

# Therapeutic **Outlook**

*Your Guide to Wellness Through Movement*

Fall 2010

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*Adults are in a powerful position to be positive role models for children as we adopt a balanced and active lifestyle.*

## National PT Month Strives to Help Combat Obesity

*Diana Smith PT, MPT, OCS, CMPT  
Staff Therapist, TAI Liberty Lake Physical Therapy*

**A**n active lifestyle combined with healthy eating choices can help prevent or combat obesity in adults and children. October is National Physical Therapy Month, and the American Physical Therapy Association (APTA) is continuing to help you “Move Forward” with its “Smart Moves for Families” campaign to help combat the obesity epidemic in our nation. Estimates indicate 17 percent of children nationwide between the ages of 2 and 19 are obese. In the Northwest, 23–25 percent of adults are considered obese.



*Diana Smith PT,  
MPT, OCS, CMPT*

We have all heard a lot about obesity recently, but what exactly is it, and how should we respond to this information? Obesity is a function of an individual’s height and weight ratio, which is frequently calculated by his or her Body Mass Index (BMI), a correlate of body fat. A BMI of 18.5 to 24.9 is considered healthy weight, a range from 25 to 29.9 is considered overweight, and above 30 is the definition of obesity. For children and teens, BMI is indicated with different terms and with consideration for normal variations of body fat at different ages of development. To view a BMI calculator, visit [www.cdc.gov/healthyweight/assessing/bmi/index.html](http://www.cdc.gov/healthyweight/assessing/bmi/index.html).

Through research, long-term health problems are now clearly associated with being overweight, and risk factors escalate as weight increases. Some common conditions resulting from weight gain include:

- Coronary heart disease
- Type 2 diabetes
- Cancers (endometrial, breast, and colon)
- Hypertension
- Elevated cholesterol
- Stroke
- Liver and gall bladder disease
- Osteoarthritis
- Sleep and respiratory problems

Children are especially vulnerable. A child who is obese has a higher likelihood of being obese as an adult. Research has also correlated greater severity of health problems with individuals who became obese at a younger age.

What can we do? Adults are in a powerful position to be positive role models for children as we adopt a lifestyle of balanced calorie intake, physical activity, and healthy eating.

Talk to your physician to determine your nutritional needs and resources for healthy eating.

Visit your physical therapist to treat any musculoskeletal conditions that may be a barrier to activity and exercise. Physical therapists can help promote movement, reduce pain when it's present, maintain or restore function, and prevent disabilities through a physical therapist-designed exercise program. They can help you establish a rewarding exercise plan to meet your lifelong goals.

Exercise and achieve the recommended guidelines for weekly activity as an individual and as a family.

## Physical Activity Guidelines

Recommended activity durations are different for children and adults. The Physical Activity Guidelines for Americans encourages the following.

**Children and adolescents:** 60 minutes of physical activities every day, including aerobic work, muscular strengthening, and bone strengthening activities. Bone strengthening occurs as a result of weight-bearing activities, including jumping rope, running, and roller skating.

**Adults of all ages:** 2 hours and 30 minutes of physical activities every week. Activity bouts of even 10 minutes at a time are now found to be an effective way to “dose” your activity throughout the week, but consider ways of combining physical play time with your children and grandchildren to work together for your exercise.

All age groups are encouraged to exercise at moderately vigorous intensity, which means different levels

for different people. Consult your physician or physical therapist about what is right for you. In general, healthy adults and youths should be able to work and play hard enough to increase their breathing rate, yet still be able to speak in a normal voice. When playing with kids, have them sing a rhyme or a familiar song with you to make sure they're not working too hard to carry on a brief conversation. Come up with some great ideas to do together throughout the week.

Encourage your kids to sip water every 15 minutes or so as they play. You can get involved with your kids by playing a game of soccer in the yard, biking or skating to the playground (be sure to wear your safety helmets and pads), jumping rope, swimming, walking briskly during the cool part of the day, or having a sock hop in the house.

If you have any additional questions, talk with your physician or physical therapist to receive further guidance, or access APTA's resources at [www.moveforwardpt.com](http://www.moveforwardpt.com). Most importantly, get outside and have some fun together!



## Conditions We Treat...

### LOW BACK – COMMON DIAGNOSES

- Sprains
- Disc Disorders
- Degenerative conditions
- Post Surgical
- Muscle Imbalance
- Arthritis
- Stenosis
- Joint Pain
- Nerve problems
- Sacral Iliac Dysfunctions
- Piriformis Syndrome

### HIP – COMMON DIAGNOSES

- Sprains
- Tendonitis
- Bursitis
- Arthritis
- Labral tears
- IT band syndrome
- Degenerative changes



# Achieving Healthy Lifestyle Goals

By Scott Wick, Director of Marketing

In our nation's capital, there has been a push to increase overall wellness of Americans across the country. Obesity in both children and adults is on the rise, and lack of physical activity has been identified as one of the main culprits. Recent development of campaigns such as "Let's Move" (developed by First Lady Michelle Obama) and "Exercise is Medicine" (developed by the American Medical Association and the American College of Sports Medicine) are geared to promote wellness, activity, and exercise to combat the numerous health problems resulting from a lack of physical activity and healthy diet.



Scott Wick

The benefits of physical exercise alone are undisputed in the literature. So why do so many people still not get enough physical exercise? Most simply don't know where to start.

It is not uncommon for people to experience pain and/or discomfort when starting to exercise. It is important to ensure that your physical body can handle the added stress of exercise, and this is where your physical therapist can help. Physical therapists have extensive training and understanding of the musculoskeletal system and are experienced in prescribing diagnosis-specific exercise programs that are integral to therapeutic intervention and patient care.

The human musculoskeletal system is a complex and integrated system that works in concert to provide support and movement of the human body. Oftentimes, the area presenting symptoms is not the cause of the problem. This is where medical expertise and experience can make all the difference. Through physical therapy intervention and following a prescribed therapeutic exercise program, you will be well on your way to incorporating pain-free activity into your daily life.

Oftentimes your physical therapist will use specific tools and equipment during your treatment to elicit a specific response to your musculoskeletal or neuromuscular system. Patients are largely unaware that many of these tools can be purchased for use at home to enhance the recovery process.

Therapeutic exercise is an essential element to physical therapy care plans and is part of your typical physical therapy treatment in the clinic. Patient participation and compliance in prescribed home exercise programs helps speed the recovery process and prevent symptoms from recurring.

Clinical evidence shows that patient compliance with any home exercise program dramatically speeds recovery and can reduce the cost of your



Your physical therapist can advise you on the tools you need for your prescribed exercise program. Krista Vigeland PT, DPT, Bethany PT.

Photo by Kent Factora

total out-of-pocket expenses while you get back to enjoying your active lifestyle sooner. This is a partnership between you as the patient and your physical therapist, empowering you to take responsibility for your own recovery and wellness under medical guidance.

As you heal, our prescribed exercise programs will progressively adapt and continue to challenge you physically while still remaining within the appropriate limits of damaged tissue.

Some therapeutic exercise prescriptions may require the use of resistance training to help recruit specific muscle groups. We accomplish this through the use of "therapeutic bands" and other equipment designed to provide a specific amount of resistance in a controlled plane of rotation.

The professional supplies that we use in treatment and recommend for home programs are of the highest quality available and many are not available at retail stores. In fact, whenever possible, we purchase only FDA-approved products for use in medical facilities. Our experience is that most of our patients want to continue their home programs using the same quality of products we use in the clinics and have asked that we make these available for purchase in our clinics. We only recommend products that you actually need to enhance your recovery and that are safe and effective in achieving your goals. Our patients appreciate the added convenience and medical recommendation from a trusted healthcare provider.

