

# Therapeutic **Outlook**

*Your Guide to Wellness Through Movement*  
Spring 2008

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Physical Therapy Helps Maximize Running Health



*Statistically speaking, everyone will need physical therapy at some point in their lifetime.*

## Your Physical Therapy – How To

*by Scott Wick*

The best way to take care of your health is to take an active role in your own health care. To do this, you need to know about your options and your rights as a patient. Patients across the country are becoming better educated and demanding more options from their medical providers and health insurance companies. The right to physical therapy services is an important option, and it is your right as a patient.

### Who needs Physical Therapy?

Statistically speaking, everyone will need physical therapy at some point in their lifetime. We are all guilty of taking our musculoskeletal health for granted. It is not until we experience injury or disease that affects our ability to move pain free that we begin to appreciate physical health.

As healthcare providers and experts on musculoskeletal health, we encourage everyone to make a commitment to long-term physical health. Maintaining physical health is not a passive endeavor, but rather an active, lifelong commitment. The role your physical therapist plays as your medical provider depends upon your physical needs, however, physical therapists are the musculoskeletal experts in healthcare and are your best choice for prevention, management, and rehabilitation of the musculoskeletal system.

### How do I find a good Physical Therapist near me?

Recommendations from family, friends, colleagues, and other healthcare providers you trust is the best way to find a good physical therapist. We recommend that

# PHYSICAL THERAPY AND YOU



*Physical Therapists are your best choice for prevention, management, and rehabilitation of the musculoskeletal system. Shown above, Kelly Reed, PT, OCS, COMT, Director of TAI Cedar Hills PT, provides treatment.*

once you establish a trusting relationship, you continue to view that physical therapist as a permanent member of your ongoing healthcare team. Good physical health doesn't happen by accident, and having an expert as part of your healthcare team can make all the difference.

The American Physical Therapy Association ([www.apta.org](http://www.apta.org)) offers a tool on its web site to help you find physical therapists in your area. Simply type in your zip code and you will get a listing of the therapists in your area. But how do you know which physical therapist is right for you?

It is important to know that physical therapists are licensed by the state and require continuing education annually. Physical Therapists graduate from school with extensive training in rehabilitation and tend to specialize once in practice. Consumers are advised to ask questions of their therapist to ensure their physical needs are met. A couple common questions you may want to ask are:

- What is your treatment philosophy?
- What are your areas of expertise?

Open communication is important with all medical providers, and you should feel comfortable having these conversations with your therapist.

## How do I schedule an appointment?

Physical therapy is a covered benefit under most insurance plans. As licensed medical providers, physical

therapists can be accessed directly without a referral or recommendation from your medical doctor for musculoskeletal issues. Many insurance companies do not require a referral from your physician, but some do, so you should consult your plan benefits to determine your insurance guidelines.

We are happy to verify your physical therapy benefits for you prior to scheduling your first visit. Simply phone one of our clinics and we will outline your physical therapy benefits so you can make an informed decision. You will receive information on referral requirements, co-insurance, co-pay, and your total annual benefit. We do offer cash rates for your convenience and for services rendered outside insurance plan coverage.



## Conditions We Treat...

### NECK—COMMON DIAGNOSES

- Sprains
- Headaches
- Disc Problems
- Radiculopathy
- Arthritis
- Joint Problems
- Tmj Disorders
- Postural Dysfunction
- Whiplash
- Post Surgical
- Thoracic Outlet Syndrome

### SHOULDERS — COMMON DIAGNOSES

- Sprains
- Rotator Cuff Sprain/Tear
- Muscle Imbalance
- Shoulder Dislocation
- Shoulder Separation
- Tendinitis
- Slap Lesion
- Labral Tear
- Bursitis
- Arthritis
- Frozen Shoulder
- Post Surgical



## Innovations in Care — New Options for Hip Arthritis

By Chuck Brockman, PT, MPT, OCS, CSCS

Are you a young and/or active person who suffers from hip arthritis? If you are considering having a total hip surgery there may be another viable option.

The FDA recently approved a new procedure to treat people with debilitating hip arthritis. It is called **total hip resurfacing**. There are a few physicians in the Pacific Northwest who have been specially trained and are now offering this procedure. One of those surgeons is James Hall, MD at The Center, in Bend, OR.

The procedure conserves more bone than traditional total hip surgery and allows the hip to load the bone in a more normal fashion, allowing for activities that normal hips can tolerate. By conserving more of the patient's bone and natural anatomy, the patient has less restriction on activities after the procedure.

With a traditional total hip procedure the head of the femur (the round ball at the top of the large bone in the upper leg) is removed and the femur is reamed out to accommodate a large implanted spike. In both procedures the socket is shaved and a replacement socket is pressed into the bone. With traditional total hip replacement, surgeons are concerned about the implant loosening with higher level activities, such as skiing and horseback riding, and typically restrict their patients to low impact activities.

With total hip resurfacing, patients are allowed to return to most activities, including higher impact activities after completing proper rehabilitation.

In the resurfacing procedure the damaged cartilage and a small layer of bone are removed from the head of the femur and the acetabulum (socket) by an orthopaedic surgeon. A low-wearing metal cap is pressed onto the head of the femur, and a metal socket is pressed into the acetabulum. The first few weeks of physical rehabilitation following the total hip resurfacing procedure is usually a little more restricted than the traditional total hip procedure with cemented components. However, 5-6 weeks following an appropriate rehabilitation program with a physical therapist, patients are able to gradually return to higher level activity.

I have rehabilitated several patients who have returned to very active lifestyles. One of my patients, Phil Meglasson, had the procedure done in February, 2007. He returned to riding his mountain bike last summer and has since ridden over 1000 miles.

"It has been a year since my surgery and my hip could not be any better," said Phil. "I will go weeks without



PHOTO COURTESY OF: OFF THE BEATEN PATH

*Robyn Chambers returned to competitive barrel racing pain free after her hip resurfacing.*

thinking about it. I went on a 20-mile ride today, and along the way I hit an obstacle. I was about to go over my bars but I was able to jump off my bike, over the bars, and run about 10 to 15 feet to keep from falling. I have not been able to do something like that in years."

Another patient who had the procedure done last summer returned to training for competitive downhill ski racing and competed in the Masters Nationals in March 2008. Yet another patient, Robyn Chambers, returned to competitive barrel racing in November 2007 after having her hip resurfaced in January 2007.

"It is wonderful to be able to ride my horse pain-free," she says. "Prior to having the surgery I cannot remember the last time I rode my horse without pain."

In addition to returning to more normal activities, total hip resurfacing leaves more of the patient's bone intact. This allows for more surgical options down the road, including the traditional total hip replacement, if later needed.

Typical age guidelines for the procedure are males under 65 and females under 55. Very active individuals above these ages may be considered candidates for the procedure, depending on the quality of their bone. Younger people may not be candidates if they have poor bone quality or if they have medical conditions that may affect the procedure.

If you have any questions about total hip resurfacing, please feel free to contact my office, TAI Central Oregon at the Center in Bend.



