

Therapeutic **Outlook**

Your Guide to Wellness Through Movement

Fall 2008

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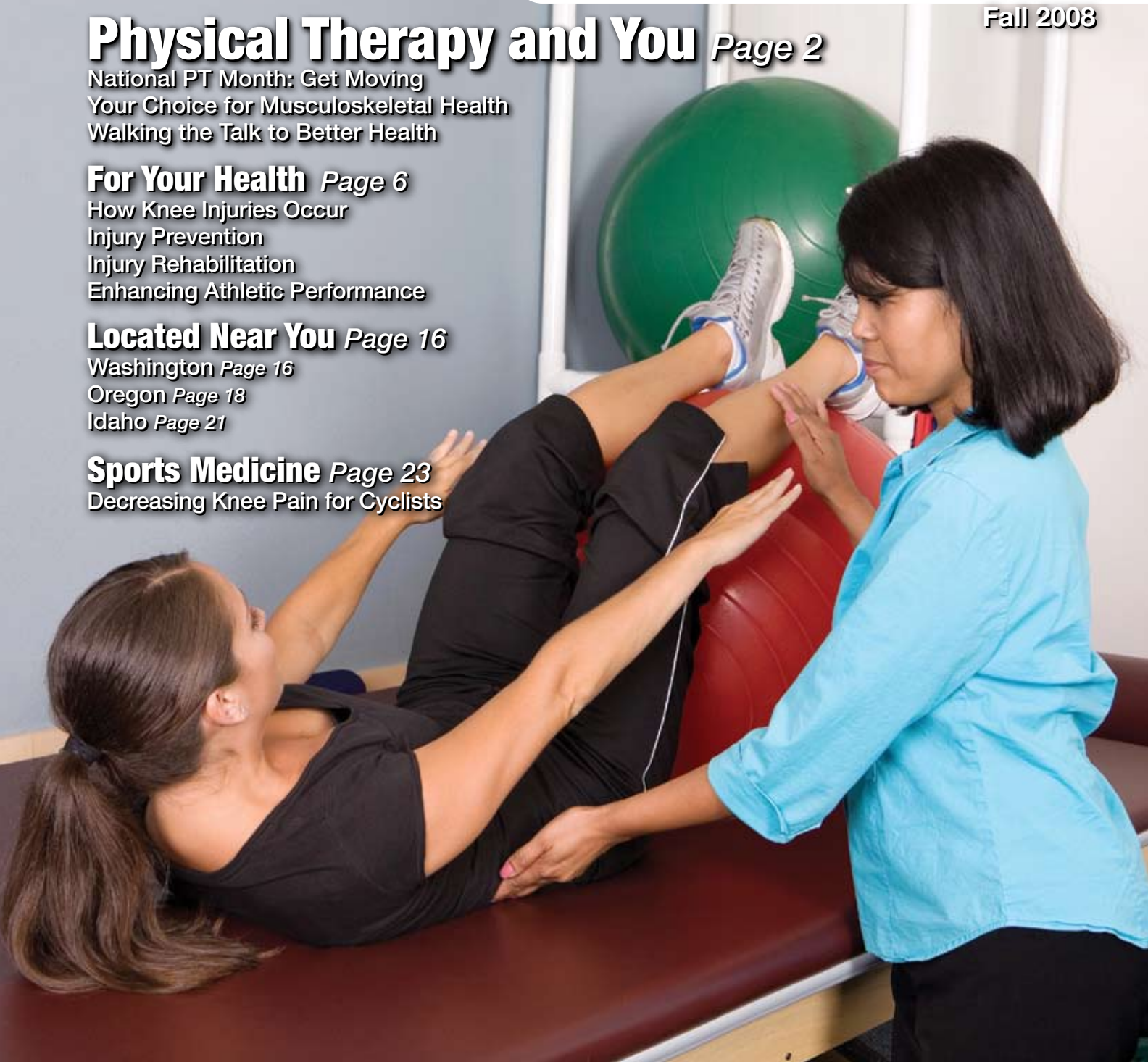
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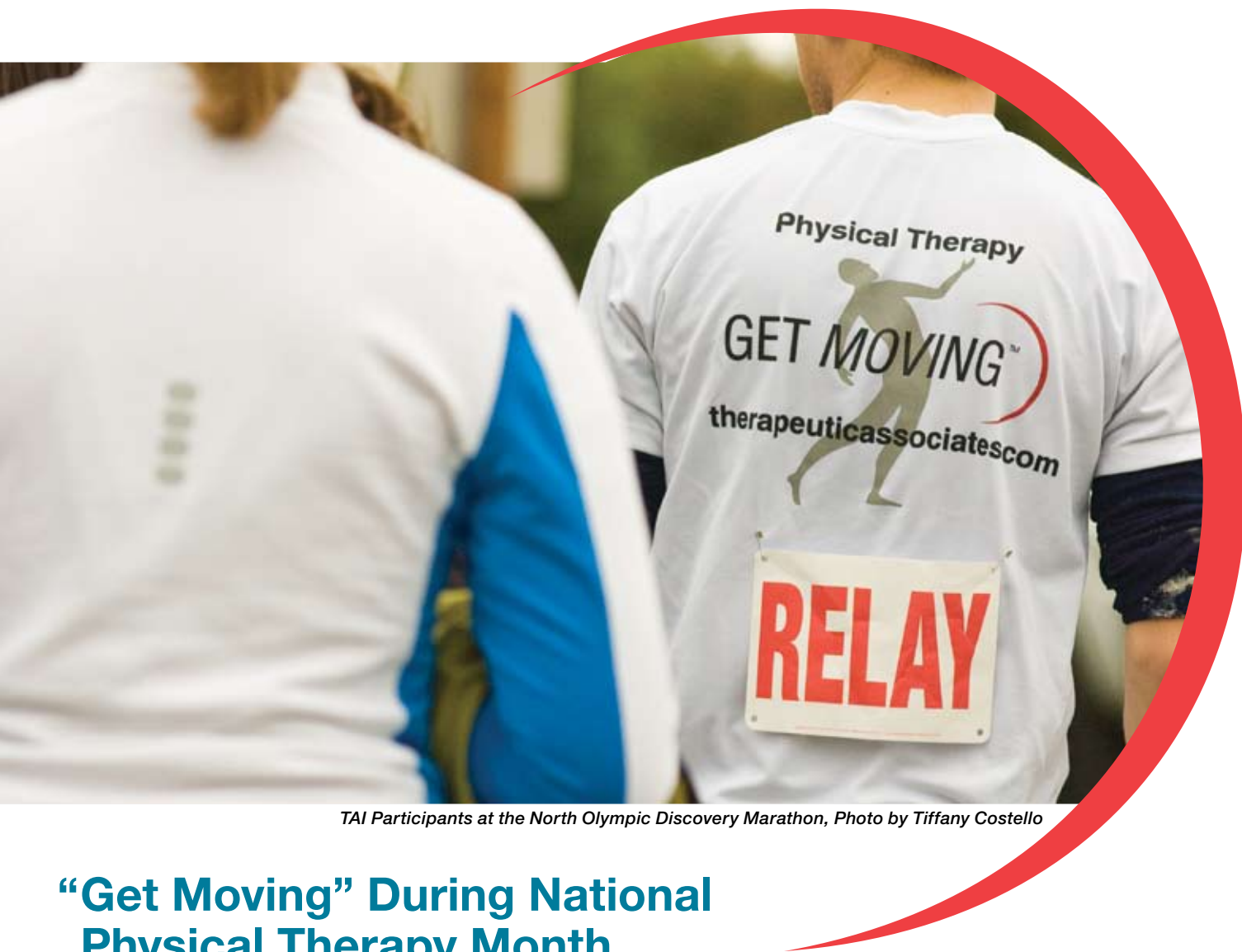
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Decreasing Knee Pain for Cyclists





TAI Participants at the North Olympic Discovery Marathon, Photo by Tiffany Costello

“Get Moving” During National Physical Therapy Month

By Scott Wick, Director of Marketing

October is National Physical Therapy Month, and the theme this year is “Physical Therapy: It’s all about MOVEMENT.”