If you are ready to start an exercise program for yourself, your family, or your community, we recommend you consult your medical team prior to starting. Your physical therapist cannot only help design a program that is right for you but can also provide guidance on purchasing the correct equipment to aid in your program. You may be surprised at how we can help you achieve your healthy lifestyle goals. GET MOVING!



## TAI Clinicians Prove Their Worth Regionally, Nationally

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

Therapeutic Associates (TAI) is made up of exceptional physical therapists who dedicate their lives to learning and the tenacious improvement of their clinical skills to benefit the patients they treat. All the physical therapists in our company constantly engage themselves in mentoring relationships and continuing education programs with masters in the field.



*Stephen E. Anderson PT, DPT, CEO*

These clinicians support the TAI culture by passing their knowledge forward and mentoring students and less experienced colleagues. The outcome is a company of professionals who work together, always pushing one another to reach the next level of expertise and help patients make a quick return to their highest level of functional potential possible.

The greatest achievement of recognition in a profession is when peers recognize your attributes and bestow an award upon you to praise your accomplishments and dedication. Every state, through its professional association, presents an award to the outstanding physical therapist of the year.

In 2008 and 2009, Therapeutic Associates' physical therapists won this award in all three states in which we have outpatient physical therapy clinics. These very prestigious awards are given out annually and are coveted within the ranks of physical therapists.

In 2008, Matt Booth PT, DPT, OCS, Director of our Boise Parkcen-

ter facility in Boise, Idaho, received the IPTA (Idaho Physical Therapy Association) Physical Therapist of the Year award. In 2009, Bill Temes PT, MPT, OCS, COMT, FAAOMPT, who practices in our OMG (Oregon Medical Group) facility in Eugene, Oregon, received the OPTA (Oregon

*"The beneficiaries of this effort – our patients – are why we became healthcare providers in the first place."*

Physical Therapy Association) Mercedes Weiss Award. That same year, Steve Allen PT, OCS, FAAOMPT, Director of our Liberty Lake clinic in Spokane, Washington, won the PTWA (Physical Therapy Association of Washington) Physical Therapist of the Year award. These accomplishments are amazing, and we are proud of our clinicians!

On the national physical therapy scene, the Private Practice Section of the American Physical Therapy Association honors one physical therapist per year for his or her service and dedication to the profession. The recipient is selected

through a nomination process and selected from the entire nation. The Robert G. Dicus Service Award is named after the first president of the Section. It is with great humility and pride that I acknowledge I was selected as the 2010 honoree of this prestigious award. I will be in Washington, D.C. on November 5 to deliver my remarks to the membership at its annual conference.

There is nothing more satisfying than receiving recognition from your peers for your efforts to further the significance of your chosen profession. This award has additional significance for me personally because Robert G. Dicus was one of the founders of our company.

My intent of this column is to show that TAI is made up of passionate professionals who dedicate their careers to excellence. The beneficiaries of this effort — our patients — are why we became healthcare providers in the first place. We want to improve the lives of those who seek our services. Our patients are the focus and their well being is everything we work toward.

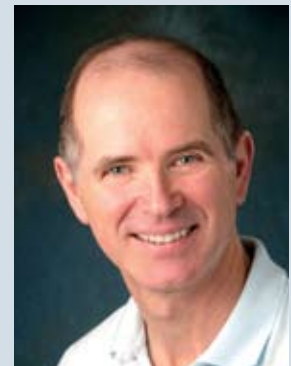
I am proud to be part of such an amazing company and am thankful we are recognized as leaders in the physical therapy profession.



*Matt Booth PT, DPT, OCS*



*Bill Temes PT, MPT, OCS, COMT, FAAOMPT*



*Steve Allen PT, OCS, FAAOMPT*



Having a strong core, or the muscles surrounding the pelvic girdle, helps to stabilize the area and keep pressure off of the organs protected inside. Krista Vigeland PT, DPT, Bethany PT. Photo by Kent Factora

## “The Core of the Issue”

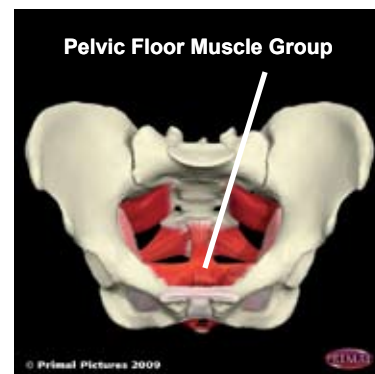
By Jessica Dorrington PT, MPT, OCS, CMPT, Director, TAI Bethany Physical Therapy and Christina Kujat PT, DPT, Staff Therapist, TAI Scappoose Physical Therapy and TAI Bethany Physical Therapy

One in four women will experience incontinence at some point during her life, and nearly three-quarters of the U.S. population will deal with low back pain. Do you experience either of these? To understand how to treat these two conditions,

and get to the “core of the issue,” we must understand the importance of anatomy of the pelvis, lumbar spine, and internal organs.

The pelvic girdle is a complex ring of

joints, ligaments, and muscles. The three main bones of this region, two ilium and the sacrum, meet together to form three joints. These areas are the pubic symphysis and two sacroiliac joints. These joints have very broad based surfaces that allow them to have some movement and transfer large loads placed on the joints during activity.



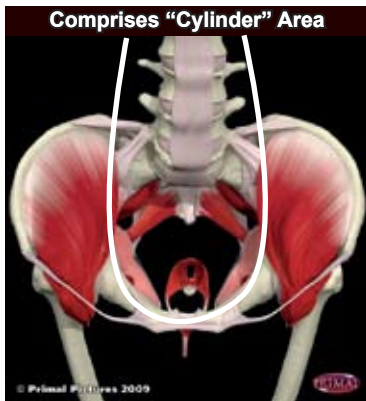
Jessica Dorrington  
PT, MPT, OCS, CMPT



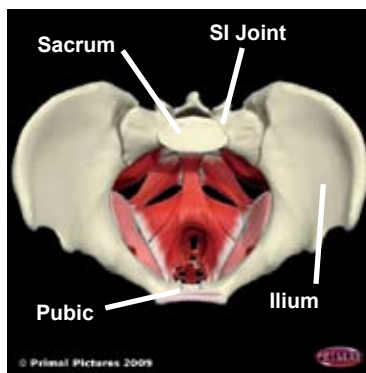
Christina Kujat  
PT, DPT

In order for these bones to have some movement between one another when we walk, bend, and move the way we do, they must have an outside force to stabilize them. This stabilizing force is made up of the ligaments and muscles that control the amount of movement. Stabilization by the muscles is provided by four central muscle groups, which include the pelvic floor muscles, multifidi, transverse abdominus, and psoas major.

In this picture, imagine the pelvic area as a cylinder. You want to keep equal pressure on the contents of that cylinder if you are going to protect what is inside. After all, your entire spine, all the nerves, and the bladder live in that area. You keep equal pressure by coordinating the movement and contractions of the above muscles, giving you a strong, stable core and support system. If we have weakness in any of these muscles or cannot coordinate them, we will put more pressure on the contents inside or not enough on the bones, allowing them to shear at the joints.