# Making Wise Choices with “Your” Physical Therapist

*By Stephen E. Anderson, PT, CEO*



*Stephen E. Anderson, PT, CEO*

It wasn't that long ago that few people knew what physical therapists did and how physical therapy could help people in the com-

munity. As more and more people experience the difference a physical therapist can make in returning to a healthy, functional state, the word is spreading.

The question is no longer which medical professional to see for musculoskeletal issues, but rather how to choose where to receive evaluation and treatment for your particular rehabilitation need. Often you are referred by a physician or a friend. The first thing to realize is that as a consumer of healthcare services you have your choice of medical providers.

Finding a skilled and compassionate physical therapist, with your specific needs at the forefront, is essential to an optimal return to functional freedom. At Therapeutic Associates, we envision the day that most people will have a physical therapist they consider to be “their physical therapist” and seek out this healthcare professional first when they have injuries or functional limitations. In this way you can receive treatment as fast as possible and help to reduce health-

care costs by bypassing an unnecessary visit to another healthcare professional simply to get a referral to physical therapy. Direct access to physical therapists is legal in most states, and some insurance companies will pay for PT services without a physician referral. Our state and national association continues to work hard to allow this service to the public universally with payment from insurance companies.

Numerous studies have shown that musculoskeletal related problems are solved with fewer treatments and less healthcare costs when people are seen by a physical therapist first. Physical therapists are well-trained in evaluation and screening procedures so they can refer health issues not suited for physical therapy treatment on to other healthcare professionals for further evaluation.

With consumer choice comes personal responsibility, and individuals must become informed consumers of the healthcare system. That means getting involved in choice and becoming educated about your rights as a consumer and about your available options. Therapeutic Associates is confident that we can meet your needs when you are armed with information about choice and quality. We collect data on every patient to measure our effectiveness through treatment outcomes to ensure we

are making a positive difference in our patients' lives.

As a learning organization we strive to mentor, educate, and invest in our physical therapist professionals. They are highly skilled and aware of the latest cutting edge technology and scientific evidence, thus our treatments are high quality and state of the art. To achieve this high standard, continued education and mentoring from peers throughout a physical therapist's career is essential.

Physical Therapists think in terms of movement, function, and quality of life activities. Whether your goal is to reach the next level in your favorite sport, to recover from an injury, or to ensure you will stay active as you age, Physical Therapists are the healthcare professionals that can get you there. PT professionals have proved they are experts in musculoskeletal function, and through hands-on manual therapy techniques and exercise, you can live more active lives and get over the road blocks that are thrown out along the way.

Don't be surprised the next time you are at a ski slope or on the road in a group bicycle event if someone describes a pain that is getting in the way of their recreation and they say, “I need to get to my physical therapist,” and refer to them by name. That is a person who values the need to keep the body in good shape to enjoy life to the fullest.



*The neck and shoulder are two intimately connected parts of the body.*

## The Neck Bone's Connected to the Shoulder Bone

*By Aubree Swart, DPT*

### How are neck and shoulder injuries connected?

**T**he neck and shoulder are two intimately connected parts of the body. One area cannot be assessed without involving the other.

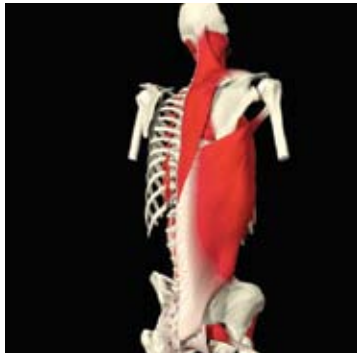
There are several connections between the neck and shoulder that can contribute to pain, symptoms, or dysfunction. The main systems include skeletal, muscular, and neural, which all work together. For instance, when assessing the neck we must consider the cervical spine and the upper back or thoracic spine. Additionally, assessment of the shoulder requires consideration of the neck, the upper back, the scapula (shoulder blade), and the scapulothoracic movement that describes how the

shoulder blade moves with the rib cage. All of these systems are connected and must be assessed together when looking at neck and shoulder function.

Bones in the spine are called vertebrae. The neck contains seven cervical vertebrae starting at the base of the skull, followed by 12 thoracic vertebrae located in the upper back to the bottom of the ribs. Proper movement of the upper back or the first four thoracic joints (referred to as T1 to T4) is critical for full neck and shoulder movement.

For example, as we turn our head to the right, the joints of the upper thoracic spine must also rotate to the

right. Additionally, as we raise our right arm overhead, the joints of the upper thoracic spine must also rotate to the right. This creates the proper space for the scapula to glide on the rib cage (scapulothoracic motion). If any of these joints of the lower cervical or upper thoracic spine are not moving “normally” (i.e. restricted movement or moving too much) then the scapulothoracic rhythm is disrupted and is capable of affecting the motion of the shoulder joint.



*Musculature of the neck and shoulder.*  
Copyright 2003 primal pictures.

In addition, if the joints of the mid-cervical spine are dysfunctional, they can cause pain and other symptoms in the shoulder region.

There are several muscles that connect the cervical spine, shoulder, and scapula. The main muscle connectors are the

trapezius (attaching from the base of the skull, upper cervical through lower thoracic spine to scapula), levator scapulae (attaching from the upper and mid cervical to scapula), and rhomboid (attaching from lower cervical and upper thoracic spine to scapula).

If these muscles are not in balance, they can start to function abnormally and change how the body moves. For example, if the upper trapezius muscles become tight from shrugging our shoulders, then we could have neck pain and decreased head range of motion. The scapula could also rotate with the altered tension, decreasing the ability to reach overhead without symptoms.

There are many nerves that start in the middle to lower part of the neck that weave into the muscles of the entire shoulder area through a network of smaller nerves called the brachial plexus. Because these nerves are connected, if a cervical nerve becomes irritated, noticeable symptoms can occur in the shoulder, which may change sensation, cause pain, and/or decrease muscle strength.



*Nerves of the neck and shoulder.*  
Copyright 2003 primal pictures.

For example, the smaller nerves of the shoulder’s rotator cuff (made up of four muscles) are connected to the mid-cervical nerves. Therefore, if one of these nerves is irritated at the cervical (neck) level from a bulging disc,



*Several connections between the neck and shoulder can contribute to pain, symptoms, or dysfunction.*

then the function of these muscles will be altered, creating pain with arm movement.

Posture greatly influences the relationship among joints, muscles, and nerves. Changes in the alignment of the back can create different forces through these structures. Most often, the joints have increased compressive forces that damage and restrict joint movement over time.

A change in bony alignment means a change in muscle alignment, which creates modified muscle length or tension. This decreases the muscle’s ability to perform at full function. For instance, if a patient complains of pain in the front of the shoulder, it may be caused by forward head posture.

This forward head posture compresses mid-cervical joints, increases muscle length of the upper trapezius and levator scapulae, and pulls the shoulders forward, thus decreasing the space of the shoulder joint. This misalignment of the joint irritates soft tissue structures (i.e. tendons and ligaments) and elicits a pain response that can be felt in the front of the shoulder.

