 10 percent, even for people with an elevated BMI and without weight loss.



Those with elevated risk factors are recommended to embark upon slow but deliberate lifestyle changes to improve their health and wellness. In addition to reducing the potential of future disease risk, other expected results include improved mental health and stress management, greater ability to sustain activities without being too tired, and improved management or control of current medical conditions such as diabetes and heart disease.

Self-assessments that show elevated risk factors warrant healthcare assessment and recommendations, especially if one has current medical conditions related to the heart, high blood pressure, diabetes, or breathing issues prior to starting a physical activity program.

BMI and Diet



There is a direct link between dietary habits and the BMI. In addition to regular physical activity, close monitoring of one's diet is recommended to help manage BMI and one's risk of developing poor health. One good reference for diet guidelines is the USDA website www.choosemyplate.gov. For more complex cases, a referral to a registered dietician may be necessary. It is shown that consuming a diet high in fruits, vegetables, reduced-fat dairy, and whole grains helps maintain lower body weight, lower BMI and smaller waist circumference. Consuming a diet higher in red and processed meat, fast

food, and soda was associated with higher body weight, higher BMI and a larger waist circumference⁵.

When to See a Physical Therapist

People often have good reasons for their health being less than ideal. These can range from lack of time secondary to work or family commitments, to very real medical conditions. In the case of medical conditions, physical therapists have exceptional skill sets and expertise in prescribing exercise for functional improvement, mobility, and reducing risk factors. The prescribed activities either directly address medical conditions or creatively work around them in a safe manner to improve the patient's ability to be active and healthful. Some examples of challenging medical conditions are painful joint limitations, functional limitations as a result of pain, inflexibility, balance, weakness, or poor endurance. Complications related to medical issues—such as diabetes or neurological conditions like Parkinson's disease or strokes—are reduced by physical activity, and need special care for safety. The same is true for joint sensitivities—such as arthritis, replacements, osteoporosis, and osteopenia—in which prescribed exercise by a physical therapist and/or medical team is indicated. Today, the ability to see a physical therapist is easier than ever, as direct access allows patients to seek a physical therapist's care without physician referral. You should always review your insurance benefits for your coverage guidelines. All physical therapists evaluate their patients and refer to the appropriate medical provider if indicated or needed, and work in conjunction with physicians for complicated cases.

The self-assessment included in this article is not meant to be a substitute for a medical exam. As medical providers, we recommend an evaluation by a physical therapist or other healthcare professional prior to embarking on an exercise program.



Resources

Government recommended guidelines on nutrition and diet choices: www.choosemyplate.gov

Recommended minimum physical activity levels based on age, with descriptors of time and intensities: www.cdc.gov/physicalactivity/everyone/guidelines/index.html

BMI calculator tool: www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm

1. Health, United States, 2012. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/nchs/data/abus/abus12.pdf>. Accessed September 12, 2013.

2. One in five adults meet overall physical activity guidelines [Press release]. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/media/releases/2013/p0502-physical-activity.html>. Accessed September 12, 2013.

3. Exercise or Physical Activity. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/nchs/fastats/exercise.htm>. Accessed September 12, 2013.

4. Calculate Your Body Mass Index. National Heart, Lung, and Blood Institute Web site. <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>. Accessed September 12, 2013.

5. Newby, PK; Muller, D; Hallfrisch, J; Qiao, N; Andres, R; Tucker, K. Dietary patterns and changes in body mass index and waist circumference in adults. The American Journal of Clinical Nutrition Web site. <http://ajcn.nutrition.org/content/77/6/1417.full>. Updated June 2003. Accessed September 12, 2013.