The pelvic floor muscles are a group of muscles that run from the tip of your pubic bone to the tailbone. They are comprised of several layers of musculature and serve several important functions for the health of your low back and sacroiliac (SI) joint and your bladder control. Research has shown that these muscles contract together with the transverse abdominus. The roles they play include:



- Supporting the bladder and internal organs
- Supporting the spine
- Sphincter closure (closing the vaginal and anal openings)
- Sexual function

Therefore, if we are not strong enough in our pelvic floor muscles or are unable to coordinate their contraction with the other muscles, we will not maintain stability of the pelvic ring or spine and will put more force on



*We can provide individualized programs that work best for your women's health needs. Jessica Dorrington PT, MPT, OCS, CMPT, Director, Bethany PT. Photo by Kent Factora*

the bladder. Trauma to this region, including C-sections, pregnancy, lumbar injury, or previous lumbar and abdominal surgeries can impact how these muscles function and how well they support your spine and bladder.

Furthermore, if we are going to do activities that involve bending, walking, or running, we need to have adequate stabilization of the spine so that we can use our hips, knees, and ankles without risking injury to the joints further down in our legs.

If you have any of these issues, including incontinence; pain in the pelvis, hips, or lumbar spine; previous history of surgical intervention in this region; or previous low back injury, you may benefit from a detailed physical therapy examination by a women's health expert to assess how your pelvic floor and pelvic girdle are functioning together. If you have any sudden loss of bowel or bladder control, please consult your physician immediately.

At Therapeutic Associates, we provide a comprehensive Women's Health Program at many of our clinics. We understand the hormonal and physical changes that occur during a woman's life span. We can provide individualized treatment programs designed to work the best for your individual urologic, gynecologic, obstetric, and menopausal conditions.





A visit to your physical therapist office can help you resolve pelvic pain and incontinence through a program to address your specific needs. Carissa Fleskes, Aide, and Kimberly Wood, FOC, Bethany PT. Photo by Kent Factora

## Incontinence

*Olya Kurkoski PT, DPT, Director, TAI Scappoose Physical Therapy and Christina Kujat PT, DPT, Staff Therapist, TAI Scappoose Physical Therapy and TAI Bethany Physical Therapy*

Every year, 13 million Americans are affected by incontinence or involuntary loss of bladder and bowel control. Both men and women, young and old, may experience some form of incontinence that can make them feel ashamed and isolated.

### What Exactly Is Incontinence?

Stress Urinary Incontinence is the involuntary loss of urine during laughter, coughing, lifting of objects, or any movement that increases pressure on your bladder. Urine leakage occurs due to weak pelvic floor muscles, poor ligament support



Olya Kurkoski  
PT, DPT

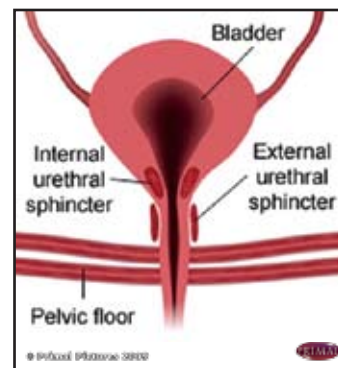


Christina Kujat  
PT, DPT

at the bladder outlet and urethra, or a defect in the urethral tube itself.

Urge Urinary Incontinence is urine leakage that occurs as soon as you get the urge to go to the bathroom. The sensation is overwhelming, and your bladder muscle contracts (tightens) at the wrong time. You can't control it.

Overflow Urinary Incontinence is when the bladder is so full that it leaks urine. The bladder does not empty properly, which leads to the continuous leakage. With overflow incontinence, you do not necessarily feel the urge to urinate.





Functional Urinary Incontinence is when your urinary system is normal but you experience leakage because you physically cannot make it to the toilet in time. The amount of leakage may be large.

Fecal Incontinence is the inability to control your bowels, allowing stool to leak from the rectum. The severity of incontinence may vary from small amounts of stool leaking unexpectedly while passing gas, to complete loss of bowel control.

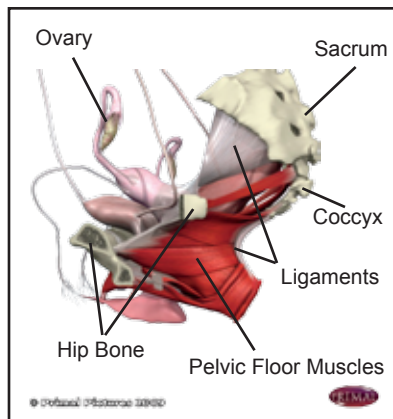
Many things can contribute to incontinence:

- Bladder infection
- Obesity
- Pregnancy and childbirth
- Weak pelvic floor muscles
- Bladder cancer
- Chronic illness/cough
- Constipation/diarrhea
- Damage to the anal sphincter muscles and nerve
- Medications
- Urinary track abnormalities
- Neuromuscular disorders
- Gastrointestinal problems
- Bladder stones
- Stress
- Cigarette smoking
- Caffeine
- Hormonal changes
- Hysterectomy and other surgeries

## About Pelvic Pain

More than one third of the American population suffers from some form of chronic pain, and of these, about 50 percent may be partially or totally disabled for a period of days each month. Studies have shown that anywhere from 16 to 33 percent of women experience chronic pelvic pain at some point in their lives. Pelvic pain affects men as well as women.

The pelvic area contains five lumbar vertebrae (backbone), the sacrum (tail bone), the coccyx (tip of tail bone), two pelvic bones, two hip bones, and numerous ligaments, joints, muscles, nerves, and organs, any of which can cause your pain. Pelvic pain can be felt not only in the pelvis, but also in the legs and lower back.



## Causes of Pelvic Pain

Pelvic pain can result from a variety of causes, including:

- Dysfunction of the sacroiliac joint, pubic symphysis, lumbar joints/discs, sacrococcygeal, or hip joints
- Muscle spasm of lower back, hip, pelvic floor, abdominal regions
- Pelvic organs cramping: uterus, ovaries, fallopian tubes, bladder, appendix, small and large intestine
- Scars and adhesions
- Prolapse of bladder, uterus, urethra, rectum, or small intestine
- Child-birth injury
- Pelvic surgery
- Sexually related injuries
- Pelvic inflammation or infection
- Strenuous physical activities
- Poor posture
- Nerve impingement
- Gastrointestinal disorders
- Incontinence

## How Physical Therapy Can Help

There are many ways physical therapy can help you regain control over your bladder and bowels. The focus of a physical therapy program in the treatment of incontinence is improvement of pelvic floor muscle strength. When your pelvic floor muscles are stronger, you have better support for your bladder and pelvic areas and better ability to control bowel and bladder function.

Your physical therapist can help you develop a program to address incontinence and pelvic pain, including:

- Exercise: strengthening and training pelvic floor and supportive musculature
- Education on the bladder and normal emptying techniques
- Dietary modifications to avoid bladder/bowel irritants
- Instruction in posture, body mechanics, and bracing the pelvic floor during daily activities
- Biofeedback / Electromyography (EMG): diagnostic testing that uses electrodes on the skin to record the electrical activity of muscles to help illustrate functional muscle contraction and relaxation
- Manual therapy, including soft tissue and joint mobilization
- Modalities for pain

Consult our website to find a Therapeutic Associates Women's Health Specialist near you.





Following delivery, your Physical Therapist can develop a pelvic floor program to help promote quicker healing and relieve pain.

## Physical Therapy and Pregnancy: Before, During, and After

By Julie Dresch PT, MS, OCS, CMPT  
Director, TAI Ballard Physical Therapy

Pregnancy can be a time of joy, excitement, and anticipation, but most definitely it is a time of change.