Just remember, the body area we feel pain in may not be the source or culprit of the pain. Our musculoskeletal system is all interconnected, and your physical therapist can help to identify the source of your pain or dysfunction. Once we know the cause, we can then work with you on a plan to combat the problem and bring you back to full recovery and function.

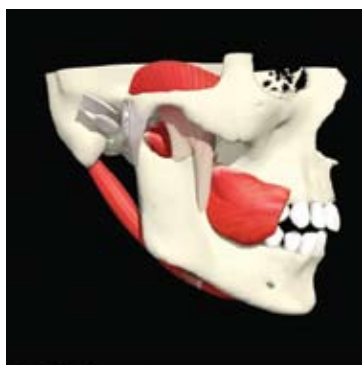


# The Temporomandibular Complex and its Relationship to Neck Dysfunction and Injuries

By Kelly Reed, PT, OCS, COMT

The Temporomandibular Complex (TMC) is the medical term for your jaw, the jaw joint, and the surrounding muscles that control chewing and jaw movement. This complex includes the muscles of mastication (chewing) and the Temporomandibular Joint (TMJ), which includes tendons and ligaments of the jaw.

You can find your own TMJ by feeling the bony bump just in front of your ears that moves as you open and close your mouth. This joint is flexible and allows the jaw to move up and down and side to side, affording us the ability to eat, laugh, talk, yawn, and even sing.

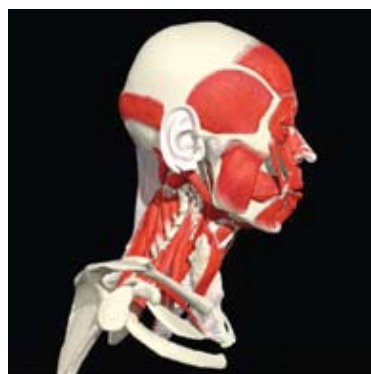


TMJ musculature.  
Copyright 2003 primal pictures.

Temporomandibular Disorders (TMD) can include a variety of conditions that cause tenderness and pain in the TMJ and surrounding areas. Most recent research shows that TMD's can be contributing factors to neck (cervical) pain, dysfunction, and injuries.

As the awareness of TMD increases, it is important to discern the various sources of facial pain.

Several muscles other than the muscles of mastication (chewing) can cause pain to the TMC area. Examples of this include the sternocleidomastoid (SCM),



Neck and Jaw musculature.  
Copyright 2003 primal pictures.

a neck muscle often injured in car accidents, which can refer pain to the chewing muscles and can cause ringing in the ears and dizziness. In addition, an imbalance in the upper trapezius muscle of the neck caused by sitting without arm support or by constantly elevating the shoulders can present as a disorder of the TMC.

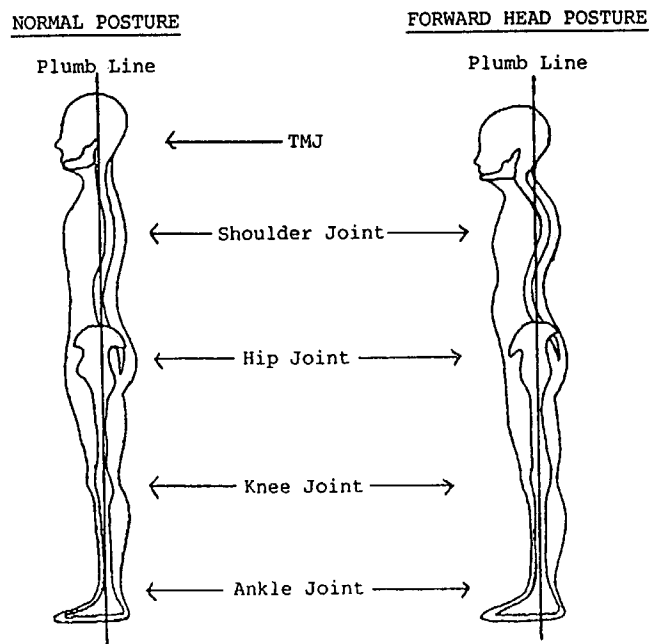
There is also a strong clinical correlation between

dysfunction of the cervical spine, particularly the upper portion, and involvement of the TMC. This onset may be secondary to trauma, such as a fall or a motor vehicle accident, or it may be related to chronically held tension or poor posture.

## Posture and Biomechanics

IDEAL POSTURE occurs when your head is balanced over your shoulders with your chin parallel with the floor and the shoulders relaxed. When the center of gravity of the head is balanced over the neck properly, there is a physiological state of rest in the head, neck, and shoulder muscles. In ideal head posture the head is almost wholly balanced upon the cervical spinal column.

FORWARD HEAD POSTURE is the most common poor postural alignment. Some believe that as a reaction to forward head posture, the muscles used for chewing are overworked to keep the mouth closed. A review of the literature demonstrates that forward head posture has a



Positioning of Normal (Ideal) Posture vs. Forward Head Posture.



significant influence on Electromyographic (EMG) activity of the chewing muscles and joints when at rest. There are also correlations with head posture and craniofacial pain patterns.

## Patient Awareness

Before patients can be expected to correct their posture, they must be made aware of what ideal posture is and how it is different from their current use of their body. In addition to this education, patients must also develop a sense of what the ideal head and neck position feels like. This is accomplished through various postural exercises individualized to each patient's needs and includes instruction in the normal rest position of the tongue.

The normal rest position of the tongue is with the tip of the tongue resting against the roof of the mouth, just behind the front teeth. This is a soft rest position, as if you were saying "N" very gently. If you are not chewing or talking, this is the position where your tongue should be resting to promote the most relaxed position of the TMC.

## Achieving a Balanced System

Tight muscles must be relaxed and returned to their normal length. Overstretched muscles must be strengthened. Any restriction in joint mobility (cervical, thoracic, scapular, or temporomandibular) must be restored. Manual therapy techniques, including soft tissue mobilization, joint manipulation, and specific stretching methods are often necessary to initiate the restoration of normal posture. Life-style changes often need to be made with the implementation of techniques for coping with stress, promoting relaxation, and eliminating counterproductive postural habits. Poor postures and emotional stress are the most common perpetuating factors of head and neck pain and dysfunction.

## Changing Old Habits

Forward head posture is a learned behavior, and in order to replace this old habit with a new position, it requires frequent repositioning and positive input to the musculoskeletal system. Patients are asked to do their exercises every hour and must consistently follow through on a daily basis for a 30-day time period. Patient compliance is essential for a full recovery.

## Evaluation of the Occupational Environment

In addition to establishing the feel of ideal posture and actively making changes to balance the musculoskeletal system, patients must be shown the correct posture for various activities for daily living.



*Becoming aware of your posture and changing old habits helps to relieve pain and dysfunction for a healthier life.*

For example, if a patient stands for the majority of the day, he/she is taught to shift the weight to the center, or toward the ball of the feet, and to equally distribute the weight between the right and the left foot. This position moves the forward head back over the shoulders and reestablishes the ideal center of gravity. For the office worker who is required to sit all day, correct use of a good chair is required to support the upper body. The correct height of the work surface, chair, computer, etc. must also be addressed. If any of these areas are at the wrong height for a particular individual, they become an aggravating factor that can trigger myofascial pain symptoms.