Get MOVING is Therapeutic Associates’ campaign to help promote physical health and wellness within its communities. The United States healthcare model is traditionally a “reactive” system, and most physical therapy patients seek our care following an onset of injury that limits their functional ability.



Scott Wick

Most of us take our physical health for granted, and until something prevents us from moving pain free, the majority of us don’t really appreciate the complexity of the human body.

Physical therapists are experts at understanding how movement, posture, and function affect the wellness and physical health of the individual. Our goal is to help promote a shift in thinking about healthcare and your medical team from a “reactive” to a more “proactive” approach to good physical health.

Good physical health is not a passive endeavor, but rather an active, lifelong commitment. Just like other aspects of your health, you need a medical provider for your physical health that you know and trust to help guide you through the musculoskeletal challenges you will likely face throughout your lifetime.

We recommend that once you find a physical therapist you can get to know and trust, you should view them as an active member of your medical team and

PHYSICAL THERAPY AND YOU



continue your treatment with them for all physical ailments. Understanding individual healing patterns helps in the recovery process, and having that history with your physical therapist can help get you back to your best faster.

We would be honored to be “Your Physical Therapist.” In order to promote movement and keep our Northwest neighbors active and healthy, we have developed a new web site for consumers that focuses on both prevention and injury management for the musculoskeletal system. Check it out at www.myNWPT.com (my Northwest Physical Therapist).

With the passing of the 2008 Summer Olympics, it was amazing to witness the pinnacle of physical health the athletes achieve through years of physical training and activity. Grace in motion is often used to describe people in exceptional physical health, and we can all appreciate the seeming ease in which movement is achieved. Of course we are not all professional athletes, and we are not all blessed with the same genetic make-up, devotion, and drive, but most of us can remember a time when we felt physically great.

Recent trends in medicine are focusing on prevention as a key to health and wellness. A healthy musculoskeletal system is a key component to good health. The musculoskeletal system consists of bones, cartilage, tendons, muscles and ligaments. Primary functions of the musculoskeletal system include support of the body, provision of motion, and protection of vital organs. Building a strong musculoskeletal system requires MOVEMENT.

Movement, including any weight-bearing activity, produces stress on all components of the musculoskeletal system. This results in all components becoming stronger in order to accommodate added stress. In essence, our bodies adapt to external forces very well. Recent research shows there is a direct correlation between muscle strength and bone strength. The stronger your muscles, the stronger your bones, and of course, the reverse is also true.

Getting MOVING has other benefits as well, including improved posture, increased circulation, faster metabolism, increased bone mass, better balance, less injury, and a feeling of healthy well being.

Our goal is to help you GET MOVING and experience the best physical health life can offer. If you need help getting started, consult your local physical therapist or family physician, or simply log onto www.myNWPT.com for tips on how to get started and keep your musculoskeletal system healthy.



Conditions We Treat...

KNEE – COMMON DIAGNOSES

- Sprains
- Ligament Tears
- Degenerative Joint Changes
- Arthritis
- Meniscus Damage
- Fractures
- Knee Replacements
- Arthroscopies
- Patella Dysfunction
- Chondromalacia

ANKLE/FOOT – COMMON DIAGNOSES

- Sprains
- Fractures
- Heel Pain
- Heel Spurs
- Plantar Fasciitis
- Achilles Tendonitis
- Balance Disorders



Your Choice for Musculoskeletal Health

By Bernadette Shintaffer, Regional Marketing Director

Often times it's confusing being told by your physician that you need to go to physical therapy. Many people are unaware of the factors, options, and decisions that are at hand when choosing a good physical therapist and the right treatment program for themselves.

It is important to determine WHY you need physical therapy and to understand exactly WHAT physical therapy can do for individuals to get them back into top physical condition. Many people don't realize it, but physical therapists are considered to be the "musculoskeletal experts" of the human body, with a deep understanding of the physical components that affect Movement. As Movement Experts, physical therapists work hand-in-hand with all healthcare providers to help patients experience the best physical health life can offer.

Question: What is Physical Therapy?

Answer: "Physical therapy is the science of healing and the art of caring."

How is this done? Physicians as well as patients rely on the expertise of physical therapists to ensure a holistic, conservative approach to rehabilitation. Physical therapists also have a wide range of treatment options that can, in many cases, be utilized in lieu of surgery. Avoiding surgery and utilizing PT can reduce recovery time across the board and still have great outcomes.

Often times, patients with more common injuries dealing with back/neck pain seek the help of a PT to help get them back on track. But patients, as well as some physicians, are sometimes not aware of the benefits that physical therapy can offer when it comes to specific injuries or ailments. Some therapists focus their scope of practice on a specific clinical specialty and seek advanced certification in these areas.

There are a wide range of therapeutic specialties. Some specialty areas where patients can benefit from a managed PT program are neurological conditions like strokes or brain injuries. Other areas might include rheumatological injuries, cardiac illnesses, and even workplace injuries, such as carpal tunnel syndrome. Specialized physical therapy programs can help all of these ailments.



Bernadette Shintaffer

Physical therapists also specialize in sports medicine related injuries, diseases like Osteoporosis, and women's health. The goal of physical therapy is to get people back to their best. They look at the whole body to get people

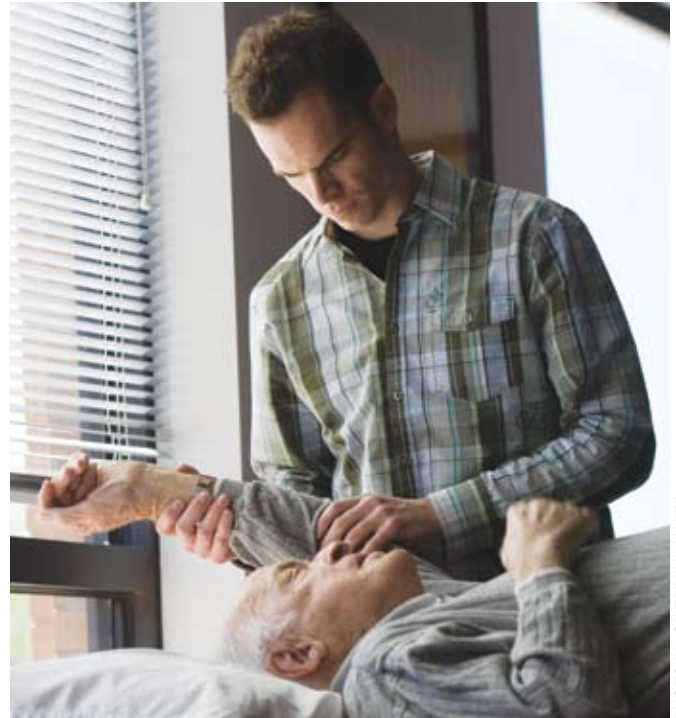


PHOTO BY TERRY MANIER

Physical therapy is the science of healing and the art of caring

moving and functioning on a higher, stronger level than before PT.