Understanding the musculoskeletal changes that can occur during this time will allow you to embrace the changes as they come and understand when it is time to visit your local physical therapist to address some of the aches and pains before they become a real problem. The benefits of physical therapy for the pregnant client can include:



Julie Dresch  
PT, MS, OCS, CMPT

- Physical preparations for childbirth
- Pain relief measures during labor and post-partum
- Physical rehabilitation post-partum
- Proper endurance, muscle tone, and posture during the childbearing year

Prior to getting pregnant, it is important to exercise regularly, get fit, and maintain a healthy weight. A physical therapist can assist in finding appropriate exercises to target specific problems and treat nagging injuries before the added stress and weight of pregnancy. Two-thirds of pregnant women will experience back pain, which can worsen if you have a previous history. Addressing flexibility and strength deficits prior to pregnancy can make the experience much more comfortable.

### Significant Physical Changes

After becoming pregnant, the body will undergo significant physical changes affecting the musculoskeletal system. These can include postural and hormonal changes and weight gain.

Posture changes include an increase in the lordosis, or curvature of your lumbar spine, and a forward shift



*Prior to getting pregnant, it is important to exercise regularly, get fit, and maintain a healthy weight. Jeremy Hilliard PT, and Aubree Swart PT, DPT, Director, Northeast Portland PT. Photo by Curtis Thorne*

of your head and neck. This shift of posture, combined with the weight of your belly, can lead to overuse of the muscles that extend your spine and hips and can strain the muscles that flex your ankles.

Hormonal changes that are integral to allow for widening of the pelvis during delivery can cause ligamentous laxity. This can make some positions uncomfortable, such as sitting or standing for an extended amount of time or rolling over in bed.

Weight gain puts increased stress on the spine and lower extremities and causes fluid retention that can compromise the space where nerves typically move freely. Both of these latter deficits, hormonal shifts and weight gain, contribute to a stress at the midline of the abdominal muscles called a diastasis recti. This separation, if not corrected, can lead to increased strain on the lower spine.

Physical therapists can provide patient education, exercise instruction, and hands-on manual therapy to address each of these concerns. Education focuses on proper posture and positioning to ease the stress or strain on ligaments and joints. PTs are the experts at proper fit and use of maternal supports that allow women to remain comfortable in both activity and rest. Finally, a physical therapist can provide one-on-one, hands-on treatment to address joint and muscular dysfunction during all stages of pregnancy.

## Before and After Delivery

In preparation for delivery day, physical therapists can assist with appropriate labor and delivery positions that are specific to your dysfunctions. They can also assist through the use of biofeedback machines in finding relaxing positions for your pelvic floor that may provide an increased sense of comfort and control during delivery. Prior to delivery, physical therapists can provide instruction on correct pelvic floor contractions to minimize pain and maximize outcomes during this stage of recovery.

Following delivery, the focus shifts to healing the pelvic floor. Learning how to correctly identify and contract the pelvic floor prior to or soon after delivery can have positive effects in the early stages of healing. Even if you have had some tearing or an episiotomy, early contraction of the pelvic floor promotes quicker healing. It can also relieve congestion of the area and help alleviate tailbone pain. Most importantly, early return to exercise of the pelvic floor can reduce the risk of both urinary and fecal incontinence for years to come.

Pregnancy and childbirth is a magical time! Don't let your aches and pains get in the way. See a local physical therapist and find out what he or she can do to help you. Our PTs at Therapeutic Associates provide one-on-one evaluations and treatments designed specifically to fit your needs.



# Creating a Complete Fitness Program for Lifelong Wellness

By *Laura Cooper PT, DPT, CSCS, Director, Bend In The Athletic Club*  
and *Christopher Cooper PT, DPT, CSCS, Staff Therapist, Central Oregon — Bend In The Athletic Club*

I am often asked by patients who are winding down with formal physical therapy treatment, what makes a good fitness program or “what should I do to stay fit?” When I ask those patients what they currently do for fitness, I usually hear, “I walk,” “I do cardio,” “I go to aerobic classes,” or “I like to lift weights.”

What I do not usually hear is, “I do cardio, stretching, and strength training, and work on my balance and do power and speed exercises.” A good and comprehensive fitness program will incorporate all of these components, and not just one of them alone.

## Staying Active

Cardiovascular health can deteriorate quickly if we do not stay active. This is a pretty obvious statement. The ACSM (American College of Sports Medicine) recommendation for cardiovascular exercise includes 30–40 minutes per day. Newer research suggests that high-intensity interval training is another very effective way to improve cardiac output at any age.

This includes doing four one-minute intervals of high-intensity (100 percent max heart rate) exercise three times per week. Cardiovascular exercise by itself will not affect your ability to stand on one foot, touch your toes, or lift that 50-pound bag of dog food. Therefore, to be fit you must balance your exercise time to include strength training, stretching, balance activities, and power work.

## Strength Training

You can hit the gym with weight machines, free weights, resistance bands, physio-balls, medicine balls, and/or kettle bells. Movements that use a number of upper and lower body muscles together are usually more functional and time-efficient. If done while weight-bearing, these movements can also help increase bone density.



Laura Cooper  
PT, DPT, CSCS



Christopher Cooper  
PT, DPT, CSCS

It is best to incorporate functional-based movements when possible, including squats, lunges, and diagonal patterns of movement where you push and/or pull

at different angles across your body. These diagonal patterns of movement help engage the core trunk muscles, which stabilize your middle so that you can be truly strong in your extremities. Engaging your pelvic floor and lower abdominals together (creating the “pelvic brace”) while performing strength training exercises enhances the control and coordination of the inner core unit. Strength and coordination of the inner unit is important in maintaining a healthy pelvic floor.

## Power Training

Power training is strength training with a speed component, which usually incorporates jumping and hopping activities. There is potential for injury when doing power exercises, so an adequate amount of base strength is important. Again, these weight-bearing activities can be excellent ways to improve bone density. Power exercises should especially be incorporated if you plan to participate in explosive, cutting, or jumping sports. Jumping rope, box jumps, and lateral bounding are examples of power exercises.

## Stretching

Stretching done by itself can both prepare a body for movement (dynamic) and improve the static length of muscle (static). Dynamic stretching is best prior to dynamic activity. It uses 2–3 second holds (about the length of a good exhale) and then moves out of the stretch in about the same time (or the length of a deep inhale).

Doing 5–10 repetitions of traditional stretches where you are moving in and out of the stretch would be a good way to warm up the target tissue while allowing your body to monitor the changes in muscle length. Static stretching can be done at home or in the gym and is accomplished by holding a stretch 20–60 seconds, which can be an effective way to improve overall muscle length due to asymmetry from an injury.

## Balance Exercises

The use of balance boards at the gym, as well as progressing single-leg standing activities in your living room, are ways to improve your body’s sense of where it is in space. These activities can also be effective in maintaining and possibly improving your ability to balance as you age.

## Yoga

The practice of yoga integrates components of strength, flexibility, and balance. Even if you are never able to touch your toes, gaining flexibility, balance, and whole-body strength will improve your performance in daily, recreational, and/or competitive endeavors.

Many find themselves happy with their aerobic program and are comfortable in the weight room, but when considering yoga they may think, “what’s the point?” Yoga can enhance aerobic capacity and endurance in addition to strength, flexibility, and balance gains. It is not uncommon to hear patients and friends comment

that they hesitate to begin a regular practice of yoga because they feel inflexible. That is like avoiding the dentist because your teeth are not perfect. Yoga can be a time-efficient form of exercise that encompasses multiple aspects of “fitness.”

If you are considering starting a new fitness program, just remember doing any form of the above types of exercise is better than doing nothing, unless you are experiencing pain. Consulting with your physical therapist is a good place to start on your road to better health and fitness.



### Cable Diagonal:

Grab handle from low position while in a squat; stand up while pushing the cable across your body and shift weight to your opposite leg. Slowly return to starting squat position. Be sure to engage your inner core throughout the exercise (in both directions). Do 2–3 sets of 8–12 reps at a weight that is challenging but not painful.