Myofascial pain can be a major problem for those with neck and Temporomandibular dysfunction. However, with the correct guidance, perpetuating factors can be eliminated, old habits can be changed, and a balanced postural system can be attained.



# What Can We Do To Prevent Injury?

By Amy Temes, DPT and Valerie Hilton, DPT

Poor posture may result in imbalances in muscle strength and excessive strain on the neck, shoulders, and upper back. These imbalances can lead to pain and, over time, can result in soft tissue injury or degeneration of joints. Common tasks that people often have difficulty maintaining correct posture for include: desk and computer work, sleeping, driving, reading, cooking, and/or crafts.

In standing upright with correct posture, the spine should be allowed to form an “S” curve while the hips, shoulders, and ears are maintained in alignment. Posture is more difficult to maintain while sitting because the spine position changes. Maintaining the ideal “S” curve

is more difficult. When lying down to sleep, the curves of the neck should ideally be supported by the pillow and mattress. However, depending on the stiffness of the spine and the surface one is lying on, this can be difficult to achieve.

Proper work station setup and seated positioning is important for preventing stress-related injuries.

## Work Station Recommendations

### Posture

For postural support, sit all the way back in the chair; knees should be slightly lower than hips with the seat tilted forward if possible; avoid twisting the neck and back; do not cross legs or shift weight to one side.

### Back

Lumbar support should fit into the curve of your low back, providing even pressure and support; back angle of the chair should be adjustable for occasional variations and should support the upper body in a vertical position.

### Seat

Adjustable height and angle; firm cushion; “waterfall” front helps circulation to legs and feet; avoid sitting in a reclined position; try tilting the seat pan forward to achieve better seated posture.

### Desk

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

### Feet

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

### Keyboard

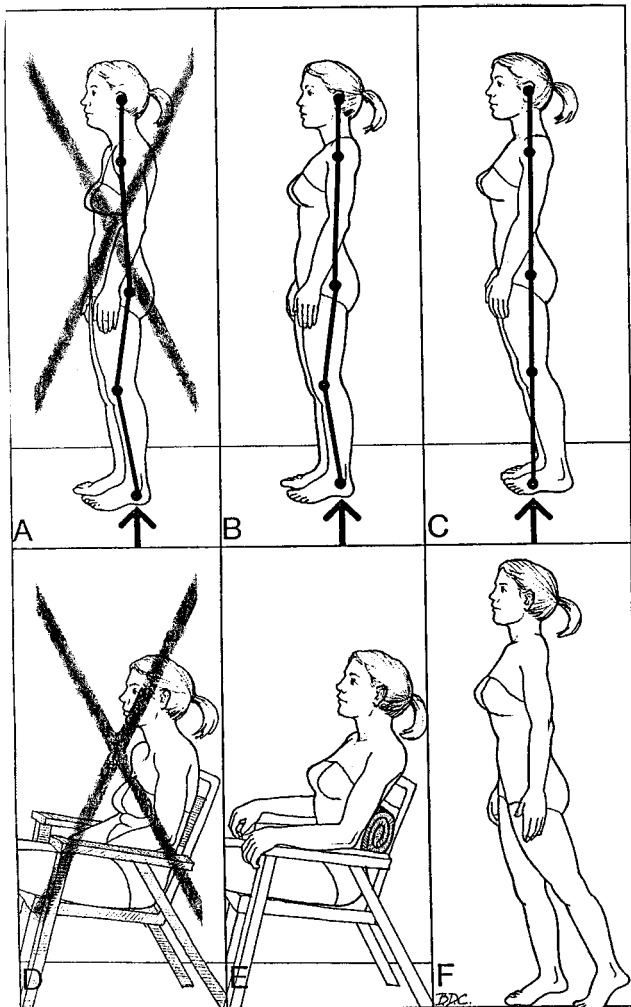
Position horizontally or slightly declined, sloping away from the user; when hands are on the keyboard, forearms should be horizontal or sloping slightly downward; hands should be in line with the forearms so wrists are straight and fingers relaxed.

### Telephone

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

### Monitor

Eyes should be level with the top third of the screen; monitor should swivel horizontally and tilt vertically; place monitor in vertical position to decrease glare on the screen.



Examples of correct vs. incorrect posture.

## Document Holder

In line with the monitor and between the monitor and keyboard without obstructing the monitor screen; correct placement allows the eyes to easily and naturally view the document without turning the head/neck.



*It is best to avoid sleeping with your arms overhead.*

## Appropriate Body Positioning and Support

Since most people spend six to eight hours per day sleeping, appropriate positioning and support during this time is essential. It is typically less stressful on the neck and shoulders when sleeping on the back and sides. Sleeping on the stomach can result in neck pain as a result of stress to the joints and muscles. Some people benefit from placing a rolled-up towel inside the pillowcase to help support the neck because most pillows just support the head. This creates an adjustable contour pillow. In any sleeping position, it is best to avoid sleeping with your arms overhead because it puts extra stress on the shoulder joint.

The above principles can be applied to hobbies and other daily activities, such as driving, reading, crafts, and cooking. When performing these activities it is important to bring work up to the body to prevent the head from hinging forward. This can be accomplished by setting pillows on the lap when working from a seated position. In either sitting or standing position, the shoulders should be kept back and down with the chin tucked slightly toward the Adam's apple.

## Building Strength and Balance

To work at preventing neck and shoulder injuries, it is also important to build strength in key muscles of the neck, shoulders, and mid-back. Increased strength in the muscles in the front of the neck and the middle back will help to provide balance, good support, and stability for the neck and shoulders.

Additionally, it is important to maintain a balance between strength and flexibility of the muscles on the front part of the chest wall and the joints of the upper back. It is also common to develop stiffness in the upper back, (especially after the age of 30) which can

perpetuate poor posture. Lengthening muscles that are short, strengthening those that are weak, and decreasing stiffness in the mid-back will make it easier to achieve optimal posture.

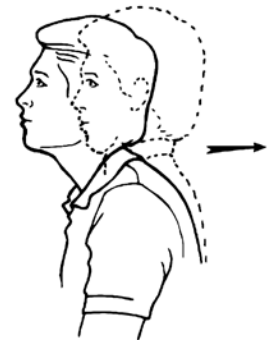
See pictures A, B, and C for example exercises to strengthen and improve mobility in these areas.

Physical therapists are trained to evaluate and assess each individual patient and to develop a personalized plan of care for each. They can help recommend fitness programs, make recommendations for work station setup and proper lifting, and help restore balance and strength after injury.



### A. Cervical Spine Flexibility: Neck Retraction

Sitting or standing, take a deep breath in; at the top of the breath keep chest elevated and let the air out of the lungs (do not let the chest or spine collapse again). Add gentle chin tuck (chin to Adam's apple). Can repeat this 1-3 cycles. Hold new position 1-3 minutes every hour of the day. Repeat 1-3 times every hour.