Physical therapy practice settings vary. You will see therapists in practice in hospital settings, home healthcare settings, and outpatient services. In all settings physical therapy has a "hands-on" approach. When a physical therapist examines a patient, it's the hands-on clinical training, education, and expertise that provide therapists with the knowledge to provide therapeutic exercise and rehabilitation programs for patients.

Physical therapists are in the business of getting people moving. They help people of all levels and functional abilities on a daily basis to help rehabilitate or regain strength, function, and confidence when rebuilding their bodies. Movement is a central function of our daily lives. You rarely see how important movement can be until you lose it or lose some fragment of a function of central movement.

Physical therapists have a strong commitment to keep people moving or to bring patients back to movement. This commitment to movement is on every level. Go seek the advice of your local physical therapist expert and let them help *you* get moving!

The more you move, the better you will feel.



Walking the Talk to Better Health

By Stephen E. Anderson, PT, CEO



Stephen E. Anderson, PT, CEO

Physical Therapists “walk their talk.” As a group they are extremely active in sports and healthy activities outside of their

clinical positions. As healthcare professionals, a PT’s specialty is function and mobility.

Printed shirts worn by Therapeutic Associates’ employees and patients say it all — “Get Moving.” During summer evenings, and especially on the weekends, you will find most physical therapists out in nature climbing mountains, appreciating the great outdoors, or competing in cycling, running, or triathlon events. It’s in our blood.

The incredible human body in action is what attracts us to the profession, and we do whatever is possible to get those who have been sidelined with an injury or disease back on the field, whether to compete or just to enjoy life’s simple pleasures.

Lori Dillon, TAI’s Recruitment Director, came to us from the art world. Although a gifted modern dancer, her exposure to athletic endeavors had been somewhat limited. During her first few months in the company, she was immersed into an adventure race at our annual Director’s retreat. This involved many stages of competition among teams of five. Its crescendo was a swim across a small pool at the bottom of a 60-foot waterfall, in 45-degree water, and getting your picture taken with your teammates behind the waterfall.

A few months later she ran a leg of the corporate relay at the Olympic Marathon on the Kitsap Peninsula, and this summer she rode her bike from Seattle to Portland in the annual 200-mile Seattle to Portland Bicycle Classic (STP) bike ride. In August she competed in her first



Lori Dillon

triathlon in the Danskin event. I even heard her mention perhaps a half marathon is in her sights for 2009! Lori never anticipated what she signed up for.

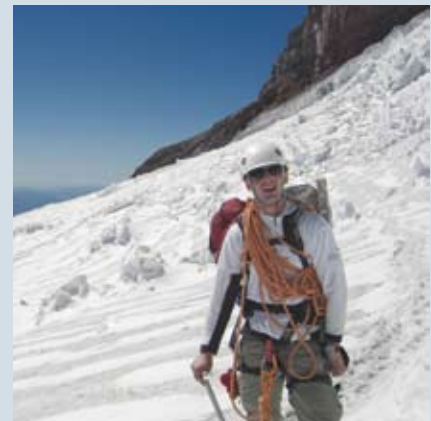
Brian Crosier, DPT joined the staff at Lakemont Physical Therapy, moving all the way from upstate New York. In his first few months of living in the Pacific Northwest he has gone on numerous hikes in the Cascades, assisted a Forest Ranger with transporting a black bear that had to be tranquilized, and moved to another area where he summited Mt. Rainier with members of a mountaineering club he joined.

TAI employees are skiers, runners, cyclists, climbers, paddlers, and just about anything you can think of that involves exercise, physical challenge, and personal achievement.

We value independence, freedom

of movement, and helping bodies reach their functional potential. Our national association, the American Physical Therapy Association, has chosen “It’s All About Movement” as their tag line for physical therapy month in 2008.

It is extremely frustrating to not be able to do what you’d like to because of illness or injury. Physical therapists understand this better than anyone. Our education, combined with our love for being active, helps us understand the plight of those who have physical limitations. Getting you back to functional independence, and for some, improving athletic performance, is what we specialize in at Therapeutic Associates. Physical therapists are experts in exercise and functional



Brian Crosier

performance. Your PT lives it every day at work and at play. Building a professional relationship with a physical therapist ensures you won’t waste any time getting back to where you want to be.

Don’t just survive, thrive! The world is there for your next adventure.



At some point in our lives, most of us will experience some form of knee injury

How do Knee and Lower Extremity Injuries Occur?

By Dan Renelt, DPT

At some point in most of our lives we will experience some form of knee injury. Some may occur due to trauma, others due to overuse, and a few for no apparent reason.

Many of these injuries are often more complicated than they seem on the surface and may involve other joints than the knee. So, if faced with a knee or any lower-extremity injury, a thorough evaluation of your trunk and whole lower extremity should be performed to maximize the benefit of your rehabilitation program.



Dan Renelt

Let us begin with traumatic injuries. The knee joint complex is made up of

the junction of your femur (upper leg bone), tibia and fibula (lower leg bones), and patella (knee cap). Ligaments are the structures that connect bone to bone, providing stability for your joints.

There are four major ligaments that stabilize the knee, including the medial collateral ligament (MCL), the lateral collateral ligament (LCL), the anterior cruciate ligament (ACL), and the posterior cruciate ligament (PCL). Ligaments are very strong, fibrotic tissues, and injury usually requires some form of trauma, such as a fall on the ski slopes or getting tackled awkwardly during football or soccer. The meniscus is a pad of cartilage that rests in between the femur and tibia. It is also commonly injured during some form of trauma, but can occasion-

ally be damaged by something as simple as squatting or twisting awkwardly.

Activities such as running, biking, or hiking can sometimes lead to overuse or repetitive trauma injuries, such as patellofemoral syndrome or IT Band syndrome. Injuries like these often result from one or more underlying problems. For example, runners with muscle weakness in the hip abductors will have increased stress placed on the knee during running because of a relative increase in the Q-angle, or the angle at which the femur meets the tibia. This increase in Q-angle will adversely affect the biomechanics of the patella during movement, giving the knee a relative “knocked knees” alignment and possibly leading to inflammation around the patella.