### Dumbbell Lunge

This can also be done without dumbbells by using body weight as the resistance. Lunge forward with one leg while allowing the back heel to raise and back knee to bend. Try not to have forward knee extend over the tips of your toes. Keep trunk upright and brace with your inner unit. Push yourself back to starting position and either repeat on the same side or do alternate sides on every rep. Do 2–3 sets of 8–12 reps.



### Side Angle

Bend your left knee to 90 degrees and right leg remains long all the way through the outer foot, while the left arm reaches down for the leg or floor and the right arm follows the diagonal line of the right leg. Extend the right arm alongside your right ear, pinky forward, thumb back, and palm down. Hold for several breaths.



### Soleus Stretch

Put one foot back, keeping toes on both feet facing straight ahead. Allow both knees to flex forward while keeping your back heel on the ground. Glide hips forward and feel the stretch toward your lower calf/achilles tendon. You can do 2–3 second holds for a dynamic stretch for 5–10 reps (best done prior to dynamic activity like walking or running) or 20–30 second holds for a static stretch for 2–3 reps (best done at the end of dynamic activities or to gain flexibility at home or at the gym).



### Standing Quad Stretch

Bending knee, pull one foot up to buttocks and grab behind. Knee should be pointing straight toward ground. Balance on other foot or grab a chair to maintain balance. Make sure to keep lower inner unit activated; breathe and pull heel toward glutes. Hold 2–3 seconds for a dynamic stretch for 5–10 reps or 20–30 second holds for a static stretch for 2–3 reps.



### Tree Pose

Begin in a stable stance with feet hip-width apart. Bring your hands to your hips so you can assure they are level. Bring your weight onto your left foot, taking care to let the entire standing foot support you. Keep your weight evenly distributed through your foot. Bend your right knee and rotate your leg clockwise from the hip, so that it angles out. Rest the right knee against the inner thigh in a kickstand position. Check that your right hip hasn’t cocked higher in response to this rotation. Your arms can come to any position you like. Reaching out to the sides will make balance slightly easier, since your arms can make micro adjustments like a tight rope walker holding a pole. Hands to the midline are a bit more challenging, while reaching arms overhead presents a further challenge. Hold for several breaths.



### Downward Dog

Starting on hands and knees, lift your knees and allow your hips to raise high to create an inverted V. Downward facing dog can be difficult for those with tight hamstrings. It is alright to bend your knees slightly. Feet should be shoulder-width apart with toes pointing forward. Lift your tailbone high, moving in the direction of dog tilt without exaggerating the tilt of your pelvis. The entire spine should keep its curves as it reaches toward the floor. Your arms are long, insides of elbows facing each other, with alignment of shoulders, elbows, and wrists. Keep your fingers spread wide. Relax your head between your arms and maintain space between your ears and your shoulders. Hold for several breaths.



## All Areas:

**October 29–31:**

APTA National Student Conclave, Cherry Hill, NJ

## Seattle Metro

**August 28:** Seattle Oyster Urban Adventure Race

**September 19:** Cycle the Wave

**September 23–25:** WSMA (WA State Medical Association)

**October 29–31:** PTWA (Physical Therapy Association of Washington) Fall Conference

## Portland Metro

**June 19:** Westview Equalizer Race (Bethany)

**July 22:** Bethany Village Summer Concert Series (Bethany)

**July 31:** Westview Short Track Race (Bethany)

**August 5:** Bethany Village Summer Concert Series (Bethany)

**August 19:** Bethany Village Summer Concert Series (Bethany)

**September 10–12:** Pain + Suffer-'n Bike Race (Bethany)

**September 18:** Nike Pre-Nationals

**September 18:** Scappoose Sauerkraut Festival

**September 18:** Portland Oyster Urban Adventure Race

**September 26:** Echelon Gran Fondo

**October 2–3:** Portland Golf Show

**October 8–11:** Portland Marathon

**October 9:** Compassion Beaverton (Bethany)

**October 21:** Health Fair (Bethany)

**October 22–24:** Baby Boomer Expo

## Central Oregon

**October:** Center Foundation Annual Fundraiser (Bend)

**October 30:** Bend Snow Expo

**October 30:** Poor Boyz Productions Triple Threat movie tour  
“Revolver”

**December 4:** Jingle Bell Run (Bend)

**Rotary youth exchange program:** (ongoing)

## Southern Oregon

**Aug 7<sup>th</sup>:** Mt Ashland Hill Climb

**Sept 18<sup>th</sup>:** Ride the Rogue

## Remembering Dave Oliphant



As summer 2010 was upon us, we were all excited about a great season of racing for TAI Cycling. Unfortunately, this excitement quickly turned to sadness with news of David Oliphant's death from cardiac arrest following a weekly Portland road race on June 8th. Dave was our Elite Team captain since adding this level of racing to TAI Cycling in 2004, and he was a very competitive cyclist. Each year he was typically among the short list of racers in contention for the Best All Around Rider competition through OBRA (Oregon Bike Racing Association). Beyond his accomplishments as a cyclist, it is the personal connections Dave made that will be missed the most. He was always quick to congratulate a teammate's performance, mentor a young rider, encourage those around him, and supply his friends with endless research on the latest nutritional/training techniques. Personally, I'll forever miss the way he would regularly drop into my clinic unannounced and pull me away from treating patients in order to discuss, in great detail, questions such as, "Do you think I should remove the 3 mm shim in my right cleat before the race?" Dave was part of our TAI family and was truly one-of-a-kind. Thanks for everything Dave—we miss you.

Dave is survived by his wife Elvia, brother Duncan, father Doug, and mother Barbara.

Todd Cruz PT, MPT

Director, TAI Northwest Portland Physical Therapy

**GET FIT  
LIVE FIT**  
RUN AND WALK PROGRAMS

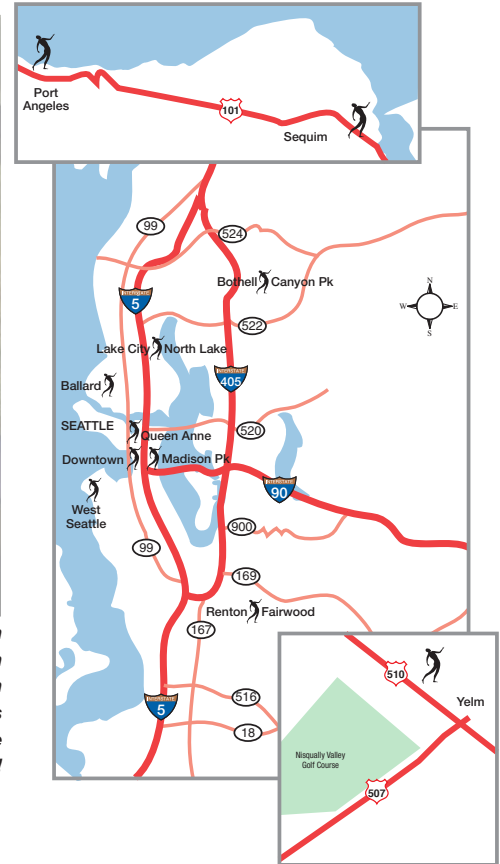


### Team and Program Sponsorship

Black Diamond Cycling (Seattle)  
 BMX Redmond  
 Bogus Basin Nordic Team Sponsorship (Boise)  
 FC Portland Academy – Soccer Club (Hillsboro)  
 Get Fit Live Fit  
 Grants Pass Boys & Girls Club (Basketball/Football)  
 Grants Pass National Little League  
 Grants Pass Youth Soccer Club  
 Liberty Rugby Club (Seattle)  
 Phoenix High School Athletic Training coverage (Medford)  
 Portland Bethany Summer Concerts  
 Portland Triathlon Club (Portland)  
 Redmond High School Basketball  
 Relay for Life (Grants Pass)  
 South Medford Panther Basketball  
 TAI Cycling Team  
 Tualatin Youth Baseball  
 Word Motorsports (Grants Pass/Medford)  
 XC Oregon (Bend)



Chris Leck PT, DPT, CSCS, Director of TAI Canyon Park Physical Therapy with NBA's Nick Collison. Nick spent his off-season training with Chris through our Sports Performance Program focusing on movement and strength specific to basketball. Nick based his selection on our Sports Conditioning and Wellness Emphasis and spent three months improving his physical abilities. Good luck Nick!



