

Therapeutic **Outlook**

Your Guide to Wellness Through Movement

Volume 5, Issue 2



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Your physical therapist may legally see you directly in most states, but getting your insurance to pay for that service requires further investigation before your appointment. We're here to help. Photo by Kent Factor.

“Direct Access” Decoded

*By Gregory Pick, PT, Director TAI Mid Valley Physical Therapy
And Shauna Jones, Front Office Coordinator, TAI Mid Valley Physical Therapy*

*N*avigating through the maze of the U.S. healthcare system can be a confusing and time-consuming endeavor.

As you may know from experience, there is an ever-growing stack of paperwork to be filled out, insurance authorizations and calls to be made, HIPPA forms to be signed, and more. Add the fact that you are often experiencing discomfort and pain at the time of your patient visit, and you have the perfect recipe for frustration.



Gregory Pick PT

However, there is light at the end of the tunnel related to physical-therapy treatment. Thanks to efforts by professional organizations and state

legislatures across the country, 46 states allow you to see your physical therapist directly, without needing a referral from your medical doctor. This is known as “direct access” to physical therapy. This is great news, as it will save you time and money and will speed up your recovery time by allowing you to start treatment right away. Be sure to check with your provider, however, before scheduling an appointment.

Physical therapists are musculoskeletal experts, with a high level of education to support evaluation and treatment of a wide range of conditions. They also have specific training in spotting conditions that would require referral back to a medical doctor or specialist for further testing. So it now makes perfect sense to go directly to your physical therapist for that

ankle you sprained last night.

How do you know if seeing your physical therapist is a good idea? Ask yourself these questions:

- Do you have symptoms that change (get better or worse) with movement or position of your body?
- Are symptoms limiting your ability to perform everyday activities?
- Are you wondering if your symptoms are likely to get better on their own or if they will require treatment?

If you answered yes to these questions, contacting your physical therapist is a good idea. By asking the right questions and doing a thorough evaluation, your therapist will determine if treatment can help get you moving again.

While that is very good news, we still have to contend with our confusing healthcare system.

Do You Have Direct Access?

Each state government has different laws related to how direct access to physical therapy works in that state. Additionally, each insurance provider can have their own set of rules on what they will allow.

For example, California allows direct access but requires that the condition being treated be diagnosed by the patient's doctor. Idaho and Washington simply require physical therapists to refer a patient to their doctor if the condition is outside the scope of physical therapy treatment. In Oregon, treatment through direct access is limited to 60 days before patients must visit their doctor.

There are hundreds of different insurance plans that also have varying rules regarding your care. Physical therapy is in a category of services that normally have limitations and special requirements to receive coverage. Unfortunately, there isn't always a simple answer regarding the question of whether or not direct access applies to your situation. The only way to be sure is to determine the guidelines of your specific policy by contacting your insurance company.

So what does all this mean to you as a patient? Well, your physical therapist may legally see you directly, but getting your insurance to pay for that service requires further investigation before your appointment. Direct access to physical therapy is a great idea if any of the following apply:

- You have no medical insurance;
- You have insurance that does not have a physical therapy benefit (major medical policy);
- You are seeking wellness programs or ergonomic evaluations (most insurances don't cover this).

Direct Access is a good idea but requires some further checking if:

- Your physical therapist is not contracted with your insurance (you might still have an "out-of-network" benefit which may or may not require an MD order);

- You have insurance but are unsure if an MD order for therapy is required.

As a courtesy, Therapeutic Associates can call and verify your benefits before your appointment. To be certain, it is a good idea for you to call your insurance provider directly. The following is a checklist of information to gather and questions to ask:

- Document the name of the person you talk to and when you make the call;
- Ask for a summary of your outpatient physical therapy benefits;
- Ask if a doctor's order is required for physical therapy;
- Ask who decides medical necessity for treatment.

A prescription from your doctor and referral from your doctor mean two different things to many insurance companies.

When calling your doctor, it is best to use the terminology "order for physical therapy," because they might answer that a referral is not required but that treatment must be medically necessary. Who decides medical necessity? Will your insurance provider let you determine that, or must that come from your doctor? Medicare currently does not allow direct access, but there is legislation in the pipeline that may change that soon.

Visiting your physical therapist through direct access is a great idea and a way to save time and speed up recovery.

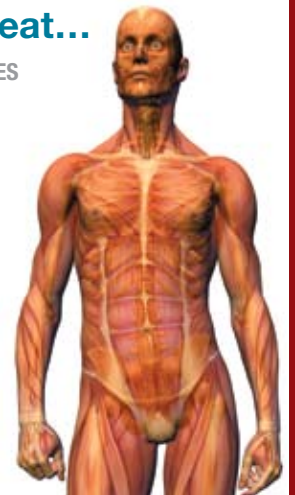
We want to be your physical therapist for life, and you may be pleasantly surprised to learn about all of the conditions that we treat. For now, the process of determining insurance coverage for direct access can be a little confusing, but we're here to help.



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



Back to School: Activity and Healthy Snack Guidelines

By Amy Temes Clifton, PT, DPT, Director, TAI OMG West Eugene

Going back to school means getting back to a routine including making time to pack lunches and snacks and scheduling time for being active.

Getting Physically Active

Some schools have limited PE programs, which means it is even more important to get kids active outside of school. As technology promotes sitting and focusing on electronic devices, we should be encouraging our kids to keep moving. Some great activities include:

- Walking (with the dog, to the store, around the block)
- Building a fort, creating an obstacle course
- Organized sports, swimming
- Group games: dodge ball, kickball, red rover, laser tag, tag
- Playground (jungle gym, wall ball)
- Hula hoop, jumping rope, juggling
- Running, biking, hiking
- Gymnastics/tumbling, dance (jazz, ballet etc.)

What doesn't classify as being active? *Screen time.* The following activities should be limited:

- Watching TV/movies
- Playing on the computer or playing video games
- Playing on a digital handheld device (Smart phone, gaming system, etc.)

The U.S. Department of Health and Human Services recommends that kids get at least one hour of physical activity per day¹ and limit their screen time to one to two hours per day². If your kids resist physical activity, think about using the following strategies:

- One hour of physical activity can earn your child a half hour of screen time
- Avoid screen time during the school week and limit screen time on the weekend
- No food when watching TV, using the computer, or playing video games.

Need some ideas for making physical activity more fun?