DESIGNED TO MOVE

designedtomove.org

Movement is the Key

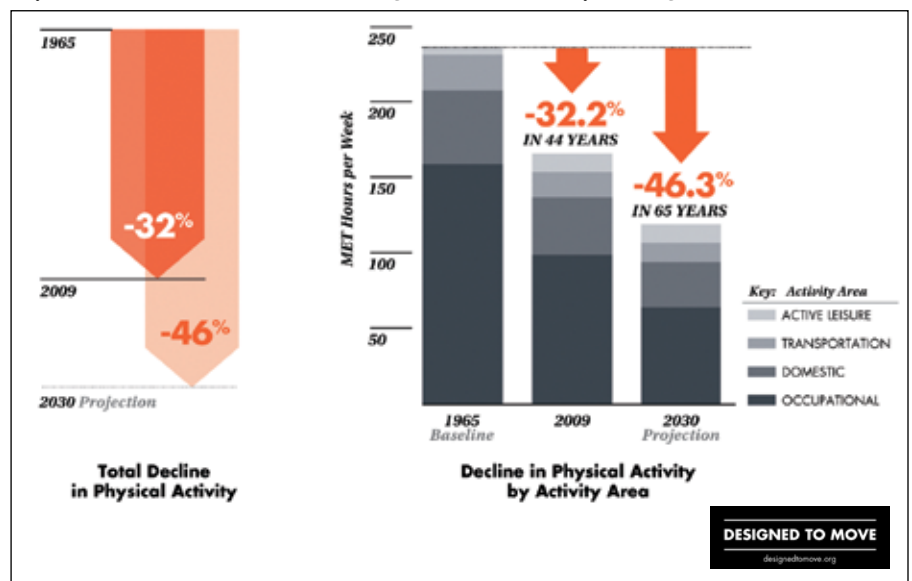
Today's sad reality is that physical inactivity is the new normal. Our bodies were designed for movement, but research shows that in developed and developing nations, we are becoming inactive societies. This drastic change is leading to long-term health issues and shortened life expectancies. In just 44 years (approximately 1.5 generations), **physical activity** in the United States has declined 32 percent and is on track for a 46 percent drop by 2030.¹ This decline shows in the amount of time spent being physically active at work, at home, and in transportation.

This trend creates a situation that is not socially, physically, or economically sustainable, as each generation sets the example for the next generation. Positive modeling of appropriate activity early in a child's life will help develop a lifetime of activity and contribute to a break in the generational cycle. Inactive chil-

dren are likely to become inactive adults who influence their children to be inactive as well. It is shocking that the current generation is estimated to be the first with a shorter life expectancy than their parents.

Excess weight can lead to a variety of health conditions, including

diabetes, heart disease, cancer, and obesity. Treating these conditions adds billions of dollars to the health-care system annually. The impact of these conditions has affected the system in both direct costs through health services and treatment, and indirectly through work loss, insur-



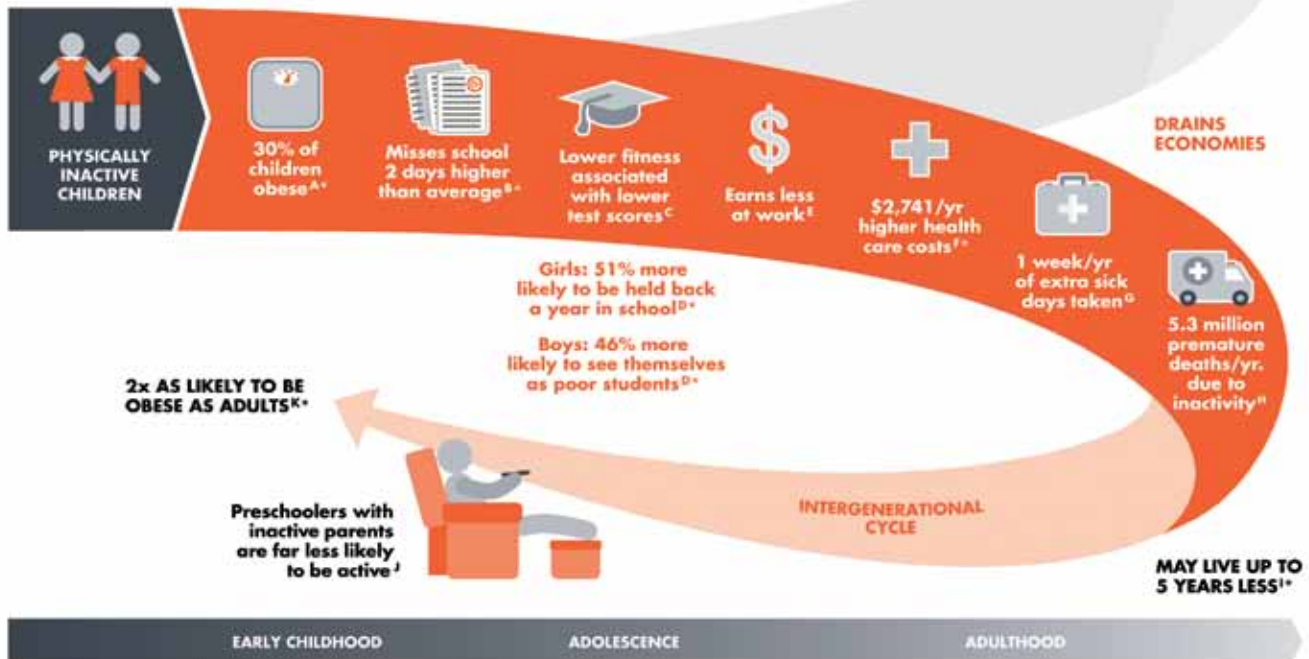
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THE COMPOUNDING COSTS OF PHYSICAL INACTIVITY OVER A LIFETIME