## Western Washington

### SEATTLE AREA [therapeuticassociates.com/Seattle](http://therapeuticassociates.com/Seattle)



**BALLARD PT**  
Julie Dresch PT, MS, OCS,  
CMPT, Director  
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TPI Certification



**MADISON PARK PT**  
Cora Bundy PT, MPT, OCS, CMPT,  
CPI, Director  
**206-324-5389**



**SEATTLE PT**  
Megan Houser PT, DPT, OCS,  
Director  
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TPI Certification



**BOTHELL**  
Canyon Park Physical Therapy  
Christopher Leck PT, DPT,  
CSCS, Director  
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**QUEEN ANNE PT**  
Jennifer Lesko PT, MS, Director  
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TPI Certification



**WEST SEATTLE PT**  
Erica Clark PT, Director  
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TPI Certification



**LAKE CITY**  
North Lake Physical Therapy  
Chuck Hanson PT, OCS, Director  
**206-361-4745**  
TPI Certification



**RENTON**  
Fairwood Physical Therapy  
Nicole Smyth PT, DPT, OCS,  
Director  
**425-272-0252**

### PORT ANGELES AREA

[therapeuticassociates.com/OlympicPeninsula](http://therapeuticassociates.com/OlympicPeninsula)



**PORT ANGELES**  
Beth Welander PT, DPT,  
Director  
**360-452-6216**  
New Director



**SEQUIM**  
Enid Halewyn PT, Director  
**360-683-3710**  
TPI Certification

### OLYMPIA AREA

[therapeuticassociates.com/Yelm](http://therapeuticassociates.com/Yelm)



**YELM PT**  
Paul Groschel PT, MSPT, Director  
**360-458-2444**

#### CREDENTIAL KEY:

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# Spokane/ North Idaho

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**LIBERTY LAKE PT**  
Steve Allen PT, OCS, FAAOMPT, Director  
**509-891-2258**



**MEAD**  
Mt Spokane Physical Therapy  
Gale Anderson PT, MSPT, OCS, FAAOMPT, Director  
**509-468-4861**



**NORTH SPOKANE**  
Wandermere Physical Therapy  
Jim Moore PT, OCS, ATC, FAAOMPT, Director  
**509-466-4379**

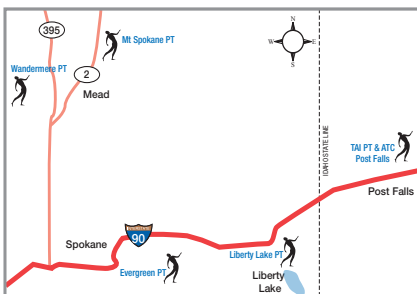


**SPOKANE VALLEY**  
Evergreen Physical Therapy  
Jeff Bresnahan PT, DPT, Director  
**509-926-5367**

## NORTH IDAHO



**POST FALLS**  
Physical Therapy & Athletic Training Center  
David Andrews PT, OCS, SCS, ATC, LAT, MTC, CSCS, Director  
**208-777-8273**



# Yakima Valley

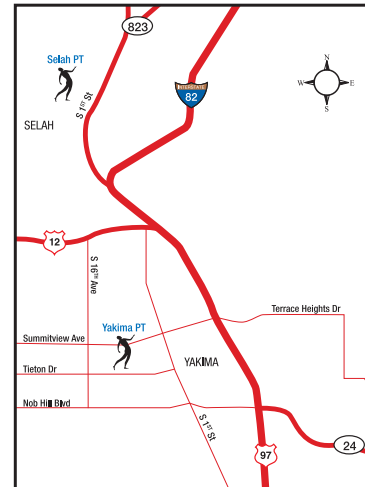
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**SELAH PT**  
Robb Jacobs PT, DPT, Director  
**509-697-9109**



**YAKIMA PT**  
Robb Jacobs PT, DPT, Director  
**509-453-3103**



# Tri Cities

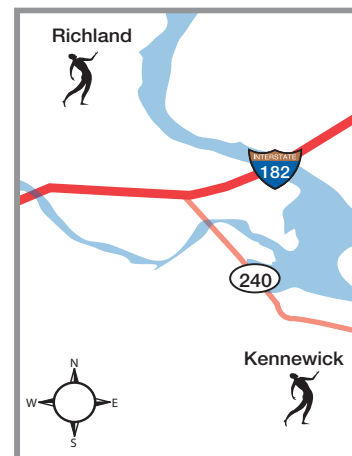
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**RICHLAND PT**  
LeeAnn Carlson PT, Director  
**509-946-8497**



**WEST KENNEWICK PT**  
Kenneth Call PT, DPT, Director  
**509-783-1962**  
TPI Certification



**CREDENTIAL KEY:**

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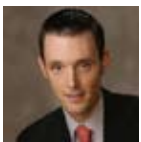


Angela Lewis PT, DPT, OCS, ATC, Director, Molly Zahlmann, Aide, Courtney Barnes, Aide, Ashley Barnes, Heather Thomas, Aide, Corvallis PT, and Tony Rocklin PT, DPT, COMT, Director, Downtown Portland PT at OSU's Wheel-a-thon.

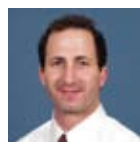
# Portland Metro Area

[therapeuticassociates.com/Portland](http://therapeuticassociates.com/Portland)

## WEST PORTLAND



**BEAVERTON PT**  
Zachary R Jones PT, DPT, Director  
**503-644-3311**



**DOWNTOWN**  
Tony Rocklin PT, DPT, COMT, Director  
**503-450-0591**



**NW PORTLAND PT**  
Todd J Cruz PT, MPT, Director  
**503-227-3479**  
**TPI Certification**



**SW PORTLAND PT**  
Darin Borter PT, DPT, OCS, COMT, Director  
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**BETHANY PT**  
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**TPI Certification**



**FOREST GROVE PT**  
Scott Hein PT, DPT, Director  
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**ST HELENS PT**  
H. Patrick Corrigan PT, Director  
**503-397-1914**  
**TPI Certification**



**TUALATIN PT**  
Stephen A Barsotti PT, Director  
**503-692-4934**  
**TPI Certification**



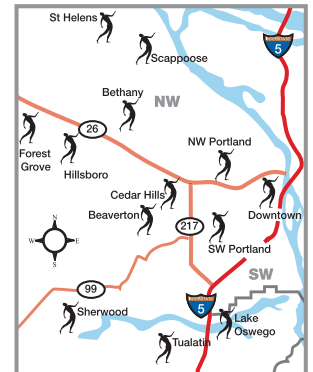
**CEDAR HILLS PT**  
Kelly Reed PT, OCS, COMT, Director  
**503-292-3583**