### B. Resistance Band Over Head Pull: Narrow Grip

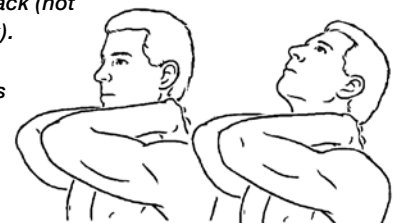
On back, knees bent, feet flat, band across thighs, elbows straight but relaxed, pull hands apart (start). Keeping elbows straight, bring arms up and over head, hands toward floor, keeping tension on the band. Return slowly back to start. Repeat 2 sets of 10-20 repetitions.



### C. Spinal Mobilization: Thoracic (upper) Extension

Sitting in a chair that hits the upper/middle part of your back, place hands behind your head and neck and bring your elbows together. Raise your elbows up and back, moving through your upper back (not your neck or low back).

Perform 10 repetitions 3-6 times per day or every hour of the day if you do desk/computer work.



# What Can We Do Once We Get Injured?

## Neck Pain and Injury

By William Bleazard, DPT

Treatment for neck pain is based on diagnostic and functional testing, history of injury, and presentation of symptoms. Some tests are designed to find which part of the neck was injured. Other tests are designed to find out how much affect the injury has on function. Much of the treatment is based on changes in function. These changes are best identified during a hands-on examination performed by a medical doctor or physical therapist.

Medical testing and imaging, such as x-rays and MRI's, are designed to identify the affected tissue. The imaging test will be selected depending on which structures might be involved. The physical exam, performed by a medical doctor, will also rule out causes of pain that are related to diseases rather than injuries. Medical treatment may include medication to decrease inflammation, muscle spasm, and pain. It may also include surgery if there is a clear structural problem. Surgery is often effective for treatment of conditions such as broken bones, severe instability, or pinched nerves.

A physical therapy exam will identify problems in position, movement, strength, nerve health, joint motion, coordination and control, and in a person's ability to perform activities. Physical therapy treatment will be planned after the therapist considers all findings.

For example, the therapist may find that a person carries his or her head too far forward. The therapist may then find the person has stiffness in the upper back, weakness in the front of the neck, and limited ability to actively position the head. The pain and loss of mobility associated with these changes may limit the person's ability to look up while working. The physical therapist will design a treatment program that includes strengthening for the muscles at the front of the neck, hands-on treatment of the upper back, coordination exercise for improved position, and overhead activities to improve the person's job performance.

Physical therapists will also consider structural changes found in testing performed by the medical doctor. For example, if testing identified bone changes from



*Your Physical Therapist can help determine the origin of neck and shoulder pain and customize a treatment plan.*

osteoporosis, the physical therapist would avoid using treatments that might apply too much force through the bones. In the above example, the therapist might choose to focus on active motion through the upper back rather than hands-on treatment.

The ultimate goal in treatment of the neck is for the patient, medical doctor, and physical therapist to work together to identify treatments that will provide the best chance for lasting pain relief. Treatment should also lead to improved function and the smallest possible risk to the injured person. Each person involved works to empower the patient to have control over his/her own health in order to reduce the likelihood that the problem will return.



## Shoulder Pain and Injury

By Richard J. Jusko, PT

Shoulder injuries are one of the most common joint problems in professional or recreational athletes, industrial laborers, and office workers. The most important aspect of shoulder pain control is to be aware that active exercise of proper intensity, duration, and especially proper technique is much more beneficial than quiet rest for the injured shoulder.

### Type of Shoulder Injuries

#### **Traumatic injuries**

- Onset: Dislocation, labral tear, ligament tear, or rotator cuff rupture resulting from a traumatic event, such as falling on an outstretched arm or catching oneself on a handrail when falling down stairs.
- Treatment Approach: These injuries require PRICE (Protection, Relative Rest, Ice, Compression, Elevation) and a consult with a medical professional.

#### **Repetitive strain injuries**

- Onset: Overuse from throwing, swimming, overhead sport activities and repetitive movements.
- Treatment Approach: Relative Rest and a thoughtful approach to improving the physiologic condition of the injured area.

### Postural dysfunction

- Onset: These conditions are quiet shoulder antagonizers and a covert precursor to shoulder pain (also known as, “I reached for my alarm clock and got a sharp stabbing pain on top of my shoulder”). Postural faults may cause stiffened upper back and faulty positioning of the shoulder blade or shoulder socket. Postural dysfunction quietly wears and tears the rotator cuff, overloads the shoulder joint, and biomechanically weakens the support that muscle, tendon, and ligamentous shoulder tissues provide. During postural dysfunction, the shoulder joint assumes positioning that also typically occurs with a shoulder injury.
- Treatment Approach: Treatment requires physical exercises, such as stretching of specific tight structures and strengthening of noted lengthened or weak structures.

### Once you are injured

Shoulder injuries require proper individualized exercise instruction to help guide the timing and coordination of the muscles that control shoulder function. The muscles and soft tissues all work together in a coordinated mechanism to move the complex shoulder joint.



Cora Bundy, MPT, Director of TAI Madison Park PT.

**Traumatic injuries** need medical assessment to determine the extent of injury prior to exercising. Medical tests expected at this time include X-ray, MRI, Arthrogram, and physical assessment by a medical professional. Extra care needs to be taken to protect damaged structures and promote *controlled* exercises to prevent further injury.

**Repetitive strain injuries** intervention includes a physical assessment of the tissues involved. Injury disrupts the normal mechanism of functional reach, lift, push, and pull, causing a characteristic “shrugging” of the shoulder which needs to be inhibited to promote healing. Intervention for repetitive strain injuries may also include stretching tight structures, strengthening weak structures, and discussing the mechanics of the activity in which the individual is participating.

**Postural dysfunction** will also benefit from the same type of intervention as the strain category, with additional instruction and more specific treatment for rib cage and thoracic spine position and mobility. Common daily activities, such as driving a car, watching TV, text messaging, using hands in front of the body for eating, or reading a book, and postures for working in the kitchen sink all contribute to a forward-bent upper back. It takes a bit of knowledge and regular work to combat gravity and to not allow ourselves to posturally disintegrate into a slouched posture.

Shoulder pain and dysfunction requires medical intervention. Your physical therapist can help evaluate and treat shoulder injuries and dysfunction to help get you back to enjoying a pain free and active lifestyle.