Physical inactivity perpetuates a very dangerous cycle that begins to take hold very early in life.

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ance expenses, and wages.

First Lady Michelle Obama has taken the lead in the *Let's Move!* campaign with community leaders, teachers, doctors, nurses, and parents in a nationwide campaign to tackle the challenge of childhood obesity. Their one very important goal is to solve the epidemic of childhood obesity within a generation. A major part of this campaign is increasing the physical activity of our children. In addition, the American Medical Association (AMA) and the American College of Sports Medicine (ACSM) developed the *Exercise is Medicine* initiative to promote the role of healthcare providers in prescribing exercise to their patients.

Exercise has been proven to help in the prevention of over 40 chronic diseases and offers a preventative solution to long-term health issues. The American Physical Therapy Association's (APTA) *Move Forward* campaign promotes the role of Physical Therapists in bringing movement to the lives of our patients and communities. Physical Therapists are natural partners when it comes to increasing activity because of their unique understanding of the musculoskeletal system and their ability to prescribe exercise for all ages and abilities.

Blending science with inspiration, a physical therapist can teach you and your child how to prevent or manage problems associated with obesity, inactivity, or being overweight. Because physical therapists receive specialized training in a variety of sciences—physiology, physics, human anatomy, kinesiology (human movement) to name a few—they understand how the body works and how to promote safe, vigorous movement with positive health benefits, regardless of current levels of activity!



Resources:

1. American College of Sports Medicine, International Council of Sport Science and Physical Education, & NIKE, Inc. (2012). *Designed to Move: A Physical Activity Action Agenda*: www.designedtomove.org/downloads/Designed_To_Move_Full_Report.pdf

Exercise is Medicine (2008): www.exerciseismedicine.org

Harvard School of Public Health, *Economic Costs* www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/

Here are some examples of how TAI is helping to promote movement and healthy living in our communities:



TAI Grants Pass Physical Therapy

The clinic providers are active with youth sports coaching and help educate kids on making healthy choices and working out when not at practice. They also offer education regarding fitness/training/injury prevention techniques.

TAI Canyon Park Physical Therapy

In addition to many sports performance programs, this clinic supports the FIT4MOM fitness program for moms in Bothell/Kirkland. They offer pre- and post-natal fitness classes for every stage of motherhood.

TAI Lake Oswego Physical Therapy

The clinic offers a multi-disciplinary approach to all athletic abilities and fitness levels including physical therapy, massage therapy, cognitive therapy, nutrition, and performance training.

TAI Oregon City Physical Therapy

Every Saturday, the clinic offers a free “Family Run Club” where participants meet at the clinic with their families for an organized activity. In addition, they offer Complimentary Injury Screens and a “Weight Management Program” designed to help people lose, maintain, or gain weight for health benefits.