**HILLSBORO PT**  
Timothy O Brinker PT, OCS, FAAOMPT, Director  
**503-844-9294**



**SCAPPOOSE PT**  
Olya Kurkoski PT, DPT, Director  
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**CEDAR HILLS PT**  
Aimee Jackson PT, MSPT, Director  
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**LAKE OSWEGO PT**  
Shawn Dailey PT, DPT, Director  
**503-635-0844**  
**TPI Certification**



**SHERWOOD PT**  
Chris Hoekstra PT, DPT, OCS, COMT, FAAOMPT, Director  
**503-625-1691**

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**EAST PORTLAND**



**CLACKAMAS PT**  
Mark McCurdy PT, MPT, COMT,  
Director  
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**EAST PORTLAND PT**  
Jennifer Hammond PT, DPT,  
Director  
**503-253-0924**



**GRESHAM PT**  
John Parr PT, CMPT,  
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**TPI Certification**



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P.A.C.E.  
David V McHenry PT, DPT,  
Director  
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**NE PORTLAND PT**  
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**TPI Certification**



**SE PORTLAND PT**  
Daniel Renelt PT, DPT,  
Director  
**503-774-3585**

**SW WASHINGTON**



**VANCOUVER PT**  
Corinne Schaefer PT, DPT,  
Director  
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**New Director**



**Salem**

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**SALEM NORTH**  
Valley Physical Therapy  
Evan Jones PT, OCS,  
Director  
**503-378-7434**



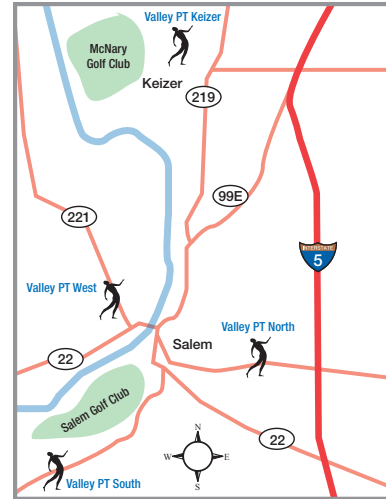
**SALEM SOUTH**  
Valley Physical Therapy  
Jeffrey R Blanchard PT, MS,  
OCS, Director  
**503-585-4824**



**KEIZER**  
Valley Physical Therapy  
Marcey Keefer Hutchison PT,  
MSPT, ATC, CMP, Director  
**503-463-4221**



**SALEM WEST**  
Valley Physical Therapy  
Gina Paine PT, DPT, Director  
**Opening in**  
**Nov. 2010**



**Mid-Willamette Valley**

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**ALBANY**  
Mid Valley Physical Therapy  
Richard Costain PT, Director  
**541-967-1224**



**CORVALLIS**  
Angela Lewis PT, DPT, OCS,  
ATC, Director  
**541-757-0878**



**CREDENTIAL KEY:**

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A Mt. Ashland Hill Climb race participant taking advantage of the services available at our TAI booth.

# Eugene

[therapeuticassociates.com/Eugene](http://therapeuticassociates.com/Eugene)



**WEST EUGENE PT**  
Bradley Schwin PT, MS,  
OCS, Executive Director  
**541-484-9632**



**OMG SOUTHTOWNE**  
Hannah Shallice PT, MSPT,  
Director  
**541-242-4470**



**SPRINGFIELD**  
Gateway Physical Therapy  
Matthew Weigel  
DPT, ATC, Director  
**541-242-4172**



**OMG AT EUGENE**  
David Dowd PT, MS,  
Director  
**541-242-4172**



**OMG AT WEST EUGENE**  
Bradley Schwin PT, MS,  
OCS, Executive Director  
**541-463-2191**



**OMG ORTHO AND SPORTS MEDICINE**  
David Dowd PT, MS,  
Director  
**541-242-4870**



# Southern Oregon

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**ROSEBURG**  
Central Physical Therapy  
Jeffrey S Jones PT,  
Director  
**541-673-1808**



**MEDFORD PT**  
Jay A Ruettings PT, DPT,  
ATC, CSCS, Director  
**541-779-1041**



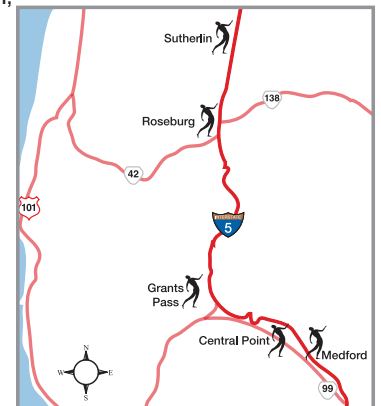
**GRANTS PASS PT**  
Eric Medley PT, MSPT,  
CSCS, Director  
**541-479-0765**



**SUTHERLIN PT**  
Dan Hirtle PT, Director  
**541-459-8459**



**CENTRAL POINT PT**  
David B Standifer PT,  
Director  
**541-664-2800**



**CREDENTIAL KEY:**

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Dan Renelt PT, DPT, Director, SE Portland PT, Matt Booth PT, DPT, OCS, Director Boise PT Park Center, Josh Benson, Marketing Coordinator, and Aubree Swart PT, DPT, Director NE Portland PT in the Echelon Gran Fondo fundraiser for OHSU Knight Cancer Institute & the LiveSTRONG Foundation.

## Central Oregon

[therapeuticassociates.com/CentralOregon](http://therapeuticassociates.com/CentralOregon)



**BEND PT**  
 Chuck Brockman PT, MPT,  
 OCS, CSCS, Director  
**541-388-7738**



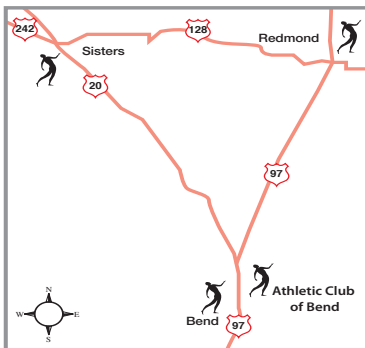
**REDMOND PT**  
 Karen Walz PT, MA,  
 OCS, COMT, FAAOMPT,  
 Director  
**541-923-7494**  
 New Location



**BEND IN THE ATHLETIC CLUB**  
 Laura Cooper PT, DPT,  
 CSCS, Director  
**541-382-7890**  
 TPI Certification



**SISTERS IN THE ATHLETIC CLUB**  
 Gary Keown PT, Director  
**541-549-3574**



## Southern Idaho

[therapeuticassociates.com/Idaho](http://therapeuticassociates.com/Idaho)



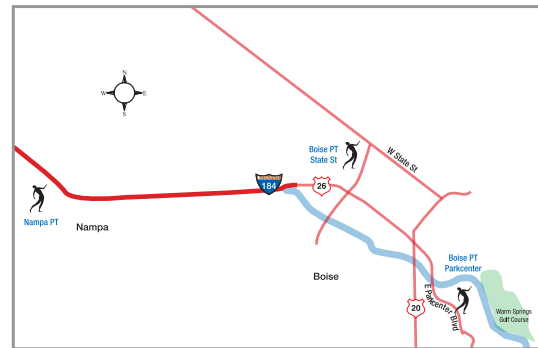
**BOISE PT**  
 Park Center  
 Matt Booth PT, DPT, OCS,  
 Director  
**208-433-9211**  
 TPI Certification



**BOISE PT**  
 State Street  
 Robert Barnes PT, DPT,  
 OCS, Director  
**208-336-8433**  
 TPI Certification



**NAMPA PT**  
 Derek Stiegemeier PT,  
 DPT, Director  
**208-442-0577**



**CREDENTIAL KEY:**

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## GET *MOVING* PROFILE

Katharine Hayner, Emily Syrjala, Emily and Toni Brockman made their participation a family activity.