Amy Temes Clifton
PT, DPT

- Create achievable goals (keep a record of miles/laps walked) and reward them (check off a box, stickers)
- Play games and sing songs, go on a scavenger hunt
- Have an "I'm bored box" so when your kids are bored, they go to the box to find something to play with instead of having more "screen time."

Healthy Snacks and Lunches

Creating healthy routines for kids also means offering them healthy snacks and lunches. The new food pyramid³ encourages balance: whole grains, lean proteins, and low-fat dairy. Eating fruits and vegetables can lower the risk of obesity, heart disease, cancer, and high blood pressure. Offer fruits/vegetables in some of the following fun and various ways.

- Kiwis cut in half and served with a spoon
- Apple wedges with dipping sauces (yogurt or peanut/almond butter)
- Ants on a log (celery with nut butter and raisins)
- Baby carrots with hummus
- Frozen blueberries and/or bananas
- Fruit Smoothies turned into popsicles
- Dried fruit and nut trail mix.

When buying fruits and vegetables, focus on fresh, local, and in-season foods. Teach your kids about farm-fresh foods by taking them to the local farmer's market or farm to see where and how it grows.

Avoid "sugar added" fruit products. Opt for unsweetened or homemade applesauce, light canned fruit, dried fruit, or natural fruit leathers. Also avoid sugary beverages (soft drinks, sport drinks, and juice). When buying juice, buy 100 percent juice without added sugar and mix it with water or club soda. As a healthy alternative, serve your kids low-fat plain milk or water.

Healthy whole grains are high in energy and will keep your kids feeling full during the day. Search for products that contain "whole" grain.

Low-fat dairy is a great source of calcium for kids, but dairy products can also be a big source of saturated fat. Low-fat string cheese, cottage cheese, yogurt (beware of high sugar), and cream cheese are also good sources of protein and will help your kids feel satiated.

Involve your kids in making their own lunches/snacks to help them enjoy the food more and understand what it takes to eat healthy.

Most importantly, when helping your kids to be active and eat healthy, practice what you preach. Keep junk food out of the house and demonstrate an active lifestyle by eating healthy yourself.

For more ideas, visit our website at www.therapeuticassociates.com and search for healthy eating tips.

1. <http://www.health.gov/paguidelines/factsheetprof.aspx>
 2. Active Healthy Living: Prevention of Childhood Obesity Through Increased Physical Activity. PEDIATRICS Volume 117, Number 5, May 2006
 3. <http://www.choosemyplate.gov/>



Investing in the Future of Physical Therapy

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

At Therapeutic Associates we believe in doing what we can to help develop the next generation of physical therapists. Many of our physical therapists teach, lecture, and mentor students in select physical therapy schools throughout the Northwest.



Stephen E. Anderson PT, DPT, CEO

In 2011, I personally lectured at

a number of physical therapy schools, including the University of Washington, Eastern Washington University, Pacific University, University of Montana, Regis University in Denver, Mount St. Mary's College, California State Long Beach, and Louisiana State University in Shreveport, Louisiana.

Our clinics throughout the company serve as internship sites for over 50 physical therapy schools throughout the nation. Through these internships, physical therapy students at all stages in their schooling receive one-on-one mentorship from practicing therapists and gain hands-on experience in the field before they begin their careers. This is provided pro bono, and we feel it is our professional responsibility to help anyone we can.

As a thank you for our commitment to the University of Montana, I recently received an invitation to attend a Grizzly football game in Missoula in the President's box. I was able to bring my father, who is a University of



We seek out opportunities to attract those with passion and the willingness to be lifelong learners who enjoy mentoring colleagues throughout their career. Photo by Kent Factora.

Montana Grizzly Sports Hall of Fame member. We accompanied the Dean of the University's Allied Healthcare School and the President of the University while

"Our quest for excellence benefits all those who trust us to guide them through the healing process..."

enjoying the home team win over Cal Poly. During the weekend I was also asked to serve on the Advisory Board for the school of Physical Therapy. It was a great honor and I accepted.

Physical therapy education is at the doctoral level and now encompasses three years of graduate school after four years of undergraduate study. Graduates

today are Doctors of Physical Therapy and enter the field prepared to diagnose and treat dysfunction and pain through manual therapy, exercise, and other interventions.

Our company tag line is "Get Moving." That is exactly what we try to do with everyone that accesses our services, either on their own, or most often through referrals from physicians who know our skill level and reputation for positive results.

Physical therapy is a wonderfully rewarding profession. We seek out opportunities to attract those with passion and the willingness to be lifelong learners who enjoy mentoring colleagues throughout their career. Our quest for excellence benefits all those who trust us to guide them through the healing process and "Get Moving" in everyday life.



After assessing your individual biomechanics, your therapist will put together an individualized program of exercises that are specific to your problem, properly instruct you to fire your muscles correctly, and progress your activity in a pain-free and safe manner. Photo by Kent Factora.

Low Back Pain and “Core Training” — The Inside Scoop

By Bill Olson PT, Director, TAI Spokane Physical Therapy

Low Back Pain (LBP) is a common and recurrent problem. It has been estimated that approximately 80 percent of people in western countries will experience low back pain at some point in their lives.



Most of these cases will resolve within two to four weeks, however, within one year following the first episode of LBP, 60-80 percent of people will have recurring pain. One of the treatments often recommended for LBP is “core training.” The term “core training” has become confusing, as everyone from

physical therapists to trainers on TV are using it—often with very different ideas of what it means.

There are important distinctions between the stabilization exercises used for therapeutic reasons and those that are used for sports and conditioning.

All “core training” programs involve the trunk muscles, but newer research has shown that the various muscles of the trunk serve very different purposes. Some act as position sensors, some act as stabilizers, and others generate forceful movements.

Functionally, the trunk muscles can be divided into two major groups—the larger outer muscles (“global” muscles) and the smaller inner muscles (“local” muscles).

Most non-therapeutic “core training” programs focus on the large outer trunk muscles that you can visibly see. These muscles span multiple vertebrae and largely run between the rib cage and pelvis.

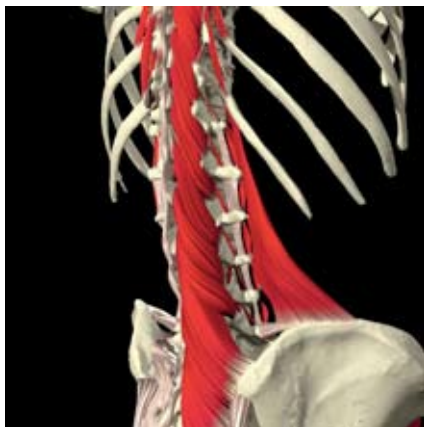
While strength in these “global” trunk muscles is very important for overall function and athletic performance, they are primarily movers of the spine and are not attached in such a way that they can effectively control alignment or motion between vertebrae. Thus, while this type of “core training” by itself may give you “six-pack abs” and improve athletic performance, it likely is missing the mark if you have low back pain.