Along the same lines, poor alignment in the foot, knee, or hip can also have a negative influence on the knee and become a source of similar knee pain. Examples of this in the foot include excessive amounts of pronation (flat feet) or supination (high arches). Besides being knock-kneed (genu valgum), a person could also be bow-legged (genu varum). Common hip alignment problems are retroversion or ante version, which could give the impression of walking duck-footed or pigeon-toed. Some of these alignment problems are congenital and are not always correctable without surgery, but the impact of them can be minimized through specific exercises.

In other cases, like in the example mentioned above, there are alignment problems which are more easily corrected with conservative measures, such as stretching or strengthening of key muscles. Weakness or tightness in the musculature surrounding the knee and hip can also contribute to repetitive trauma or overuse injuries. Common areas of weakness with these problems are the quadriceps (VMO), hip abductors (gluteus medius), hip external rotators, and the core. Patterns of tightness also develop frequently in the hamstrings, IT band, hip flexors (psoas), and calf (gastrocnemius).

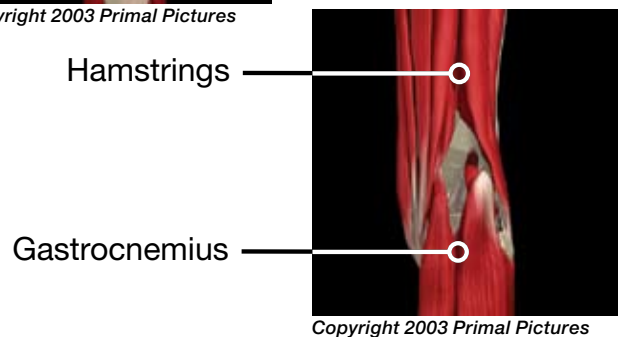
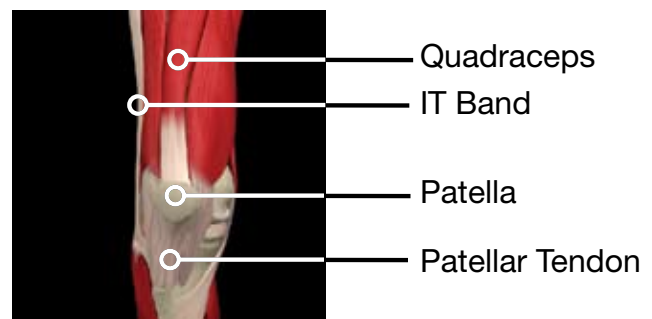
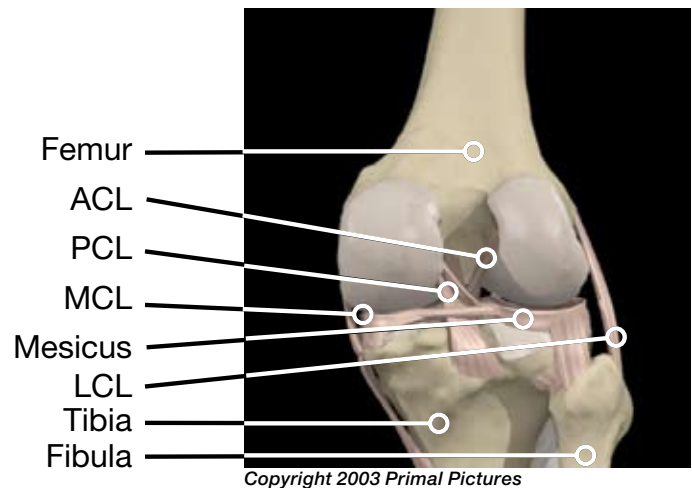
Degenerative changes in joints over the course of a person’s life can also be a source of knee or other joint pain. Most commonly these degenerative changes lead to osteoarthritis, which is a result of loss of the cartilage in the joint. This loss of cartilage eventually leads to inflammation and swelling of the joint. These losses occur naturally in most joints because of changes in the physical properties of the cartilage as the body ages. Though this is a natural process, it can begin earlier than expected or reach a more advanced stage because of some of the above mentioned impairments in muscle strength, muscle tightness, or alignment. Trauma, obesity, surgical procedures, and some diseases can also contribute to the early degeneration of joints.

Despite multiple sources of knee pain, many of these

can be helped by addressing the above-mentioned impairments in strength or muscle length with a specific exercise program. If there are any alignment problems of the foot, knee, or hip they should be addressed with a specific exercise program along with interventions, such as orthotics or bracing, if appropriate.

Along with addressing these issues, core stabilization can also help individuals recover from or prevent knee and other lower extremity injuries. Your core consists of your abdominal, back, and hip muscles. Strengthening these areas can help reduce the force and stress placed on the hip, knee, and ankle during dynamic activities.

With a thorough musculoskeletal exam from your physical therapist, these issues can be identified and addressed appropriately with an exercise program or recommendation for other interventions.





During everyday activities, movement of one joint will affect the joint above and below

What Can Be Done to Prevent Injury?

By Amber Chenoweth, DPT

There are a wide range of injuries that can occur at the knee and throughout the lower extremity. These injuries can range from minor to severe, and some can appear gradually without a specific cause. The good news is that a majority of knee problems can be prevented with proper training.

We can look at the anatomy to understand how to prevent injury. There are multiple knee joint ligaments.



Amber Chenoweth

These ligaments help give the knee support and withstand certain forces applied to the area. Other key structures in the lower extremities are obviously the muscles and the tendons that attach them to bones. A majority of muscles in the thigh cross both hip and knee, allowing for movement at both joints when the muscle contracts. Movement

of one joint often causes movement of another joint.

It is helpful to think of the lower extremity as a chain with multiple links. During everyday activities, movement of one joint will affect the joint above and below. The old children's song, "the hip bone is connected to the thigh bone, the thigh bone is connected to the knee bone," has more meaning than you may have realized.

Stretching

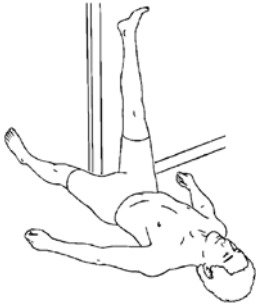
The first step in injury prevention is maintaining proper muscle length on both sides of the leg. The stretches (pictured here) are basic but should be done on a consistent basis. All stretches should be performed as two 30-second holds, once a day. The key recommended stretches, shown on page 9, are for the **hip flexors** (front of hip), **quadriceps** (front of thigh), **hamstrings** (back of thigh), and **calf** (back of lower leg).



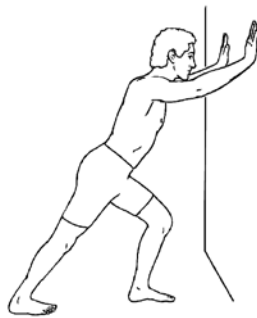
Hip Flexor Stretch



Quadriceps Stretch



Hamstring Stretch



Calf Stretch

Strengthening

The next step is strengthening. When strengthening to prevent knee injuries, the focus is at the hip and trunk. In order to produce controlled movements, you must have a strong base for the leg. At the hip, there are two groups you want to focus on - the hip abductors (outside of the hip) and the hip external rotators (deep in the buttocks). When performing these exercises, the movement should occur at the hip joint, not in the low back. In order to prevent back movement, gently pull your belly button toward your spine, engaging the abdominal muscles, without holding your breath.