### *CYCLE THE WAVE* “BRAKING THE CYCLE” OF DOMESTIC VIOLENCE

In September, a team of 13 TAI cyclists joined over 800 women to ride Cycle the WAVE, a non-competitive, women’s cycling experience in the Seattle area. The event is three-years-old (with TAI as a lead sponsor every year), and 100 percent of the proceeds benefit the Eastside Domestic Violence Program (edvp.org).

While all of the TAI riders this year joined in for fun, fitness, and challenge, four of our riders made it something more ... a family affair! Toni and Emily Brockman, and Katharine Hayner and Emily Syrjala were mother-daughter teams riding together. Both duos commented on the importance of the cause being a huge motivator for participating in the ride, but clearly there is a bigger picture to each of their stories about getting out and getting moving as a family.

Toni and Emily, who came up from Bend, Oregon to participate, make physical activity a family priority. Toni and her husband have always been very physically active and outdoor-

oriented. When their kids were very young, they found ways to include them in activities. As the kids have grown Toni says, “It’s an amazing thing to be able to share the things you love to do with your kids and for them to develop the same enjoyment of these activities. We hope that as they get older this exposure will guide them in their choices and steer them away from temptations.”

Katharine Hayner has been cycling and maintaining a healthy and active lifestyle for a long time. When it comes to her kids, she and her husband have always encouraged physical activity in the form that most interests them. For Emily, that has been primarily in soccer and softball, both of which she plays at a highly competitive level.

So why did Emily and Katharine do Cycle the WAVE together? Because it’s fun!!! It’s a great opportunity to do a mom-daughter activity, surrounded by a



TAI had 13 cyclists on their team.

bunch of other women who care about health and wellness.

The “great vibe” of the ride, as Katharine describes it, makes this a wonderful annual event for them to look forward to doing together.

For more information visit [www.cyclethewave.com](http://www.cyclethewave.com). Congrats to all of this year’s riders ... hope to see you there next year!

 **Therapeutic Associates**  
**PHYSICAL THERAPY**

# Be Hip and Avoid Injury

By Jim Moore, PT, OCS, ATC, FAAOMPT, Director, TAI Wandermere Physical Therapy

**A** major issue in a number of injuries that affect female athletes is weakness of the hip abductors and external rotators.

When you stand on your leg, these muscles help to prevent it from collapsing inward. Weakness of the hip abductors and external rotators can make you more susceptible to the stressful forces that act on the knee and the soft tissues of the hip, thigh, and lower leg during activity. The increase in stress can lead to overuse injuries, including iliotibial band (ITB) syndrome (pain on the outside of the knee), patellofemoral maltracking (pain in the front of the knee), patellar tendonitis (pain below your knee), and increased risk of a traumatic injury, like a torn anterior



Jim Moore, PT,  
OCS, ATC, AAOMPT

cruciate ligament (ACL).

So, how can you tell if you have weak hip abductors or external rotators? Your physical therapist can help identify weakness or imbalances in your muscles and establish a program to increase your strength and muscle balance. You can get an idea of the strength of these muscles by doing a squat on one leg in front of a full-length mirror. Stand on one leg and squat down as far as you can (while still being able to return to your standing position without using the other leg) and watch what your knee does. If your knee falls to the inside, your hip muscles may be weak (your knee should stay in line with your foot). Including strength training for the hip abductors and external rotators in your workout can help to decrease the potential risk of sustaining an injury and also lead to an increase in performance. Here are some suggestions.

## Exercise #1

While balancing on one leg, pull the other leg out to the side (keep the toes facing forward). Using a piece of resistance tubing, this exercise challenges both the stance leg and the leg that is pulling against the tubing. However, it is the stance leg that is being worked functionally, so if you are emphasizing a particular side, make sure you perform this exercise standing on the involved side.



## Exercise #2

Lateral walking with band resistance. Tie a resistance band around your legs above your knees. Standing upright, walk sideways while keeping your toes pointing straight ahead. Walk one way (typically 20–30 feet), and then facing the same way, walk back to your starting position.



## Exercise #3

This is called a speed skater. Stand on one foot (stance foot) and squat while reaching with your other foot to the back and side as far as you can without pain and without losing your ability to control the motion. Return to your starting position. Do not use your non-stance foot to help by pushing off.



## Exercise #4

To perform the clamshell exercise while lying on one side, make sure the shoulders, hips, and knees are in a straight line. Then raise the knee of the top leg up as far as you can while keeping your feet together and not allowing your pelvis to roll backward. Resistance can be added by placing a piece of resistance tubing around the thighs, just above the knees.



Remember, the goal of a strengthening exercise is to fatigue your muscles without creating pain. Adjust your repetitions and resistance to accomplish this objective. With these exercises we typically have a goal of 20 repetitions, and you can perform 1–3 sets based on your tolerance.

**We want to hear from you!**

Take our survey at:  
[therapeuticassociates.com/outlooksurvey](http://therapeuticassociates.com/outlooksurvey)

Contact us at:

**Therapeutic Associates, Inc.**

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Cover photo: Jessica Dorrington PT, MPT, OCS, CMPT, Photo by Kent Factora

Visit:  
[therapeuticassociates.com/outlook](http://therapeuticassociates.com/outlook)  
to...

- Access past *Outlook* issues
  - Join our Email list
  - Join our snail mail list

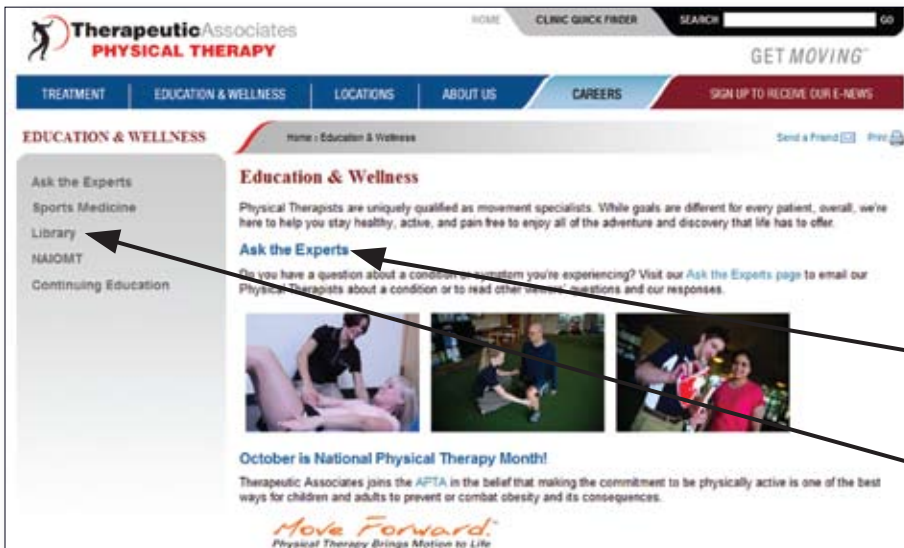
Your Online Resource  
for Health and Wellness  
Education

# October is National PT Month!

Get *Moving* to help prevent or combat obesity



Therapeutic Associates is proud to celebrate National Physical Therapy month this October. This year's focus is on physical activity as one of the best ways children and adults can prevent or combat obesity and its consequences. Visit our website to learn how your Physical Therapist can help you incorporate physical activity into your life.



Visit our [Education and Wellness](#) page for other great resources:

- More information about National Physical Therapy Month
- Questions about a condition or symptom?  
**Ask the experts!**
- Our Library contains tips on how to keep you and your kids healthy and injury-free while being active

[www.therapeuticassociates.com/Education](http://www.therapeuticassociates.com/Education)