Research on low back pain has demonstrated that the structure and function of the inner core muscles is altered even after the first episode. The messages from the nervous system that tell these muscles when to fire become disrupted, and these muscles are essentially “knocked offline.”

Furthermore, studies have shown that recovery of these deep trunk muscles does not spontaneously occur, even if the pain resolves and normal activities are resumed (this is true even in highly-trained athletes whose outer core muscles are strong). The recovery and normal firing pattern of these deep muscles is only restored if they are specifically retrained.

When people are instructed in how to properly contract these inner core muscles during activity, there is a significant decrease in both intensity and recurrence of low back pain episodes.

What are these deep inner core muscles? Most research emphasizes the role of the transversus abdominus and lumbar multifidus muscles. The pelvic floor muscles have also been implicated as being important in segmental stabilization of the spine and pelvis.



The multifidus muscle groups lie directly in contact with the vertebrae.

All joints of the body, as with any other joint (such as a door hinge), must remain properly aligned for the joint to track correctly and avoid abnormal wear and tear. In the spine, joint stability refers to the ability of the joint to move through its full range in a controlled

manner, without excessive or abnormal motion.

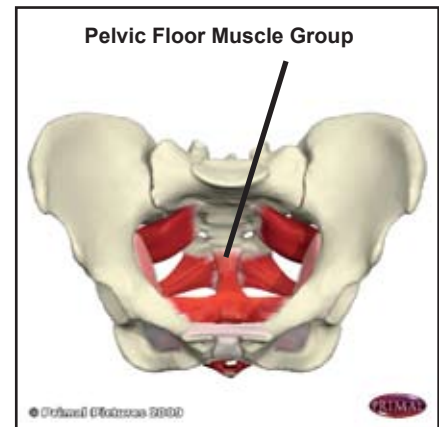
The joint structures (ligaments, discs, and facet joints) by themselves are not able to ensure normal tracking, as the spine relies heavily on

muscle firing patterns to maintain proper alignment and support. Because these inner core muscles are close to the spine and attach to adjacent or nearby vertebrae, they are structurally able to stabilize one vertebra on another, guiding their motion and protecting the joints against damaging or painful movements.

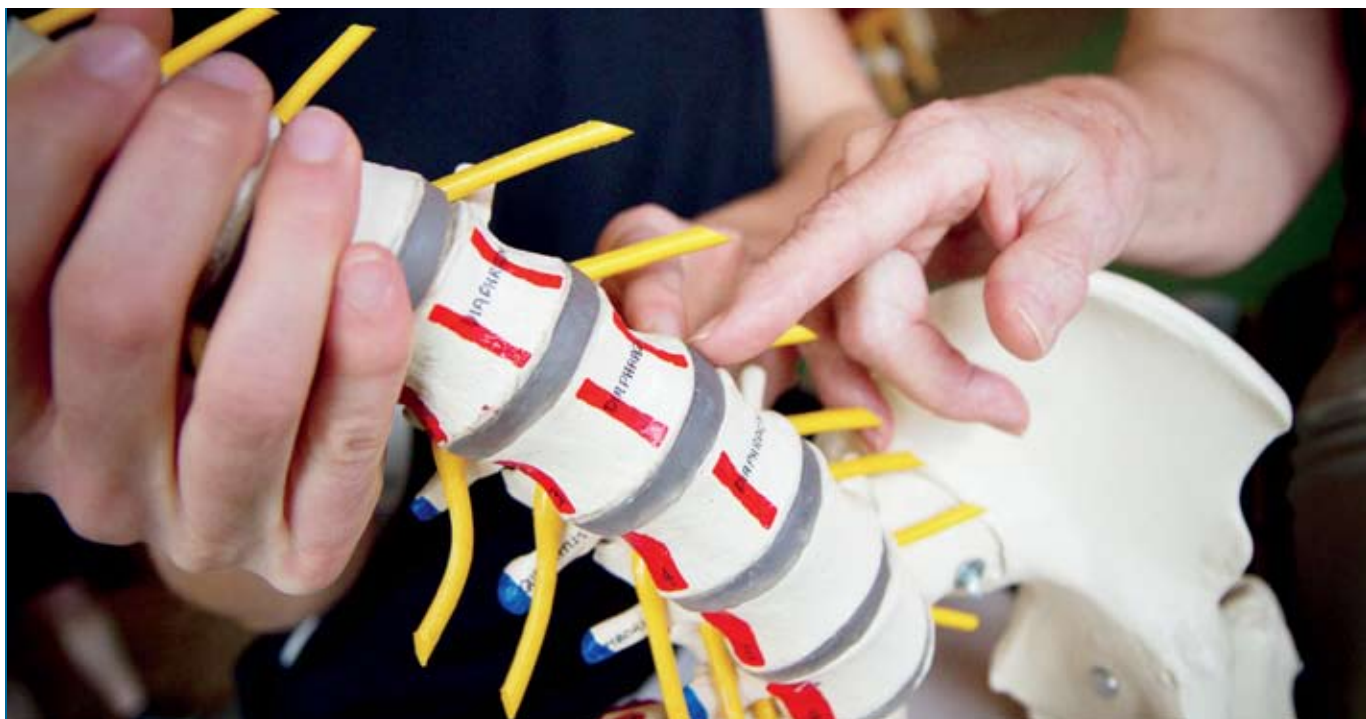
If you have low back pain of any kind you should seek out your local physical therapist. Physical therapists are specially trained in assessing the function of these deep core muscles and your spinal mobility, stability, and posture. After assessing your individual biomechanics, your therapist will put together an individualized program of exercises that are specific to your problem, properly instruct you to fire your muscles correctly, and progress your activity in a pain-free and safe manner.

A typical progression of therapeutic “core training” would involve a therapist teaching you how to find and activate these deep muscles in a controlled way, involving minimal spinal motion. As you become more skilled at activating these deep muscles, your therapist would then progressively challenge them to stabilize your spine in different planes of motion with increasingly more dynamic exercises related to your functional activities.