# Our Commitment to Community



## Seattle Metro

**March 28–30:** NW Women's Show — Seattle

**April 19–20:** King 5 Healthy Living Expo — Seattle

**June 7–8:** TAI North Olympic Discovery Marathon —  
Port Angeles\*

**June 21:** Susan G. Komen Race for the Cure — Seattle\*

**September 21:** Oyster Adventure Race — Seattle\*

## Spokane

**May 10:** Hackin' Hoops

(Mount Spokane PT and Wandermere PT)

**June 28–29:** Spokane Hoopfest\*

**July 13:** Valley Girl Triathlon\*

**July 12:** Let's Climb a Mountain

(Wandermere PT, Mount Spokane PT)

**Sponsor:** Panthers 8<sup>th</sup> grade Arena football league  
(Wandermere PT)

## Tri Cities

**Sponsor:** Kennewick American Youth Baseball

**July 5:** Righteous Richland Sprint Triathlon

## Portland Metro

**Sponsor:** Get Fit Live Fit

**July 27:** Lacamas Lake 1/2 Marathon & 5k Walk/Run

**August 2–3:** Mainstreet Madness — Hillsboro\*

**August 22:** Health Net Portland Twilight Criterium —  
Downtown Portland\*

**Oct. 18:** 1st Annual Oyster Adventure Race — Portland

## Eugene

**May 2–4:** Eugene Marathon and Expo\*

**June 7–8:** Willamette Valley Health & Wellness Expos

**June 27:** Olympic Trials

**July 4:** Butte to Butte 10K

## Salem

**May 17–18:** Keizer Iris Festival Run

\*TAI is a proud sponsor of this event

## Mid Willamette Valley

**Sponsor:** Corvallis Pride Women's Football League  
**Sponsor:** Liberty Little League Softball — Corvallis

## Southern Oregon

**May 3–4:** Ashland Spring Thaw Bike Festival\*

**June 21:** Mountain Lakes Challenge\*

**August 2:** Mt. Ashland Hill Climb Bike Race\*

**September 20:** Ride The Rogue\*

**Provide Athletic Training Services for:**

Phoenix High School Sports  
(Ashland PT, Medford PT)

## Boise

**May 9–11:** Triathlon camp

**June 1:** Ironman 70.3\* Boise

**July 12:** Fit for Life Half Marathon\*

**October 5:** City of Trees Marathon\*

**Sponsor:** New Runner/Walker Program

## Central Oregon

**March 27–30:** Oregon Podiatric Medical Assoc.  
Spring Conference — Sun River

**April 11–12:** Central Oregon Health &  
Wellness Expo — Redmond

**July 18–20:** TAI 3-day Summer  
Cycling Camp — Bend

### 3-day Summer Cycling Camp July 2008

**July 18–20, 2008**

Bend, OR

**Cost:** \$1080

**Massimo Testa MD:** Professional Cycling Coach  
**Chuck Brockman PT:** Expert Coach, Fit Specialist

- Lactate Testing & Zone Recommendations
- Cycle Fit & Pedaling Efficiency
- 3 Fully Supported Beautiful Rides
- Nutrition Counseling
- Massage and More!

**Limited Space: 541-388-7738**

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



PHOTO BY IMAGEARTS PHOTOGRAPHY

Scott Wick, TAI Director of Marketing, braves a hill in Fremont during the Oyster Race.



Nicole Smyth, DPT; Julie Dresch, MSPT, Director; and Jeanette Baker of TAI Fairwood competing in the Oyster race.

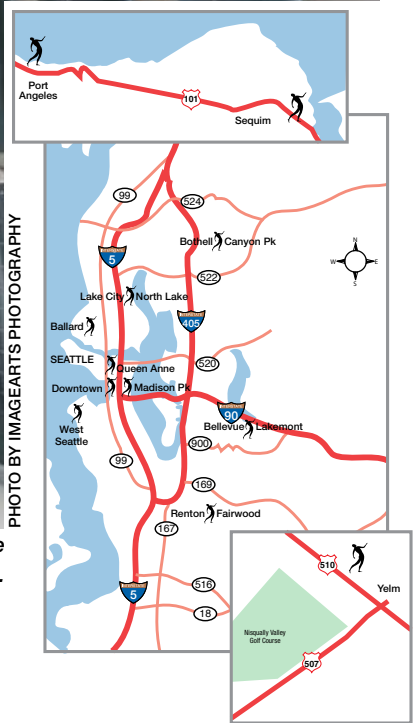


PHOTO BY IMAGEARTS PHOTOGRAPHY

# Western Washington

## SEATTLE AREA

[therapeuticassociates.com/Seattle](http://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



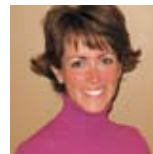
**RENTON**  
Fairwood Physical Therapy  
Julie Dresch MSPT, Director  
425-272-0252



**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  
Richard J Jusko PT, 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](http://therapeuticassociates.com/Yelm)



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

## PORT ANGELES AREA

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





Kenneth Call, DPT, Director of TAI West Kennewick PT congratulates a participant of the Annual Kids Marathon.

# Spokane

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



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



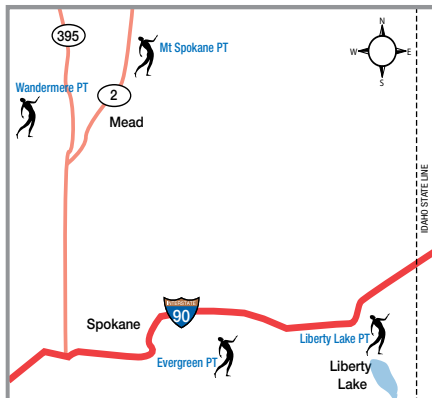
**NORTH SPOKANE**  
Wandermere Physical Therapy  
Jim Moore PT, OCS, ATC,  
FAAOMPT, Director  
509-466-4379



**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

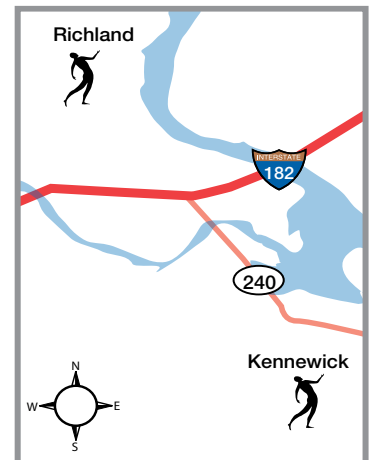
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**RICHLAND**  
LeeAnn Carlson PT, Director  
509-946-8497

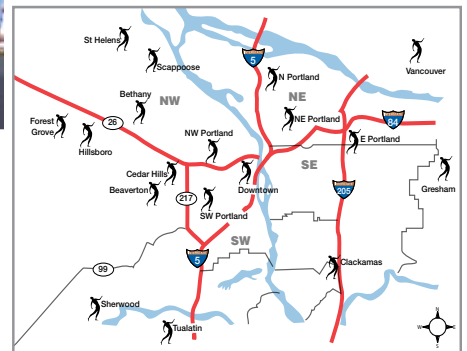


**WEST KENNEWICK**  
Kenneth Call DPT, Director  
509-783-1962





*TAI Scappoose staff at the annual Sauerkraut Festival: Left to Right Pamela Franklin; Olya Kurkoski, DPT, Director; Tabatha Abraham; and Nancy Naish, LMT.*