TAI West Kennewick Physical Therapy

This clinic sponsors the Bader Mountain hike for families as part of the Tri-City Chamber “good health is good business” and the Tri-City Thunder USA track team, which is made up of seven running events for families and participants of all ages. They also train and sponsor athletes for local events, such as the Rock-n-Roll Half Marathon, the Red to Red Mountain bike race, and the Titanium Man Olympic Triathlon.

Wellness and Nutrition: Healthy Snacks

Eating fruits and vegetables lowers the risk of heart disease, cancer, and high blood pressure. Try lots of different fruits and vegetables, and prepare them in various ways to find out what your kids like best. Plan ahead!



Fruits

Can be served whole, sliced, cut in half, cubed, dried, or in wedges.

Fruit Ideas:

- Kiwis
- Cutie oranges
- Bananas

Fresh and local:

Berries, cherries, peaches, pears, apples, plums, melon balls, and grapes

Out-of-season options:

Applesauce (unsweetened), fruit cups, canned fruit, dried fruit (raisins, apricots, apples, cranberries, pineapple, papaya, and others with little or no added sugar), fruit leathers (Natural Value Fruit Leathers and Stretch Island Fruit Leathers)

Vegetables

Can be served raw with dip.

Vegetable Ideas:

- Celery and Peanut Butter
- Baby Carrots and Hummus

Fresh and Local:

Cucumber, carrots, broccoli, zucchini, peppers, cauliflower, sugar snap peas, green beans, and cherry/grape tomatoes

Dips:

Bean dips, guacamole, hummus, salsa, or peanut butter

Veggie Pockets:

Cut whole wheat pitas in half, add veggies with dressing or hummus.

Healthy Grains

Though most kids eat plenty of grain products, too many grains are high in sugar, and do not provide the necessary vitamins, fiber and minerals needed.

Healthy Grains Ideas:

Dry breakfast cereal (whole grain cereals), crackers (whole grain), rice cakes (brown rice), popcorn (low-fat or air-popped), baked tortilla chips, granola and cereal bars (whole grain)

• Cookies, snack cakes, and chips should be saved for occasional treats, given their poor nutritional quality

Low-Fat Dairy Foods

Dairy foods are a great source of calcium. However, dairy products also are the biggest sources of saturated fat. Make sure all dairy foods served are low-fat or fat-free.

Dairy Food Ideas:

- Yogurt – low-fat or fat-free brands, moderate in sugars (no more than 30 grams of sugars in a 6 oz cup)
- Low-fat cheese – serve with other foods like fruit, vegetables, or whole grain crackers
- Low-fat pudding – should be served only as occasional treats, because they are high in added sugars

Healthy Beverages

Water: Water should be the main drink served to kids at snack times. Water satisfies thirst & does not have sugar or calories.

Seltzer: Carbonated drinks like seltzer, sparkling water, and club soda are healthy options. Contain no sugars, calories, and caffeine. Serve them alone, or try making “healthy sodas” by mixing w/equal amounts of 100% juice.

Low-Fat and Fat-Free Milk: Milk provides key nutrients (Calcium & Vit-D). Choose fat-free (skim) or low-fat (1%) milk to avoid the heart-damaging saturated fat found in whole & 2% milk.

Fruit Juice: Try to buy 100% fruit juice. Avoid added sugars. Drinks that contain at least 50% juice and no additional caloric sweeteners are also healthy options.

• Children ages 1–6 years old drink no more than 6 oz of juice in a day, and children 7–18 years old drink no more than 12 oz of juice a day.

Note about Sugary Soft Drinks

Children who drink more sweetened drinks (i.e. soda, sweet tea, lemonade, and juice drinks) consume more calories and are more likely to be overweight. Soft drinks also displace healthful foods in kids’ diets like milk, which can help prevent osteoporosis, and 100% juice, which can help prevent heart disease and cancer. In addition, soda pop can cause dental cavities and tooth decay.



Information provided in part by: Dr. Margo Wootan and Joy Jobanson @ the Center for Science in the Public Interest

TAI is committed to staying at the forefront of physical therapy by using an Evidenced Based Medicine (EBM) approach to patient care. This includes reviewing current research as it relates to conditions we treat, and being active participants in research studies that provide substantiating evidence of improvements to our treatment approaches.