While most people with LBP will benefit from consultation with a physical therapist, people with pain due to spine problems that disrupt the structural integrity or motor control of the spine (such as degenerative disc disease, arthritis, underlying hypermobility, or back pain following pregnancy) may especially benefit from a therapeutic “core training” program that emphasizes activation of these deep inner core muscles.



The pelvic floor muscles have also been implicated as being important in segmental stabilization of the spine and pelvis.



Commonly referred to as “throwing your back out”, there are some simple steps you can take to reduce the inflammatory reaction and get movement going again. Photo by Kent Factora

Acute Low Back Injury — What Can I Do?

By Tony Rocklin PT, DPT, Director, TAI Downtown Portland Physical Therapy

You know the situation. You reach down to pick up a shoe or other small object and upon standing upright, your back seizes and you yelp in pain. What happened?

Why would something so simple, like picking up a pencil from the floor, cause such an injury?

No matter what you tried to pick up, it's usually not the weight of the object, but rather, how you picked it up. Discovering the reason for your pain is usually not the most immediate thing on your mind. All you want to do is figure out how to stand up and get rid of this terrible pain.

Depending on your symptoms, level of pain, and mechanism of injury, there are steps you need to take after sustaining an Acute Low Back Injury. If the pain or symptoms do not subside within seven days, or if you experience any neurological symptoms, such as sciatica, numbness, loss of strength, or unrelenting pain, contact your local Therapeutic Associates Physical Therapist (PT) and/or Primary Care Physician (PCP) for specific guidance.



Tony Rocklin
PT, DPT

Commonly referred to as “throwing your back out” when reaching for something, bending over improperly, or even sneezing, there are some simple steps you can take to reduce the inflammatory reaction and get movement going again. (If you cannot perform these steps, we recommend you contact your PT and/or PCP for specific guidance.)

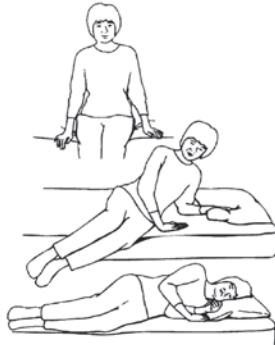
Try to stand up, if possible, and walk around a bit. It may be uncomfortable, but if you can manage, it will help to loosen your lower back muscles. Try light walking for five minutes and prepare for step two, below. If you are unable to walk around, move straight to step two.

Obtain a cold pack, wet towel with very cold water, or bag of frozen peas. Find a position of comfort, such as lying on your back with your legs up on an ottoman or pillows. Place the cold pack under your lower back or area of pain for 15–20 minutes. If unable to lie on your back, or if your cold pack is too big, try lying on your stomach with a few pillows under your abdomen and the cold pack on the sore area. Avoid using heat if you are in acute pain (this can be like gasoline on a fire), but you may use heat if you are a bit sore or just feeling tight. If unsure, use cold.

After 15-20 minutes of using cold, attempt to stand up properly and walk around. Make sure to roll to your side, bring knees to chest, then push up into a sitting position once your feet go off the bed. It may be painful, but this is a much less painful way of standing up than trying to sit straight up. You will want to let your back thaw out for at least 90 minutes before applying a cold pack again.

Getting Into / Out of Bed

Lower self to lie down on one side by raising legs and lowering head at the same time. Use arms to assist moving without twisting. Bend both knees to roll onto back if desired. To sit up, start from lying on side, and use same movements in reverse. Keep trunk aligned with legs.



Make sure you avoid prolonged computer use, sitting in one place, or driving during this acute phase, as these activities can aggravate your symptoms.

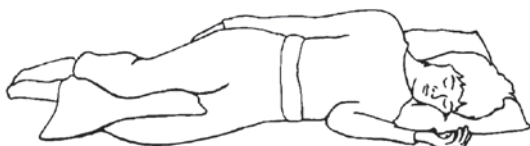
When lying down, utilize proper sleeping positions. Lie on your side with one pillow under your head, one between your knees, and one to hug onto; OR, lie on your back with pillows under the back of your knees.

Sleeping on Back



Place pillow under knees. A pillow with cervical support and a roll around waist are also helpful.

Sleeping on Side



Place pillow between knees. Use cervical support under neck and a roll around waist as needed. Not shown in picture is the pillow that you will want to hug onto.

Use proper body mechanics when reaching for objects on the floor. Bend at your knees and squat down rather than bending at your back.

Low Shelf



Squat down, and bring item close to lift.

There are some basic movements/exercises you can use to work on early mobility and decrease muscle spasms. Try lying on your back with knees bent up and feet flat on ground. Pull one knee to your chest using your hands. Hold for five seconds, and then repeat with other knee. Do 10-20 repetitions three different times throughout the day. An alteration of this exercise is to try the same exercise by pulling both knees to your chest. If these cause too much pain or worsen your condition, cease and contact your PT/PCP.

Therapeutic - Knee to Chest



Bend knees toward chest one at a time. Use hands only to support position. Hold 5-10 seconds.

Repeat 10-20 times per session
2-5 sessions per day

Using a combination of gentle movements, light walking, positions of comfort and cold/heat applications may dramatically improve the next 24 to 48 hours. If you are not in acute pain, but sense that it is just tightness/soreness, it is ok to try 15-20 minutes of heat. If symptoms worsen after using heat, immediately put cold applications on as specified above.

Attempt to slowly work back into normal activity as tolerated over the next couple of weeks. If you are unable to return to normal activity, feel like your condition is worsening, or you experience any neurological signs/symptoms as described above, contact your Therapeutic Associates Physical Therapist or PCP immediately.





A physical therapy program utilizing a specific evaluation process, detailed manual therapy (including joint manipulation and/or mobilization), and a specific exercise program based on impairments discovered in the evaluation has strong research support for success. Photo by Curtis Thorne.

Evidence-Based Treatment of Chronic Low Back Pain

By Chris Hoekstra PT, DPT, Director, TAI Sherwood Physical Therapy

The medical community has been charged in recent years with the task of providing research-based evidence to support the use of interventions employed in everyday practice.

Therapeutic Associates is committed to providing the best, most innovative, and scientifically supported treatment possible for our patients.

Below is a review of the current evidence for treatment of chronic low back pain.

It is reported that 60–80 percent

of all adults will deal with low back pain (LBP) in their lifetime. The National Institute of Neurological Disorders and Stroke reports Americans spend \$50 billion annually on treatment of LBP. While most individuals with acute LBP improve within 6–8 weeks, the prognosis for individuals with more chronic conditions is much worse.¹ Because of this prognosis, many different interventions are utilized for treatment.