Hip Abduction



Clamshells

Hip abduction: Lay on your side, with the bottom knee bent and the top knee straight. Keep your abdominals engaged and lift the top leg toward the ceiling without allowing your pelvis to roll back. Repeat 3 sets of 10 repetitions on each side

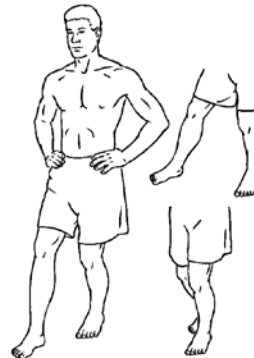
Hip external rotation (Clamshells): Lay on

your side, with both knees bent to 90 degrees and the legs stacked on each other. Roll your pelvis forward slightly, angling your belly button toward the floor. Keeping your pelvis in that position and your feet together, lift up the top knee as if your legs were a clamshell. Again, do not let the pelvis roll back. Repeat 3 sets of 10 repetitions on each side.

Motor Control Training

Once you are stretched out and have the strengthening exercises mastered it is time to incorporate everything and learn how to control your movements. When standing, the alignment of the knee as it bends is controlled by the hip. You may find that when you squat down, your knees have a tendency of coming together. This is because the femur (thigh bone) is rotating in, causing the knee to follow. This movement is prevented by the hip external rotators - which luckily you have already started to strengthen.

When performing the following exercises, it may be helpful to do them in front of a full-length mirror so you can watch your knee movement.



3-Way Toe Touch



Balance Reach

To begin your training, start with the **3-way Toe Touch**: Stand on one leg, keeping your hips level. Reach forward with the foot and tap the toe on the ground while slightly bending the other knee. Watch the knee alignment of the leg you are standing on to make sure the knee does not collapse in. Come back to the starting position. Repeat the movement, tapping the toe to the side and back. Perform 3 sets of 10 taps on each leg. When this activity has become easy and you want a challenge, progress to the **Balance Reach** (as above), again paying attention to the knee alignment.

The key to any stretching and strengthening program is consistency. While these exercises will not prevent all knee injuries, they are a great start to helping you stay active and keep that annoying knee pain at bay!



For self-treatment, the first RICE principle is to rest

What Can Be Done Once An Injury Occurs?

By Beth Welander, DPT

An injury to your lower extremity can affect how you walk, work, or play. It is important to appropriately care for any injury as soon as it occurs. This will prevent further injury as a result of compensating, which may lead to damage of another body area. There are two main classifications of injuries: acute or sudden injuries, and chronic or gradually occurring injuries.



Beth Welander

Acute Injuries

When an acute injury occurs, it is best to apply common sense. If the injury is severe, it may be appropriate

to seek medical attention immediately. For lesser injuries, it may be sufficient to self-treat the area.

For self-treatment, apply the RICE principles:

Rest

Avoid the aggravating activity and protect the joint from any strenuous activity. Consider using crutches or other assistive aid to unload the limb and avoid further injury.

Ice

Doing this for 10 - 15 minutes per application at least 4 - 6x/day is recommended. Applying ice for the first 72 hours after an injury can help decrease inflammation and speed recovery.

Compression

Wrapping the area with an Ace bandage will add compression, reducing swelling and pain in the area.

Elevation

Elevating the area above the level of your heart can also reduce swelling and pain, and speed recovery.

If symptoms do not begin to resolve in the first 24 - 48 hours, it is recommended that you be evaluated either by a physical therapist or a physician. Both will take a history and physical examination to determine the severity of your injury. If other special tests are required, such as an X-ray or MRI, your physician can order this for you.

Common acute injuries of the lower extremities are sprains and strains of soft tissue, such as ligaments and muscles or bone fractures. If an injury is severe, surgery may be required. Otherwise, conservative treatment may be adequate. Treatment may include bracing or resting the area until it is healed. During this early phase of an injury, pain control and gentle exercise may be beneficial. A physical therapist can design an individual program to meet your specific needs. A physical therapist will guide your rehabilitation process and prepare you for return to full activity.

Chronic Injuries

Chronic injuries of the lower extremities can be the result of injuries that do not heal well and that can create muscle imbalances, such as weakness or tightness. These injuries can also be the result of poor habits over time, such as abnormal walking/running patterns, training errors, improper footwear, or poor lower extremity alignment.

Common chronic injuries of the lower extremities include:

Osteoarthritis

This condition involves an inflammation of a joint caused by excessive stress over extended periods of time. It is most common in weight-bearing joints, including the knees and hips.

Tendonitis

This condition involves inflammation of a tendon and can occur in any muscle that works at the ankle, knee, or hip. Prolonged excessive stress on a tendon can lead to chronic tendonitis.

Meniscus tear

This involves damage to the cartilage pads of the knees. A tear of the meniscus can be traumatic (from a sudden injury) or degenerative (occurring slowly over time).

Plantar fasciitis

This condition is an irritation of the connective tissue



Caring for injuries appropriately will help you return to your favorite activities sooner

on the bottom of the foot, often associated with foot deformities or excessive stress.

Bursitis

Bursitis is an inflammation of a bursa, a fluid filled sack designed to reduce friction between bones or tendons.

Most chronic problems can be treated conservatively with appropriate physical therapy treatment and medical care. Identifying the cause of the problem and aggravating factors to be changed or avoided, restoring motion where restricted, and rehabilitating weak muscles are important components in this process. In rare instances, a chronic injury may require surgery.

If you have any questions about an injury you have suffered, contact your physician or physical therapist for further assessment.



Sport-specific Exercises Enhance Performance And Maintain Healthy Knees

By Shawn Dailey DPT

It takes careful thought and consideration of the latest research when creating a training program that will enhance athletic performance and minimize knee injuries. Although there are thousands of valuable research articles and books on training, this article will briefly cover topics that are important for all athletes to know and incorporate into their programs.

Key components of every training program should include: Adequate Recovery for every workout; Sport Specificity; and Functional Whole-Body Exercises including plyometrics. Plyometrics is exercise involving repeated rapid stretching and contracting of muscles, hip and core stability, agility training, and power-lifting.

Improving athletic performance begins with creating the correct training program that addresses the needs of the athlete in his or her specific sport. In order to maximize the effectiveness of your workout, you must choose the appropriate exercises that replicate the demands of your goals and sport. A 300-pound lineman is not going to train the same as a 135-pound marathon runner, but there are training components that are important for both to have in their workouts.

Hip and core stabilization have been shown to improve athletic movement mechanics, which decreases the chance of getting a knee injury. It also improves many aspects of performance, including power production, running efficiency, cutting mechanics, and speed. Hip and core exercises should be added at the end of a workout to ensure you do not fatigue the muscles that are important for stabilizing the spine and hips before heavier activities. It is also important to keep these exercises functional, so stay off machines and use mats and gym balls to truly benefit from this form of exercise.



Shawn Dailey

Agility and plyometric drills are important but are sport-specific. They have gained popularity recently through Nike Sparq and other companies that make ladders, hurdles, cones, and every other piece of equipment that creative coaches have been using for decades. These drills are very effective but need to be designed around



PHOTO BY TERRY MANIER

Improving athletic performance begins with creating the correct training program that addresses the needs of the athlete in his or her specific sport

the demands of the sport. Utilizing coaches, physical therapists, and trainers for specific drills will best help you reach your goals safely.