# Portland Metro Area

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



**FOREST GROVE**  
Scott Hein DPT,  
Director  
**503-357-9810**



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



**EAST PORTLAND**  
Michael J Jones PT,  
Director  
**503-253-0924**



**BETHANY**  
Jessica Woehl MPT,  
CSCS, Director  
**503-466-2254**



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



**SW PORTLAND**  
Darin Borter DPT, OCS,  
COMT, Director  
**503-244-0570**



**GRESHAM**  
John Parr PT, Director  
**503-666-7644**



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



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



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



**N PORTLAND**  
David V McHenry DPT,  
Director  
**503-283-8133**



**CEDAR HILLS**  
Aimee Jackson  
MSPT, Director  
**503-292-3583**



**ST HELENS**  
H. Patrick Corrigan PT,  
Director  
**503-397-1914**



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Director  
**503-493-4463**



**DOWNTOWN**  
Tony Rocklin MSPT,  
COMT, Director  
**503-450-0591**



**SCAPPOOSE**  
Olya Kurkoski DPT,  
Director  
**503-543-0254**



**CLACKAMAS**  
Mark McCurdy MPT,  
COMT, Director  
**503-659-9155**



**— SW WASHINGTON —**  
**VANCOUVER**  
Andrew Sahnaw DPT,  
Director  
**360-514-9383**



Athletic Training Coordinator, Chelsey Franz, tapes an athlete at the National Girls U16 Fast Pitch Tournament.

# Salem

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



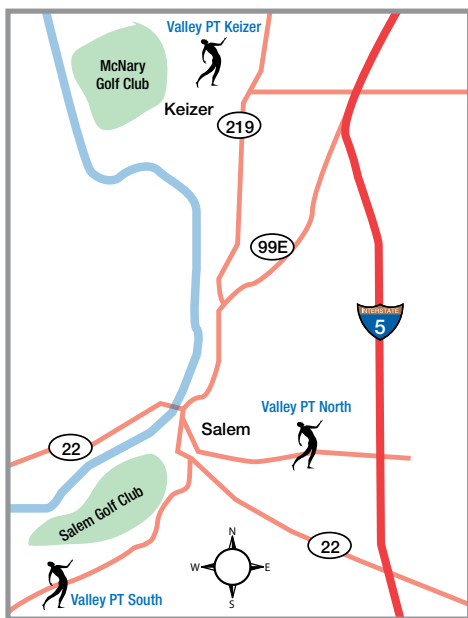
**SALEM NORTH**  
Valley Physical Therapy  
Evan Jones PT, OCS,  
Director  
503-378-7434



**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

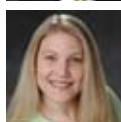
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**WEST EUGENE**  
Bradley Schwin MS, PT, OCS,  
Executive Director  
541-484-9632



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



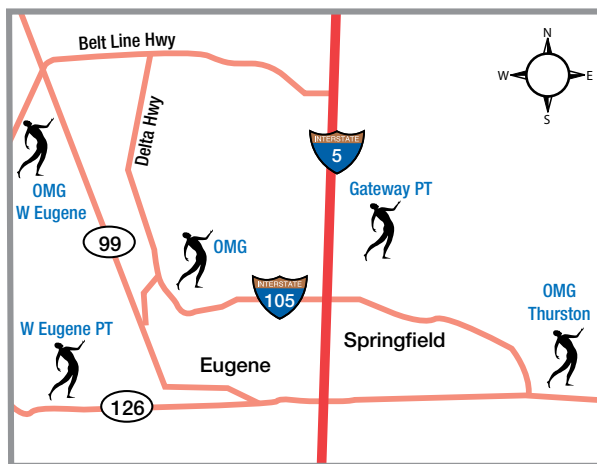
**SPRINGFIELD**  
Gateway Physical Therapy  
Angela Lewis DPT,  
Director  
541-242-4172



**OMG AT THURSTON**  
Abigail Dowd PT, Director  
541-284-1694



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





Chris Foster, MPT, ATC, Director of TAI Ashland PT helps an Ashland Hill Climb participant while in the background, David Standifer, PT, Director of TAI Central Point, answers questions.

## Mid-Willamette Valley

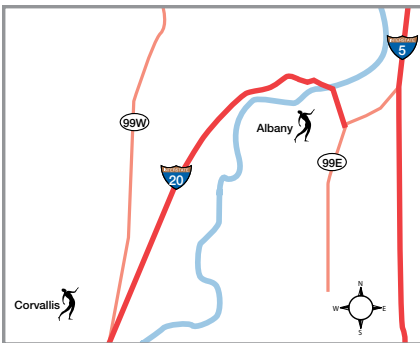
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**ALBANY**  
Mid Valley Physical Therapy  
Richard Costain PT, Director  
541-967-1224



**CORVALLIS**  
Michael Joki PT, Director  
541-757-0878



Ashland Hill Climb participant



## Southern Oregon

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



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



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



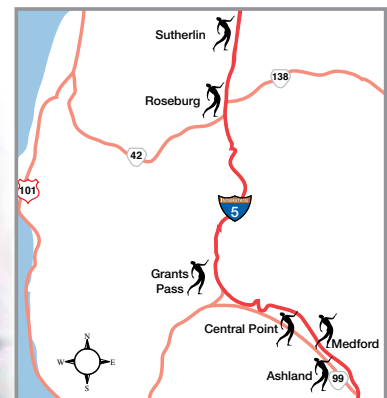
**MEDFORD**  
Jay A Ruettggers DPT, ATC, CSCS, Director  
541-779-1041



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



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





*Matt Booth, PT, Director of TAI Boise Parkcenter PT, also a participant himself, provided advice to Fit For Life Half Marathon participants.*

## Central Oregon

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



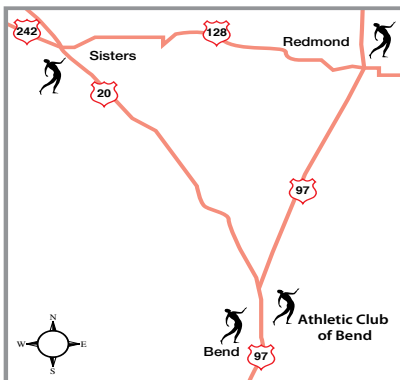
**REDMOND**  
 Karen Elton Walz PT, MA,  
 OCS, COMT, FAAOMPT,  
 Director  
 541-923-7494



**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

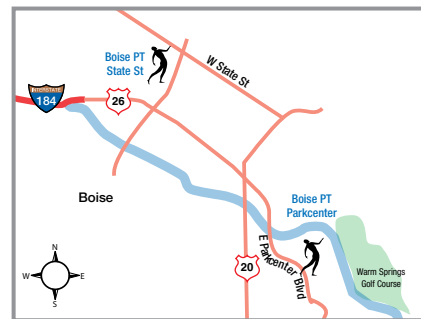
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**BOISE PARK CENTER**  
 Boise Physical Therapy  
 Matt Booth DPT, OCS, Director  
 208-433-9211



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



## Returning to Fighting Form

*Major Andy “Papa” Poorman, patient of Therapeutic Associates Downtown Portland*

As a fighter pilot for the U.S. Air Force, my back is exposed to stresses that are not common for most of the population and can lead to many long-term spinal injuries. My spine was injured to the point of needing surgery and physical therapy to get me flying again.