Exercise has long been reported as essential for treatment of LBP.² However, newer research suggests certain exercises have more benefit than others. High-intensity exercise focused on the large muscles of the



*Chris Hoekstra
PT, DPT*

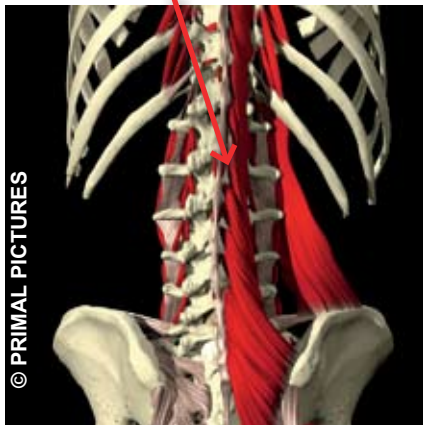
low back has not been shown to be more effective than a general, low-intensity program.³

However, exercises focused specifically on the small segmental stabilizers of the low back and abdomen have been shown to have a greater effect on improving function compared to a general abdominal and back strengthening program.⁴ Yet another study showed that these specific exercises add little additional value to physical therapy intervention if they are not applied based on specific examination findings.⁵

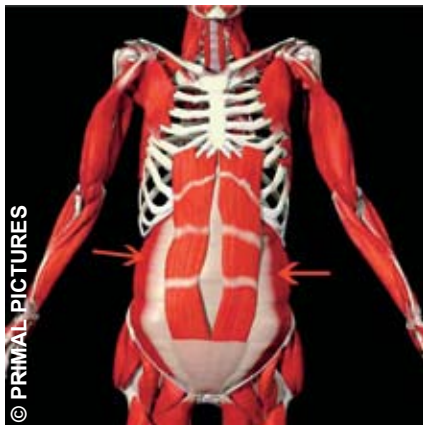
Manual therapy (including joint mobilization and manipulation) has been studied by many sources with generally positive responses. However, authors generally agree that acute LBP responds more favorably than chronic conditions.⁶

A separate article compared functional outcomes in patients with chronic LBP utilizing manual therapy vs. exercise therapy. This article found both groups had significant improvement after eight weeks of therapy, but the manual therapy group exhibited a greater

The multifidus muscle group.



Exercises focused on the small segmental stabilizers of the low back and abdomen have been shown to have a greater effect on improving function.



Transversus abdominis muscles (arrows).



Exercise has long been reported as essential for treatment of low back pain...newer research suggests certain exercises have more benefit than others.

improvement in all measured areas of function, and these improvements remained one year later.⁷

Based on the above information, a physical therapy program utilizing a specific evaluation process, detailed manual therapy (including joint manipulation and/or mobilization), and a specific exercise program based on impairments discovered in the evaluation has strong research support for success.

Therapeutic Associates therapists are trained in the latest evaluative and manual therapy techniques, coupled with advanced exercise training which allow our clinicians to assist individuals with this often-difficult-to-treat condition.



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Through the use of proper ergonomics in your workstation setup and correct posture, a healthy and pain-free work environment can be achieved.

Ergonomics for the Office

By Jennifer Rappaport, MOTR/L

With the increased demand for today's professional to spend longer hours behind a computer screen, office-related discomfort and injuries are on the rise. Avoiding awkward positions and maintaining a "neutral" spine can help to reduce this long-term discomfort, but how?



Jennifer Rappaport
MOTR/L

Through the use of proper ergonomics in your workstation setup and correct posture, a natural "S" curve spine can be achieved, leading to a healthy and pain-free work environment.

When considering proper ergonomics, the first item to assess is the chair. Before making any adjust-



ments to your chair, locate the user manual to identify all adjustment levers.

While seated, your weight should be equally distributed on the chair with both feet resting firmly on the floor. As you sit all the way back in the chair, there should be approximately two finger lengths of space between the back of your knee and the edge of the seat pan.

In addition, your seat pan should tilt slightly forward to allow the chair to slope down toward the floor. The amount of "forward tilt" is a matter of personal comfort. If your chair does not have a lever to adjust tilt, a fairly flat pillow can be placed across the back half of the chair, which will cause a natural forward tilt.

Once these adjustments are made, a person's natural inclination will be to sit up straight. If there is a lever that controls the seat back, adjust this to meet

Your Workstation Set-Up

Posture Sit all the way back into the chair; knees slightly lower than hips with the seat tilted forward if possible. Avoid twisting the body and neck; do not cross legs or shift weight to one side.

Back Lumbar support should fit into the small of your back providing support, without pressure; back angle should be adjustable for needed changes and should support the upper body in a vertical position.

Seat Adjustable height and angle, with a firm cushion, downward tilt of the seat pan position increases circulation to legs and feet. Avoid sitting in reclined position.

Keyboard Position flat or slightly declined, sloping away from the user; when hands are on keyboard be sure wrists are supported with a palm rest. Forearms



should be horizontal or sloping slightly downward; hands should be aligned with the forearms so wrists are straight and fingers relaxed.

Document Holder Placement directly in front of the monitor and between monitor and keyboard without obstructing the screen; correct placement allows the eyes to easily and naturally view the document without turning the head/neck.

Feet Entire sole should rest comfortably on the floor; use a foot rest only if desk height cannot be adjusted.

Monitor With straightened posture, eyes should be level

with the top third of the screen; place monitor in vertical position to decrease glare on screen and center screen with center of the body.

Desk Work surface height should be adjustable to allow room to move legs and make postural adjustments; if keyboard and mouse are on the desk, the work surface should allow for different positions of the monitor, keyboard, and mouse.

Telephone Cradling telephone receiver between head and shoulder can cause muscle strain; using a headset allows for neck/head to remain straight and hands free.

the desired upright posture. The seat back should be positioned to support the space between your waist and the bottom of your shoulder blades. If the seat back does not adjust, a cushion can be used to make up for the gap. The seat back height should also be positioned so the lumbar support fits the contour of your back. To do this, use a knob or ratchet on the back of the chair to adjust the height.

Lastly, remove the armrests if the chair is used primarily for the computer. As your body begins to adjust to this new position, be sure to get up and move around frequently to help with the transition.

Now that your chair is set up to maintain a neutral posture, the rest of your workstation needs to be assessed to maintain that posture.