Every sport requires the production and transfer of power through the body, so it is important for all athletes to incorporate functional strength training in their training program. Muscle imbalances cause increased risk of injury, so make sure all muscles are being adequately and equally strengthened when doing lower-body exercises. You will also get the most gains from utilizing functional whole-body, sport-specific lifts in your workouts.

To demonstrate that strength training can be incorporated into just about every sport-training program, we will provide three exercises being performed by two

different athletes. These functional exercises can be adapted for almost every sport.

Good athletes are created with consistent training, so the fewer injuries an athlete has, the more consistent he or she will be able to train. Many athletes become injured from poor training and inadequate recovery habits, so remember that the most important part of every

workout is your recovery and planning your workout around your ability to recover properly. This will help you achieve the full benefits of your hard work and prevent the onset of over-training syndrome or injuries.

You can use your local sports physical therapist as a resource for more information and to help you integrate these concepts into your current training program.



Single Leg Dead-Lift: Adrienne McGuirk, distance runner for the University of Washington, is demonstrating an alternative form of the classic deadlift so that it meets the specific strength and stability needs of a collegiate distance runner. **Picture 1)** Stand on one leg with knee slightly bent. **2)** Keeping back straight, bend forward keeping the bar close to your body, bending to shin level. **3)** Raise back up with the bar directly overhead and the opposite leg in a running position.

Front Squat: Nick Dills participates in Strong Man competitions and utilizes the front squat for functional lower-body strengthening. Even though Nick is required to lift awkward objects (such as a 250lb atlas stone) during competitions, he maintains perfect squatting form, which he demonstrates here. **Picture 1)** Stand with the bar against your chest at shoulder level. **2)** Squat down with your knees at a 90 degree angle, back straight and weight balanced between your heel and foot. Return to original position.

Walking Lunge: A walking lunge is a more dynamic form of doing the classic lunge and makes it more specific to the demands of running by incorporating correct running mechanics into the lunge, as demonstrated by both Adrienne and Nick.

Examples are side view (a) and front view (b) **Picture 1)** Start with leg bent (or straight as in 1b). **Picture 2)** Lunge forward using proper running mechanics. Return to upright position. Repeat with the opposite leg.

Our Commitment to Community



Seattle Metro

September 21: Oyster Racing Series in Seattle*

September 21: Cycle the Wave* (Seattle)

November 15: WA State Orthopedic Annual Conference

December 2: Renton Canine Candy Cane 5K* (Fairwood)

Spokane

September 22: "Mead/Mt. Spokane Cat Scramble" *
(Wandermere, Mt. Spokane)

Sponsor: Panthers 8th grade Arena football league
(Wandermere)

September 26–27: WSMA

Tri Cities

Sponsor: Kennewick American Youth Baseball

October 26: Annual Kid's Marathon

Oregon Statewide

September 6–13: Cycle Oregon

September 17–18: Central OR Safety & Health Association
(COSHA) Conference

September 21: Susan G. Komen Race For The Cure

October 1–3: Oregon Medical Management Association Fall
Conference

October 4–5: Portland Health, Wellness & Fitness Expo

October 15–17: Oregon Self-Insurers Association (OSIA)
Conference

October 24–26: NW Women's Show

*TAI is a proud sponsor of this event

Portland Metro

- August 9:** Sunset Criterium (Bethany PT and NW Portland)
- September 20:** Scappoose Sauerkraut Festival
- September 20:** USAA National Triathlon Finals (NW Portland)
- September 25:** Hillsboro Chamber of Commerce Annual Golf Tournament
- September 26:** Beaverton Annual Chamber Golf Scramble (Cedar Hills, Beaverton)
- September 27:** 19th Annual Sunset Marching Band Classic *
- September 27:** Nike Pre-Nationals Cross Country Race at Portland Meadows (Hillsboro)
- October 1–19:** Cross Crusade Cyclocross events (NW Portland)
- October 3–4:** Portland Marathon
- October 18:** Oyster Adventure Race

Salem

- August 29:** Women's National ASA Slow pitch tournament
- September 20:** Oktoberfest 5K Run

Mid Willamette

- Sponsor:** Corvallis Pride Women's Football League
- Sponsor:** Liberty Little League Softball (Corvallis)
- September 13:** Annual Eat & Run Race (Albany)

Southern Oregon

- Grants Pass High School Sports**
- Grants Pass Little League**
- September 14:** Mt. Ashland Hill Climb Bike Race * (Southern Oregon)
- Provide Athletic Training Services for Phoenix High School Sports** (Ashland, Medford)
- September 20:** Ride The Rogue*

Boise

- October 5:** City Of Trees Marathon* (Boise)

Central Oregon

- September 5, 6, 7:** Sisters Folk Festival (Sisters)
- October 8:** Go Fore Broke Scramble (Bend)
- December 6:** Jingle Bell Run for Arthritis (Bend)



Fairwood employee Brittany Christopher prepares to hand off to clinic teammate Jeanette Baker while Julie Dresch MSPT, Director, cheers them on



A race participant at the North Olympic Discovery Marathon in Port Angeles

Western Washington

SEATTLE AREA

therapeuticassociates.com/Seattle



BALLARD
Roger S Wegley PT, Director
206-789-7975



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



RENTON
Fairwood Physical Therapy
Julie Dresch MSPT, Director
425-272-0252



BELLEVUE
Lakemont Physical Therapy
Julie Dresch MSPT, Director
425-401-8406



MADISON PARK
Cora Bundy MPT, Director
206-324-5389



SEATTLE
Megan Hall DPT, Director
206-623-4570



BOTHELL
Canyon Park Physical Therapy
Christopher Leck DPT, Director
425-489-3420



QUEEN ANNE
Jennifer Lesko MS, PT, Director
206-352-0105



WEST SEATTLE
Erica Clark PT, Director
206-932-8363

OLYMPIA AREA

therapeuticassociates.com/Yelm



YELM
Paul Groschel MSPT, Director
360-458-2444

PORT ANGELES AREA

therapeuticassociates.com/OlympicPeninsula



PORT ANGELES
Angeles Therapy Services
Corinne Schaefer DPT, Director
360-452-6216



SEQUIM
Angeles Therapy Services
Enid Halewyn PT, Director
360-683-3710



Jim Moore PT, Director Wandermere, tapes a Hoopfest participant

Spokane

therapeuticassociates.com/Spokane



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



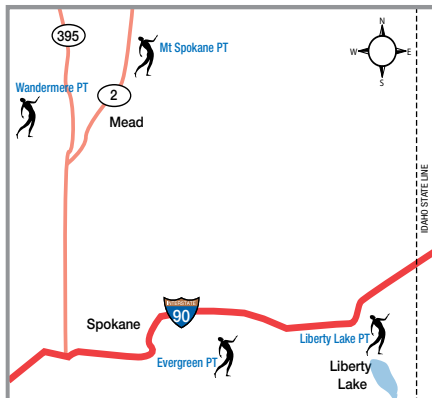
NORTH SPOKANE
Wandermere Physical Therapy
Jim Moore PT, OCS, ATC,
FAAOMPT, Director
509-466-4379