The initial injury probably occurred during decades of jumping off cliffs on a pair of skis, wakeboarding, waterskiing, and heavy weightlifting. The first instance I remember of an acute injury was in the winter of 2004 while deployed to Qatar. I was taking a week off from running and concentrating on weight lifting. With nothing to do but work out and fly, I quickly became bored in the gym and started trying exercises I hadn’t done in years. During my third rep of an exercise, I felt my back spasm and my body froze. I was locked in a slightly bent-over position and could barely walk.

A visit to the flight surgeon revealed a damaged disc. After a couple days of bed rest and a nice dosage of medication, my back relaxed enough that I was able to get back to running and flying within about seven days. I held off weight lifting for about two weeks.

After this, I would go through periods of stressing my back, needing to lay off for a while, and then getting back to strength. In the summer of 2006, the pain was returning more frequently and started to get more debilitating with some numbness in my left leg. I started visiting a chiropractor to treat the symptoms, but that never seemed to fix the problem.

I finally went to a neurologist and had a MRI which showed a bulged L3-4 disc and a hemorrhaged L4-5 disc. I elected for surgery to remove the hemorrhaged material. The surgery was a success, and I was up and walking the next day, albeit very slowly.

My neurosurgeon prescribed 4 weeks of physical therapy. I contacted a family friend who recommended Tony Rocklin at TAI in Downtown Portland. After my initial evaluation with Tony, I felt like it was going to be an uphill battle with all the stiffness, weakness, and post-surgical discomfort. The first few exercises were pretty simple and were designed to start my inner core strength rebuilding with some light stretching to loosen up the muscles.

The first day I walked on the treadmill at less than 1 mph. My second appointment built on the first, and slowly I started working harder and harder. Soon I was



*Tony Rocklin, MSPT, Director of TAI Downtown PT, with Major Andy “Papa” Poorman.*

dragging Tony around the gym by a bungee cord, pushing weights across the floor, and performing all kinds of balancing acts. With each visit, my walk on the treadmill got progressively faster and faster as my body recovered and strengthened. Soon I was up to light jogging for brief periods.

Due to the intensity of my job, I elected for an additional 4 weeks of therapy to further strengthen and prepare me for the rigors of flying fighter jets. We started some light lifting, continued to strengthen the core, and started getting competitive about some of the non-traditional balancing exercises.

Since therapy I have continued to train with the exercises Tony taught me. My back feels great and I have been able to get back on the bicycle and running trail. When I get sore, I fall back on the stretches and exercises that I did in therapy and my soreness goes away.

My experience at TAI Downtown Portland was extremely positive. Tony’s knowledge and ability to assess and push my recovery was perfect. I was worked hard, but never pushed too far or hurt in PT. My lower back flexibility and strength is better than pre-surgery and is probably better than it has been in 15 years. I would recommend anyone who is having back problems to visit Tony.

## Physical Therapy Helps Maximize Running Health

Running is a very “available” mode of exercise. With the number of runners out there on the road and trail, whether they are adequately trained to be there or not, associated injury is likely to occur at some point. In order to get back to running in the shortest time possible after injury, the knowledge and expertise of a physical therapist (PT) is crucial.

PTs are highly trained medical professionals who have a working and functional knowledge of human anatomy, joint and body mechanics, and muscle length and strength relationships. Most injuries will eventually heal if given a good “environment,” but the art and science of

creating the very best healing “environment” is applied by a great physical therapist.

Injuries most common to running include overuse syndromes like patellar and Achilles tendonitis, plantar fasciitis, and IT Band Syndrome. These injuries usually occur because of training errors, poor footwear selection, imbalances of muscular strength, and/or length relationships in the lower extremities. During an evaluation with a PT, you can expect a thorough analysis of each of these factors, as well as examination of neurological function and how it relates to muscle activation, reflexes, and sensation. Some PTs use video with slow motion and frame-by-frame capabilities



*Your physical therapist can help you resolve injuries so you can return to running in the shortest time possible.*

to identify specific points in the running sequence where breakdown can be linked to current or eventual injury. After the PT evaluates the issues at hand, he/she will educate you on how you can help yourself by doing appropriate home exercises to lengthen tight structures and strengthen weak structures.

PTs do not necessarily “fix” people passively. Instead, they actively involve the patient in helping them “fix” themselves. The mark of a great Physical Therapist is his/her ability to educate and connect with patients and to apply sound treatment techniques based on objective impairments.

*Chris Cooper, PT, MSPT, CSCS, ASTYM™, Therapeutic Associates Central Oregon*

### Avoiding Surgery with Therapy

### Another PT Success Story

*Marsha Joy, patient of Therapeutic Associates Gresham Physical Therapy*

I was referred to Therapeutic Associates by my dentist. I had recently injured my jaw by biting down on frozen food. I had experienced symptoms of TMJ for years, with chronic pain in my jaw, but this was the first time my jaw locked. I could not eat solid food because my mouth was stuck in a position where I could not open or close my mouth fully to chew.

At the beginning of therapy, I anticipated severe pain to relocate my jaw. I was surprised at the gentle techniques used by John Parr, my therapist, to realign my jaw and restore my movement. After my first visit, I was amazed at the improvement both in my pain and the ability to move my jaw.

With coaching from John and some simple exercises, my jaw is better than it has ever been. I am now able to open and close my mouth without pain, and for the first time in years, my teeth all come together at the same time. I used to grind my teeth at night when I slept and would wake up with tension and pain every morning, but since my therapy, I don't have that problem anymore.

I thought surgery was the only thing that would help me with my TMJ problems. I am so glad I did not have to go through surgery to correct my jaw.

I feel great and am very happy with my experience at Therapeutic Associates.



*Contact us at:*

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7100 Fort Dent Way,  
Suite 220  
Seattle, WA 98188

206-241-8488 phone  
206-241-0028 fax

Dorothy Klemetson x2200  
dorothyk@taiweb.com

Scott Wick x2214  
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Since 1952

# Therapeutic Associates

## PHYSICAL THERAPY

## Therapeutic Outlook

### TAI Core Values

#### Excellence

- Physical therapy practice that consistently uses current knowledge and theory while understanding personal limits, integrating judgment, embracing advancement, challenging mediocrity, and working toward development of new knowledge.
- Knowing things can always improve.
- Recognizing quality and not being comfortable with anything less.

#### Integrity

- The possession of and steadfast adherence to high ethical principles in both professional and personal life.
- The courage to meet the demands of reality.

#### Stewardship

- Living up to the responsibility to manage or take care of something entrusted to you.
- Adding your individual piece and making the whole better.
- Leaving a legacy to be admired.

#### Community

- Being part of something that has common interests and goals.
- Doing something for others that benefits many.
- Reaching beyond your personal needs to address the needs of others.
- Supporting those around you so everyone rises to a higher level.
- Being a proud member of a larger group that can accomplish a greater good.



*"We are proud of who we are and the positive difference we make in our patients' lives."*

—Stephen E. Anderson, PT, CEO  
Therapeutic Associates