If you frequently use a keyboard, it should be positioned at the edge of your desk with a palm rest to support your wrists. While keying, your elbows should stay to the sides of your body with your shoulders relaxed. If you have to reach up to access the keyboard, it is recommended that you raise your chair up and use a footrest to keep your feet on a firm surface. You may also purchase an adjustable keyboard tray to be installed below your desk. This should be set at, or slightly below, elbow height to reduce any fatigue in the neck and upper extremities.

Your mouse should be placed next to the end of the keyboard on the same surface level. If the mouse is

placed too far out, it will unnecessarily “load” the shoulders and upper back. A wrist rest is also recommended for the mouse.

The placement of your monitor can also have a large impact on your neck and upper back. To help reduce fatigue or discomfort, position the monitor so that the top third is at eye level. If you wear corrective lenses, adjust the height to meet your needs. Your body should also be centered directly in front of the monitor and keyboard. If a laptop is your primary computer, it should be mounted at eye height and used as a monitor only. A separate keyboard and mouse can be used and should be placed on the writing surface.

Lastly, if referencing paper documents as you type or use your computer, a document holder should be placed between the keyboard and monitor to keep documents in your direct line of sight.

For more information on approved workstation products or proper workstation setup, please visit our Ergonomics website and refer to the resource section at the bottom of the page: www.therapeuticassociates.com/Ergonomics.

If you are interested in a one-on-one assessment with a licensed Occupational Therapist (often covered by insurance) or any of our other Work Kinetics services, visit our Work Kinetics website to access the downloadable referral and instructions: www.therapeuticassociates.com/WorkKinetics.



Seattle area

September 18: Cycle the WAVE

2011-2012: Team in Training



Spokane

September 11: Spokefest



Portland area

September 12: Pints to Pasta (Run with Paula)

September 17: Scappoose Sauerkraut Festival

October 9: Portland Marathon Expo

February 2012: Portland Golf Show

April 2012: Portland Bike Show



Eugene

April 27-29: Eugene Marathon Expo



Central Oregon

November 5: Bend Snow Expo

December 3: Jingle Bell Run

March 31: Pole Pedal Paddle

Southern Oregon

September 15, 2012: Ride The Rogue



Medical conferences

September 9-11: WSMA

November 4-5: ACP-American College of Physicians

Team and Program Sponsorship

Black Diamond Cycling (Seattle)
BMX Redmond
Bogus Basin Nordic Team Sponsorship (Boise)
FC Portland Academy – Soccer Club (Hillsboro)
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Grants Pass Boys & Girls Club (Basketball/Football)
Grants Pass High School Sports Program
Grants Pass National Little League
Grants Pass Youth Soccer Club
Kent Youth Soccer Association
Leukemia and Lymphoma Society Team in Training (W. Wash)
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)



Committed to Leadership

Therapeutic Associates is proud of the leadership our employees show as part of their Physical Therapy Community.



OPTA (Oregon Physical Therapy Association)
Emerging Leader
Jeremy Hilliard
PT, DPT, staff therapist, TAI
Northwest Portland



PTWA (Physical Therapy Association of Washington) Joseph Black Friendship of PT Award
Rich Katz, Director of Contracting and Business Development



Steve Allen PT, Director, TAI Liberty Lake Physical Therapy, and Maile Allen, Marketing, at the Valley Girl Tri.



Western Washington

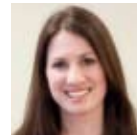
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Spokane/ North Idaho

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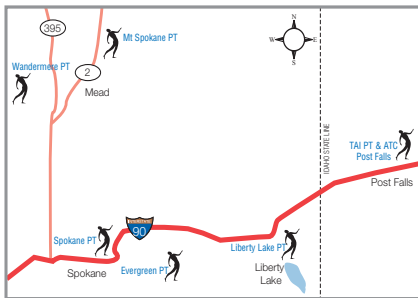


DOWNTOWN SPOKANE
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New Clinic

NORTH IDAHO



POST FALLS
Physical Therapy & Athletic Training Center
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Yakima Valley

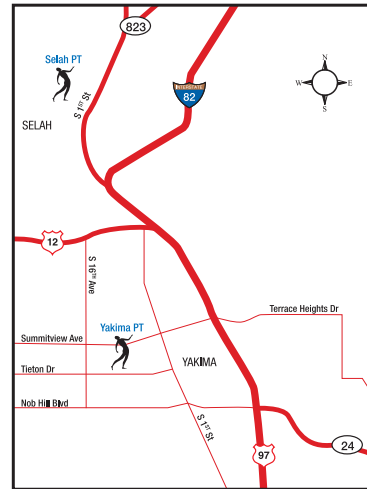
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YAKIMA PT
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Tri Cities

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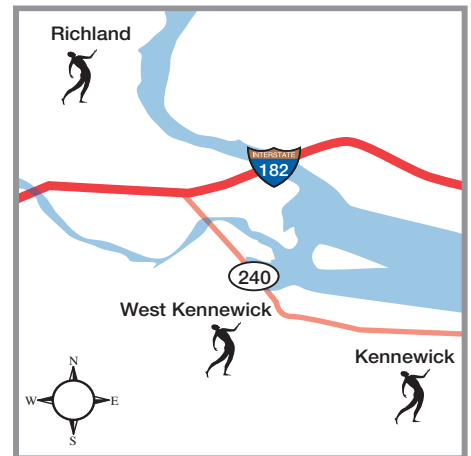
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KENNEWICK
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Kenneth Call PT, DPT, Director
Opening Fall 2011





Angela Lewis PT, DPT, Director, TAI Corvallis Physical Therapy, at the Beaver Freezer Triathlon.