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



SPOKANE VALLEY
Evergreen Physical Therapy
Stacey Richards MPT,
Director
509-926-5367



Tri Cities

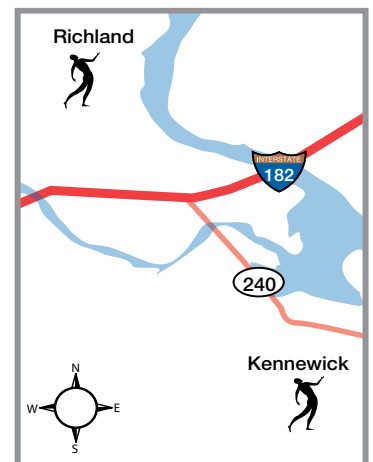
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RICHLAND
LeeAnn Carlson PT, Director
509-946-8497

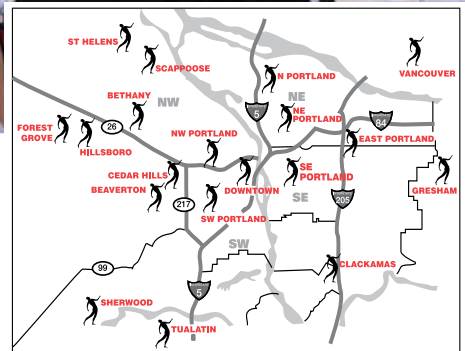


WEST KENNEWICK
Kenneth Call DPT, Director
509-783-1962





Jessica Dorrington PT, MPT, Director, Bethany, and Emily Soiney PT, DPT, RYT, at the Sunset Criterium



Portland Metro Area

therapeuticassociates.com/Portland



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



FOREST GROVE
Scott Hein DPT,
Director
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SHERWOOD
Chris Hoekstra DPT,
OCS, COMT, Director
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EAST PORTLAND
Michael J Jones PT,
Director
503-253-0924



BETHANY
Jessica Dorrington PT,
MPT, CMPT, CSCS,
Director
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HILLSBORO
Timothy O Brinker
PT, OCS, FAAOMPT,
Director
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SE PORTLAND
Daniel Renelt DPT,
Director
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GRESHAM
John Parr PT, Director
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CEDAR HILLS
Kelly Reed PT, OCS,
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NW PORTLAND
Todd J Cruz MPT,
Director
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SW PORTLAND
Darin Borter DPT, OCS,
COMT, Director
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N PORTLAND
David V McHenry DPT,
Director
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CEDAR HILLS
Aimee Jackson
MSPT, Director
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ST HELENS
H. Patrick Corrigan PT,
Director
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TUALATIN
Stephen A Barsotti PT,
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DOWNTOWN
Tony Rocklin MSPT,
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SCAPPOOSE
Olya Kurkoski DPT,
Director
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CLACKAMAS
Mark McCurdy MPT,
COMT, Director
503-659-9155



— SW WASHINGTON —

VANCOUVER
Andrew Sahnaw DPT,
Director
360-514-9383



Eugene area staff at the Eugene Marathon: Left to Right Angela Lewis DPT, Director Gateway; Beth Ann Thorpe PTA, OMG Eugene; Emily Baughman PT, West Eugene PT; David Dowd MSPT, Director OMG Eugene, Orthopaedic and Sports Medicine; and Kris Ganter PT, OMG Eugene

Salem

therapeuticassociates.com/Salem



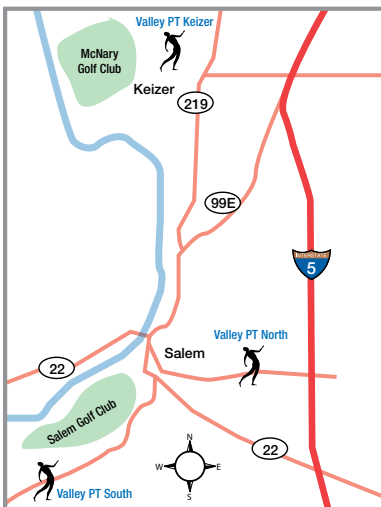
SALEM NORTH
Valley Physical Therapy
Evan Jones PT, OCS,
Director
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KEIZER
Valley Physical Therapy
Marcey Keefer Hutchison
MSPT, ATC, CMP, Director
503-463-4221



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



Eugene

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WEST EUGENE
Bradley Schwin MS, PT, OCS,
Executive Director
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OMG AT THURSTON
Bradley Schwin MS, PT, OCS,
Executive Director
541-284-1694



SPRINGFIELD
Gateway Physical Therapy
Angela Lewis DPT,
Director
541-242-4172



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



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



CRESWELL
Ed Meelhuysen PT,
Director
541-895-5913



OMG AT WEST EUGENE
Hannah Shallice MSPT,
Director
541-463-2191

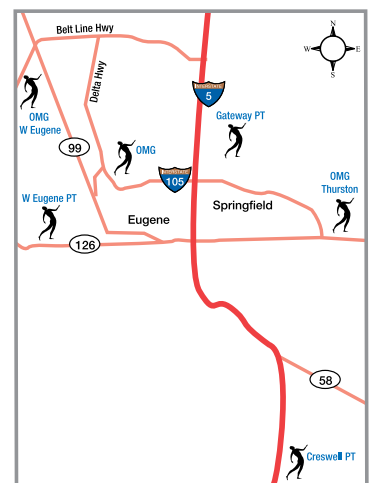




PHOTO BY JESSE SKOUBO-ALBANY DEMOCRAT-HERALD

September 2007 Annual Eat & Run Race (Albany)

Mid-Willamette Valley

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



CORVALLIS
Michael Joki PT, Director
541-757-0878



Jay A Ruetters DPT, ATC, CSCS,
Director, Medford, at the
Mountain Lakes Challenge

Southern Oregon

therapeuticassociates.com/SouthernOregon



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



MEDFORD
Jay A Ruetters DPT,
ATC, CSCS, Director
541-779-1041



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



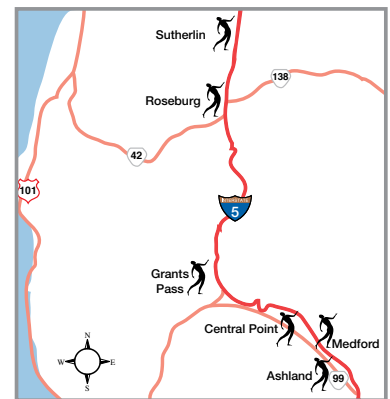
ASHLAND
Mt. Ashland Physical Therapy
Chris Foster MPT, ATC,
CSCS, FAAOMPT, Director
541-488-2728