Movement — Your Best Medicine

By *Chris Hoekstra PT, DPT, OCS, FAAOMPT,*
Director, TAI Sherwood Physical Therapy; Director, TAI Research Department

The news is abuzz with the impact of chronic disease. A few statistics from the Centers for Disease Control and Prevention (CDC) tell us that 33 percent of adults and almost 20 percent of youth (age 6-19) are obese, and 70 percent of Americans suffer from a chronic disease (heart disease, stroke, cancer, diabetes, and arthritis being the most common). There are a myriad of medical options available to treat these conditions. However, one prescription is steadily rising as the surest means to a positive outcome: exercise.

In 2008, the U.S. Department of Health and Human Services released the Physical Activity Guideline for Americans based on a summary of the current best evidence. These guidelines recommend adults engage in at least 150 minutes (30 minutes, 5 days per week recommended) of moderate physical exercise. Some surprising findings include the fact that these minutes need not come all at once (three 10-minute walks yields the same health benefits as 30 continuous minutes), and that walking is one of the most effective means of gaining health benefits.



Chris Hoekstra
 PT, DPT, OCS, FAAOMPT

Here are a few amazing benefits of exercise. A 2004 study shows that meeting these recommendations leads to a nearly 50 percent reduction in cardiovascular risk factors. A separate 2004 study shows that women engaging in less than one hour of exercise per week had double the mortality risk of more active women. A 2002 analysis of multiple studies shows a 2-3 mmHg drop in blood pressure in hypertensive individuals who participated in regular aerobic exercise and a similar drop for resistance exercise. Finally, moderately active individuals have a 20 percent lower stroke rate than non-active individuals.

The moral of the story is even gentle exercise for only 30 minutes per day (even broken up into several bouts) has a better outcome for treating chronic diseases than nearly any other treatment option. To use the words of Dr. Mike Evans, MD, "If we can limit our inactivity to just 23 ½ hours per day, we can make an amazing impact on our health." (To see Dr. Evans' incredible video about this, search "23 ½ Hours" on You Tube).



REFERENCES

www.health.gov/paguidelines/guidelines
www.cdc.gov/chronicdisease/overview
www.youtube.com/watch?v=3F5Sly9JQao

Visit our Evidenced Based Medicine page on our website for more information on literature reviews by condition and additional studies: <http://www.therapeuticassociates.com/education/library/evidence-based-medicine/>

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 Relay for Life (Grants Pass)
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 TAI Cycling Team
 Tualatin Youth Baseball
 Word Motorsports (Grants Pass/Medford)
 XC Oregon (Bend)



Cycle the Wave

Therapeutic Associates was proud to sponsor the 6th Annual Cycle the WAVE (Women Against Violence Everywhere) event in September. This non-competitive, all women's cycling event is for women of all ages and fitness levels. TAI has been a sponsor of this event since its inception, with 19 ladies from our company riding this year and an additional 9 volunteers contributing support to the event with their time on ride day.

Part of what we love about this event are the great examples we see of friends, co-workers, and families participating and being active together to benefit a great cause. This year we had the opportunity to meet Deb Staehle and her daughter, Thalia, who joined Cycle the WAVE for the first time as participants in the 12-mile Little Sister route. Deb is an avid cyclist who is passing that love along to her daughter. Cycling has become a special activity that the two of them can share together. Deb was preparing over the summer to do an event with a friend, with Thalia joining her on training rides. When Deb's friend became injured, Thalia found Cycle the WAVE and suggested the ride as one they could do together. The mother-