Portland Metro Area

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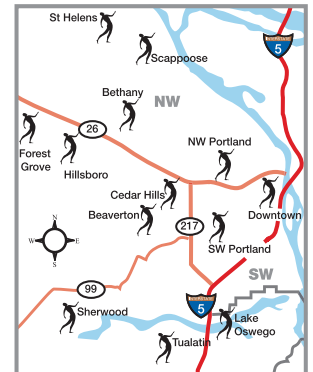
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Salem

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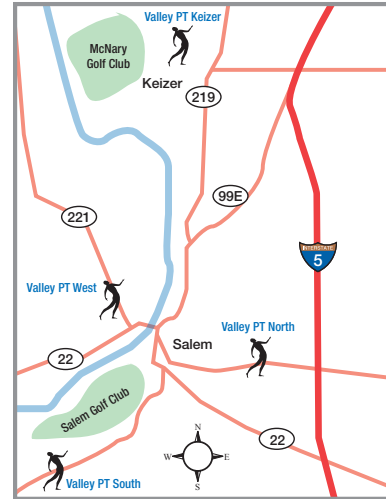
SALEM SOUTH
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KEIZER
Valley Physical Therapy
Ashleigh Young PT, DPT,
Director
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New Director



SALEM WEST
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Gina Paine PT, DPT, Director
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Mid-Willamette Valley

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The Bulan and Dowd family at the Eugene Marathon. **Front row L-R (with medals):** Abigail Bulan Dowd; Alex Bulan; Ton Bulan. **Back row L-R:** Gen Bulan; Caitlin Bulan; David Dowd PT, MS, Director, OMG Main, and OMG Ortho and Sports Medicine; Czeno Bulan; Andrew Dure; Elaina Bulan Dowd; Nash Caron; Alexis Bulan Dowd; Helen Bulan

Eugene

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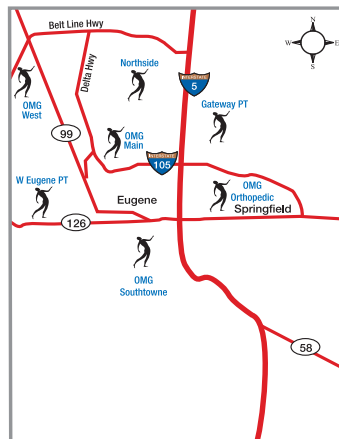
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OMG MAIN
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OMG NORTHSIDE
Valarie Hilton PT, DPT, OCS, Director

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OMG ORTHO AND SPORTS MEDICINE
David Dowd PT, MS, Director
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Southern Oregon

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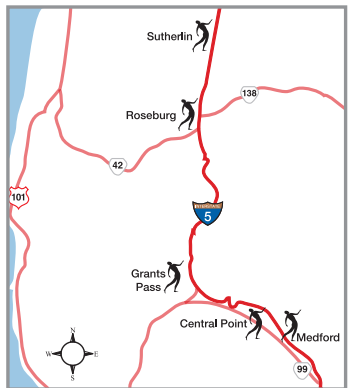
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CENTRAL POINT PT
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Matthew Kirchoff PT, DPT, Staff Therapist, The Athletic Club of Bend at the Splash and Dash.

Central Oregon

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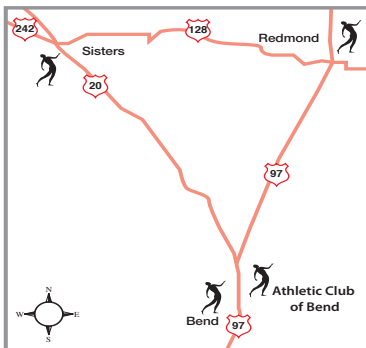
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 CSCS, Director
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TPI Certification



SISTERS IN THE ATHLETIC CLUB
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Southern Idaho

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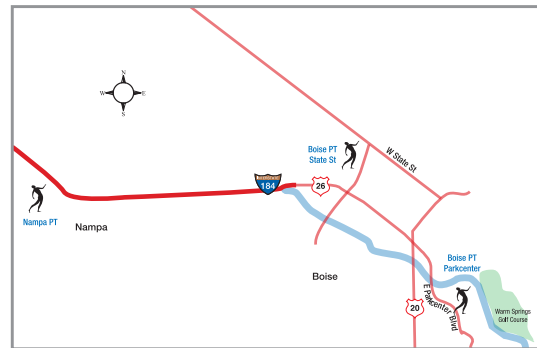
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BOISE PT
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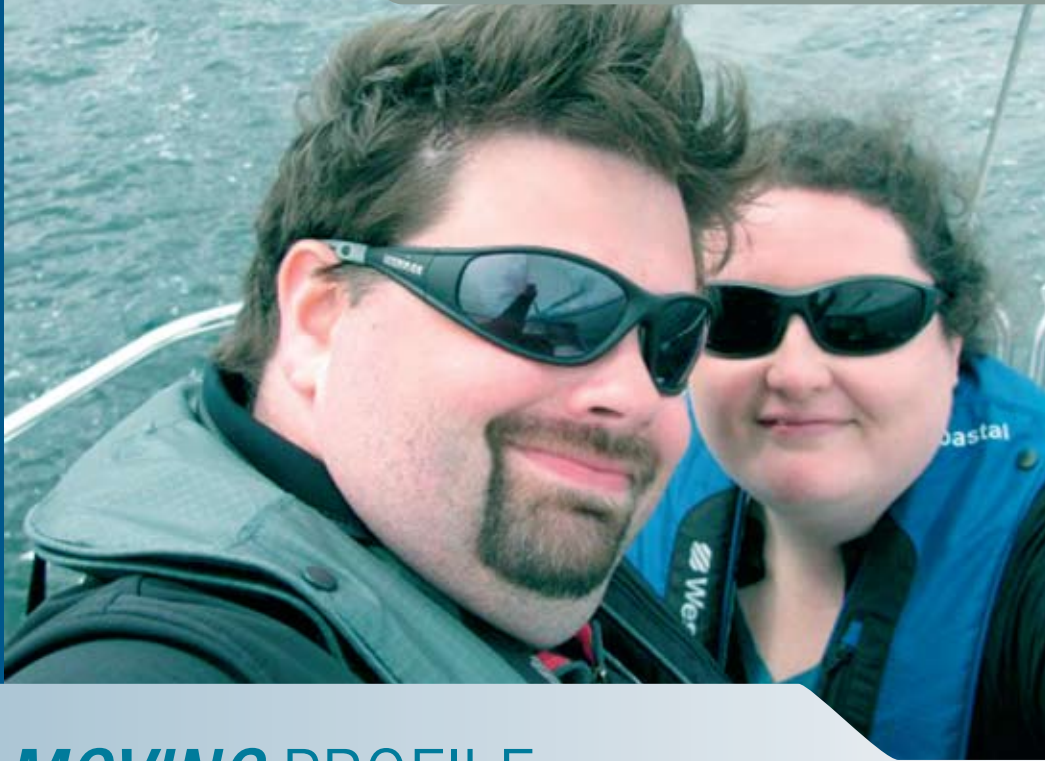


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GET *MOVING* PROFILE

Aubrey Mandus, Patient of TAI Downtown Portland PT and her husband on a sailing expedition.

PAIN FREE IN TWO MONTHS!