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



SUTHERLIN
Dan Hirtle PT, Director
541-459-8459





2008 Boise to Sun Valley Relay, TAI-sponsored bike teams

Central Oregon

therapeuticassociates.com/CentralOregon



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



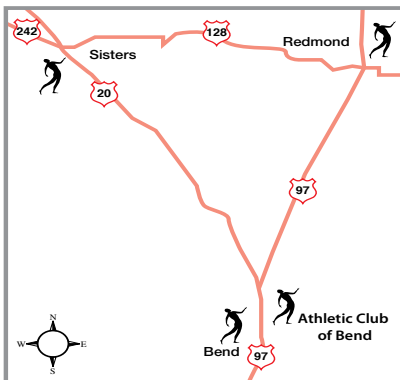
REDMOND
 Karen Elton Walz PT, MA,
 OCS, COMT, FAAOMPT,
 Director
 541-923-7494



**BEND IN THE
 ATHLETIC CLUB**
 Laura Cooper MSPT, CSCS,
 Director
 541-382-7890

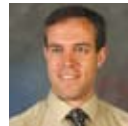


**SISTERS IN THE
 ATHLETIC CLUB**
 Gary Keown PT, Director
 541-549-3574



Idaho

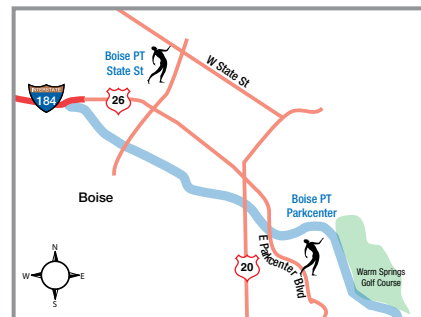
therapeuticassociates.com/Idaho



BOISE PARK CENTER
 Boise Physical Therapy
 Matt Booth DPT, OCS, Director
 208-433-9211



BOISE STATE STREET
 Boise Physical Therapy
 Robert Barnes DPT, OCS, Director
 208-336-8433





GET *MOVING* PROFILE

Jeanie McKay, patient of TAI Central Oregon at the Center (Dancing in Vienna with her husband, David)

REBUILT TO DANCE *IN VIENNA*

From the time I was a little girl, I imagined dancing at a real ball in a palace somewhere. My mother used to play 78 rpm Strauss waltz records on the record player at home, and I would whirl and twirl around the living room in make-believe. I'm 58 now, so I figured I didn't have a lot of time if I was going to make this crazy little dream a reality.

Problem was, by age 58, I was having knee issues and associated pain. Now the Viennese waltz is not a particularly easy dance because you need to be graceful, and you need to concentrate on the fast-paced 1-2-3 whirls around the ballroom ... not thinking of how much your knee hurts! So I saw my doctor, and he said the thing that would likely help was for me to strengthen my quads and the entire leg. Like I wanted to go exercise the very thing that hurt? I just wanted a PILL!

So I went to Therapeutic Associates with skepticism. I completed the insured sessions, but I was offered the chance to continue on working the knee through TAI's post-treatment gym program. I decided to keep at the exercise a while longer and meanwhile made reservations to attend the Imperial Ball at the Hofburg Palace in Vienna on New Year's Eve 2007.

I bought a ball gown and a plane ticket in good faith that I would somehow be able

to dance the night away and spend one night in a Cinderella-like fairy tale. I faithfully exercised at TAI each week for two months. To my own surprise I started to notice that I was not only getting stronger, but the pain was diminishing! The program was actually working!

My husband and I enrolled in Viennese waltz lessons in town to prepare for the big event. The holidays came, and away we went. New Year's Eve 2007 finally arrived. I put on my gown and my husband put on his tails, and off we went to the ball. We waltzed our hearts out to "The Blue Danube" and other Strauss waltzes from 7 p.m. until nearly 4 a.m. the next morning. Goal achieved, and a lifetime of memories will be with me forever.

I can happily report that I wasn't just excited about the dancing, but I felt satisfied that I had worked hard in preparation. With the guidance of my therapy staff, I stayed motivated, and the motivation not only made dancing a breeze, but the side-effect was that my dress fit better than I could ever have imagined. I lost a dress-size to boot!

I am so convinced regular strength-building exercises work that I will continue the gym program to stay strong and continue the home exercise program for life.



GET *MOVING*™
www.therapeuticassociates.com

DECREASING KNEE PAIN FOR CYCLISTS

As the days are getting longer and the weather becomes consistently good, many cyclists are tempted to stay out on the road for longer periods of time. As you spend more time on your bike, you may notice new aches and pains, specifically on the outside of your knee. This pain may be coming from the iliotibial band, which starts at the hip, runs down the outside of the thigh, and attaches on the outside just below the knee. As you are pedaling, if your gluteal muscles do not have the endurance to function while cycling, your knee will start rotating inward, putting tension on the iliotibial band. The best way to avoid this is to do a short stretching and strengthening session after you ride. Happy Riding!



Hip Flexor Stretch

Kneeling on knee, slowly push pelvis down while right slightly arching back until stretch is felt on front of hip.

*Hold 30 seconds.
Repeat 2 times per set.
Do 1 set per session.
Do 1 session per day.*



Hamstring Stretch (Supine)

Supporting thigh behind knee, slowly straighten knee right until stretch is felt in back of thigh.

*Hold 30 seconds.
Repeat 2 times per set.
Do 1 set per session.
Do 1 session per day.*



Piriformis Stretch (Supine)

Cross legs, on top. Gently pull other knee toward right chest until stretch is felt in buttock/hip of top leg.

*Hold 30 seconds.
Repeat 2 times per set.
Do 1 set per session.
Do 1 session per day.*



Stationary Lunge

In wide stride, legs shoulder width apart, head up, back straight, bend both legs simultaneously until forward thigh is parallel to floor. Do all repetitions to one side.

*Repeat on other side.
Do 2 sets.
Complete 25 repetitions.*



Bridging with Straight Leg Raise

With legs bent, lift buttocks 6-8 inches from floor. Then slowly extend right knee, keeping stomach tight. Lower the right knee, then alternate to the left. Repeat 10 times each leg per set.

*Do 2 sets per session.
Do 1 session per day.*

Kerry Mauri MSPT Therapeutic Associates Queen Anne Physical Therapy

Another GET MOVING PROFILE

Jody White, patient of TAI Medford Physical Therapy

REGAINING CONFIDENCE

My move from California to Oregon was filled with many surprises, but for me the greatest surprise was the discovery that what I had been told was an inflamed hip flexor turned out to be severe arthritis. Fifty years of dancing and teaching ballet had taken its toll. Many of my dancing friends had chosen to have hip replacements, and many of these surgeries had not been successful.

My new doctor agreed to let me begin with physical therapy, but she felt because my condition was so severe, surgery would become my best option. I chose to work with Therapeutic Associates Medford Physical Therapy. The staff's caring support was immediate from my first appointment.

Therapist Jay Ruetters has a magical touch. Muscles, bones, and tendons that had become frozen with non-use began to open up and move again. The most astounding moment for me was the day I was able to put my cane away and had my first workout on the bike.

My last therapy appointment was over a month ago, and I'm not sure what tomorrow will hold. I'm not even positive that my hip will not need to be replaced, but as I continue to move forward, each day allows me more freedom and less pain.

Most importantly for me is that physical therapy increased my kinetic awareness, and greater awareness increased my confidence and freedom from fear.



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