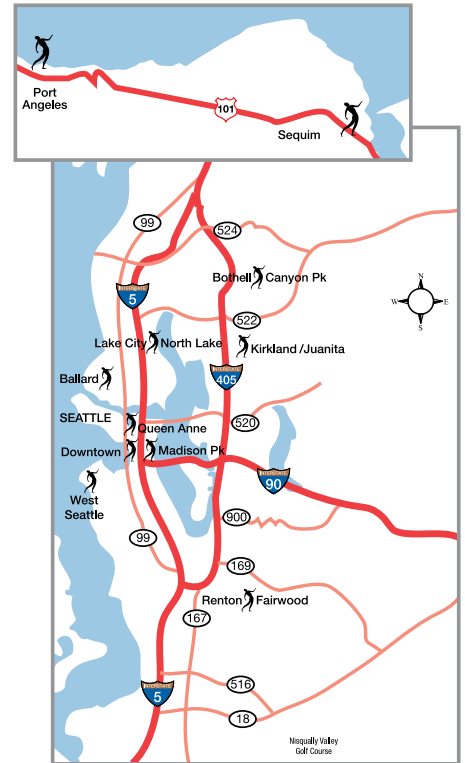
daughter team have ridden together frequently over the past couple of years but this was their first official event together. Both felt it was such a great experience that they are already making plans to ride again next year... although Thalia is planning that they will ride one of the longer routes! Congrats to Deb and Thalia and all of the 1200+ riders who got moving and raised a lot of money to support domestic violence programs across Washington state.

For more information about Cycle the WAVE, visit their website at <http://wa.cyclethewave.org/>





Get Active. Get Moving! 30 minutes of moderate-intensity activity five times per week reduces the risk of heart disease and stroke.



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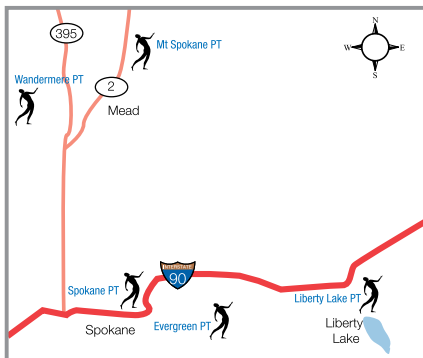
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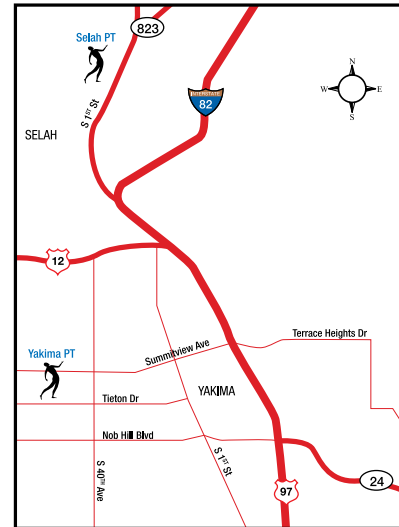
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Tri Cities

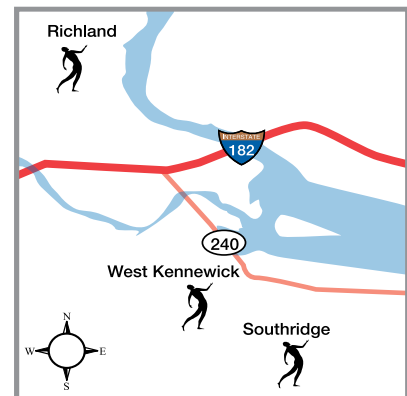
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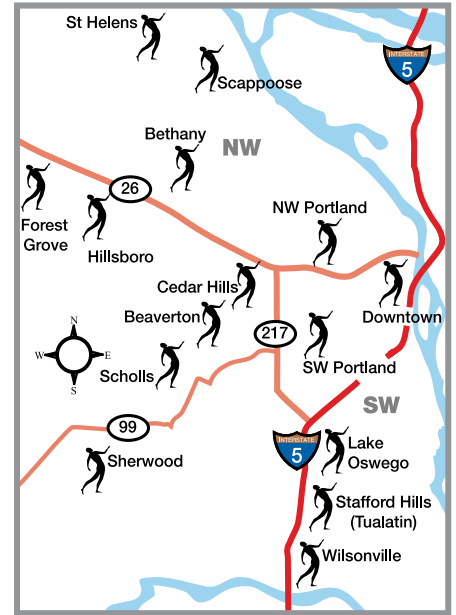


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Take the road to a healthy heart!