I am so thankful for the kind and attentive assistance I received from my physical therapist, Catie Kohler, during my treatment at the downtown clinic. After suffering from low back pain for several years I had become very discouraged about my physical condition, but Catie helped me turn it all around in just two months. I am now able to work at my desk job and

enjoy my regular weekend activities PAIN FREE. I couldn't be more excited! My husband and I are looking forward to our summer sailing adventures. Now feeling stronger and more energized than ever, I can't wait to get out on the water again!

I know I'll be able to strengthen and maintain my low back health for

years to come with the training and advice I received. I would recommend Therapeutic Associates to everyone!

Thanks again to the wonderful staff at the downtown clinic for being such a positive influence!

Very sincerely,
Aubrey Mandus

RETURNING TO WORK THANKS TO TAI!

The treatments I have received from Therapeutic Associates (TAI), along with the staff and office coordinators, have been wonderful! These guys are top notch in my book.

I was treated for a herniated disc (L5-S1) in my back in 2006. This happened on the job and was extremely painful. The Doctors said my only options were surgery or Physical Therapy (PT). I did not want surgery and opted to have PT with TAI. After several visits I felt normal again and

got back to performing my normal laborious activities at a Garbage and Recycling Company. It has been 5 years now, with no more back problems, and TAI always helped me if I had a flare up.

I recently injured my left knee on the job and developed Deep Vein Thrombosis, Pulmonary Embolism, and tore my Medial Meniscus. Well...long story short...I am on my 3rd knee surgery since August 2009 and had TAI help me with recovery on all three of

them. I am soon returning to work after a long road to recovery. I would strongly recommend TAI to anyone that is in need of PT. You will not find a better place to meet your needs, provide afterhours advice, and speed you along to a full recovery.

Thank you to all at TAI Hillsboro.
Eric M.



Your Child's Backpack — Does It Fit?

By David Deppeler, PT, DSc, Director of TAI Clinical Education
and Amy Temes Clifton PT, DPT, Director, TAI OMG West Eugene



David Deppeler,
PT, DSc



Amy Temes Clifton
PT, DPT

Backpacks are the best way to carry books and supplies. Worn correctly, the back and stomach muscles work the way they're designed to work to help support the body and the backpack. Worn incorrectly, these same muscles, along with joints may become strained and injured. Here's a check list to help determine if your child's backpack is helping or hurting.

Choosing a backpack

- Choose a backpack that fits the torso (base of neck to the middle of low back, no lower)
- Wide straps
- Padded straps
- Contoured straps
- Waist belt
- Chest belt

Loading a backpack

- Heavy items closest to the body
- No more than 15% of body weight

Wearing a backpack

- Use both straps
- Snug straps so the pack makes good contact with the body
- Straps should not leave red marks
- Use good posture while standing and walking
- There should not be pain while wearing the backpack

Features to Look For

Lightweight: we don't want to carry



WRONG!

This backpack is too heavy. Notice the rounded shoulders.



CORRECT!

Wide straps, light load, no more than 15% to 20% of body weight.



WRONG!

Straps need to be on both shoulders.

any more weight than we have to.

Wide Padded Straps: they distribute the load over the shoulders and make things more comfortable.

Padded Back: this makes things more comfy as well. A lumbar support in the padding will also help prevent slouching.

Separate Compartments: keeps things neat and organized and keeps the load where you placed it.

Waist Strap: it helps transfer the load to the hips. A strap between the two shoulder straps is a good feature as well as it helps prevent slouching.

Size: the pack should not be larger than the child's back. Also consider that the more room in the backpack the more stuff will fit in it. That's a bad thing.

Packing & Wearing

The acceptable load in a backpack is related to the child's weight. Do not overload. Overloading is the chief culprit in backpack related injuries. The American Physical Therapy Association, American Academy of Orthopedic Surgeons, and the American Chiropractic Association recommend these weight limits:

- A 60 lbs. child can carry a maximum backpack weight of 5 lbs.
- 60-75 lbs. can carry 10 lbs.
- 100 lbs. can carry 15 lbs.
- 125 lbs. can carry 18 lbs.
- 150 lbs. can carry 20 lbs.
- 200 lbs. can carry 25 lbs.
-

(from <http://ergonomics.about.com/od/onomicsforchildren/a/cb-backpacks.htm>)

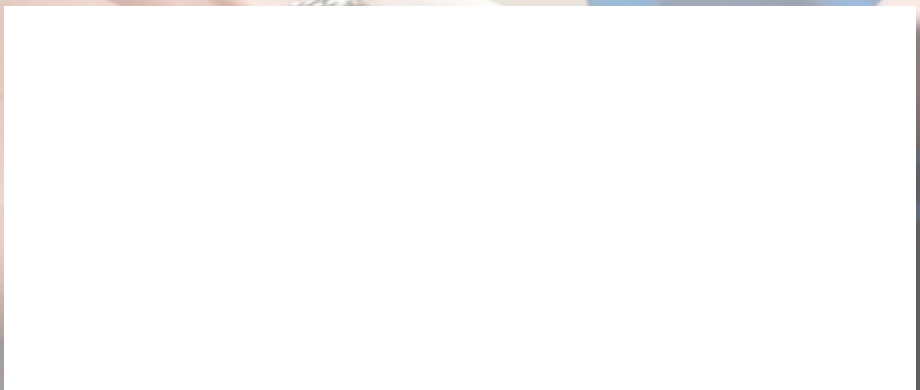
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Cover photo: Elizabeth Ruegg PT, DPT, Staff Therapist TAI NW Portland.
Photo by Kent Factora.

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OCTOBER

IS NATIONAL PHYSICAL THERAPY MONTH

Invest in your health and explore how physical therapy can help you enjoy the best physical health life can offer.



EDUCATION & WELLNESS
Physical Therapists are uniquely qualified as movement experts. Learn more about how physical therapy can help you live pain-free.



THERAPEUTIC OUTLOOK
Check out our archived issues for tips on how to get started and keep your musculoskeletal system healthy.



ERGONOMICS
Don't let your job cause you pain. Through ergonomics, your work space is properly set up so that it fits the biomechanics of YOUR body.



EVIDENCED BASED PRACTICE
TAI strives to utilize evidence-based medicine in providing the best possible care to its patients. Check out our research online today!



ASK THE EXPERTS
Have a question? Visit us online and ask your Physical Therapist, the musculoskeletal expert!



OUTCOMES/PATIENT SATISFACTION
We believe in providing VALUE to our patients, and the best way we can do that is to get them better faster while meeting their therapy needs.

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