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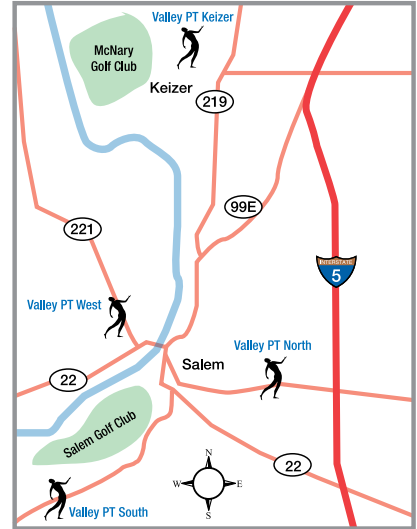
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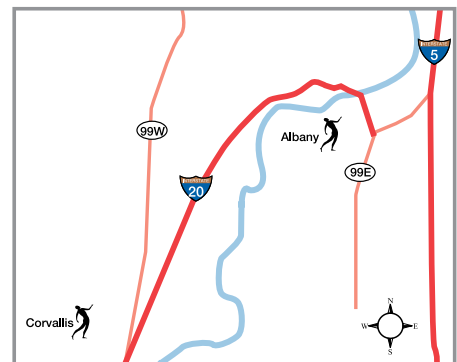
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Forget making a resolution in 2014.
Make a commitment to a healthier life.

Eugene

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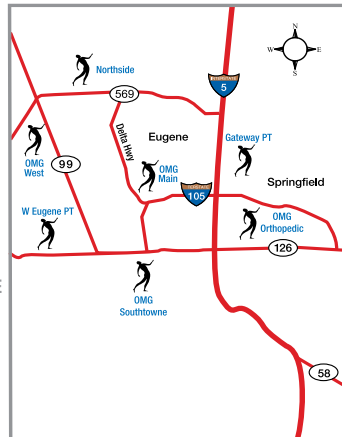
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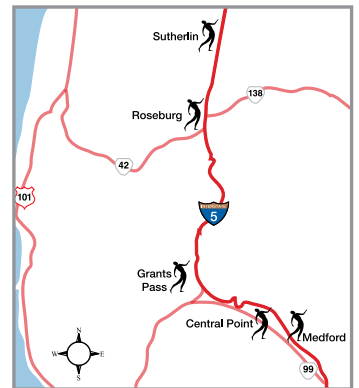
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Legs. Wheels. Heart.
Use what moves you!

Central Oregon

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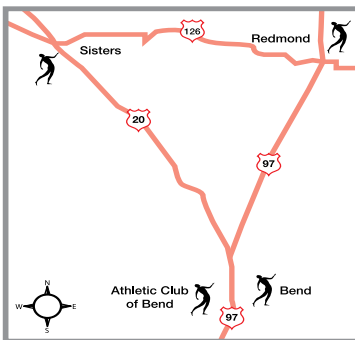
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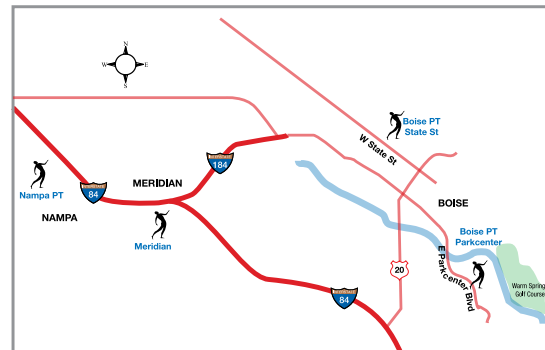
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HAVE LOW BACK PAIN? JOIN THE REVOLUTION



Did you know that **80% of Americans** experience low back pain at some point in their life? In fact, a **quarter of the country** is experiencing low back pain at any given time. That's **78,478,510 people!**



If you or a loved one feels low back pain, it's important to see a physical therapist within **14 days.**

Why 14 days? Because early treatment by a therapist can increase the speed of your recovery with lower costs.

No Referral? No Problem.

Most insurance companies offer direct access to physical therapy with no referral necessary.

Don't waste precious time. Seek a physical therapist within **14 days** to recover faster.



Studies show that a referral to PT within 14 days of the onset of pain can save up to:

\$2736 AVERAGE SAVINGS/CASE



PT following a treatment based classification system, such as the LBP Revolution, can save up to:

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