

Therapeutic **Outlook**

Your Guide to Wellness Through Movement

Volume 5, Issue 1

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While some of the Healthcare changes are already affecting our delivery of physical therapy care to you, our goal remains consistent: To provide you with the chance to live the most pain-free and active life you desire. Kimberly Wood, Bethany PT, photo by Kent Factora.

Weeding Through the Wacky U.S. Healthcare Reform

Rich Katz, TAI Director of Contracting and Business Development

Call it by its acronyms, call it by its industry or media names; whatever you call it, it is the law. The PPACA, or Affordable Care Act, is the healthcare industry reform bill passed by Congress and signed by the President last March. Readers may be wondering what effect the enactment's first year has brought, and what is to come.



Rich Katz

As a consumer with a family, I've asked myself the same question. I've also asked myself what it means for our patients and our physical therapists at Therapeutic Associates. Here are a few things I've been thinking about with the new law.

A provision that went into effect in the first year of the Affordable Care Act (ACA) allows children to maintain coverage under a parent's or parent's employer coverage until age 26. Many of our patients are young, active people with non-work injuries. Our therapists have helped skiers, cyclists, runners, golfers, and tennis players; all injured traumatically or from repetitive activity, to recover and get back to their exercise of choice. As my children remain active and seek to stay healthy in their young adulthood, I know that a tumble over the handle bars or chronic knee pain will get treated, and their medical providers, including our therapists, will get paid something for their needed services.

Another set of provisions in the ACA law will help to protect us as consumers. We are all consumers of healthcare services, but most of our care is not purchased directly from medical care givers. Instead, we either buy individual insurance policies or we, in combination with our employers, buy coverage together as part of an employer group.

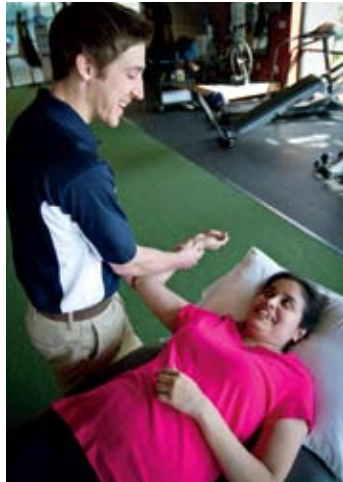
The health insurance market is complex, with many different insurance benefit packages to choose from and many different medical providers contracted to deliver services. By July of last year, all health insurance companies were required to create a place on their web sites to identify the different health care coverage options available to consumers. They were also asked to present their information in a standardized format, making it easier for customers to evaluate their buying options.

In the near future the ACA law will require insurance exchanges. This will be similar to online stores where we go to find the lowest cost travel options between airlines and hotels. When buying coverage through the exchanges, individual consumers and small employers will also be able to combine their buying power, in some cases across state lines, to receive similar premium rates larger employers enjoy.

These health plan web site exchanges will allow individual and small businesses to purchase basic health plan packages using the standardized format for comparison across different insurance companies. As of this March, insurance companies are required to have determined standards for describing customer coverage benefits and must be able to provide the formatted information to consumers and medical providers by March 2012.

I'm for anything that will help our therapy patients to better understand, compare, and discuss information about our health insurance. I'm also for anything that will make the purchase of health insurance more competitive and affordable for consumers.

The last provision in the law that I'll highlight is the funding for, and promotion of, demonstration projects to determine what healthcare services and in what quantity are most valuable to us all. Medicine is a science, but the



Therapeutic Associates has been gathering information from our patients for many years to determine what the best practices are for the delivery of our care. Matt Blievernicht PT, DPT, Bethany PT, photo by Kent Factora.

practice of medicine has much variability.

Therapeutic Associates Physical Therapy has been engaged in collecting information from you, our patients, for many years to determine what the best practices are for the delivery of our care. Many of you have likely filled out our CareConnections Outcome questionnaire to help us better treat you and study what works best. The ACA law promotes more of this data collection and funds needed projects across many forms of medicine to ensure consumers and insurance companies gain value from the care that is delivered by medical providers.

Regardless of what you want to call the new law or what you may think of it, its enactment is already changing the landscape of our medical delivery and insurance system. Certainly there is more to come, and while some of the changes are already affecting our delivery of physical therapy care to you, our goal remains consistent.

We will always strive to provide you the chance to live the most pain-free and active life you desire.



Conditions We Treat...

KNEE – COMMON DIAGNOSES

- Sprains
- Ligament tears
- Degenerative joint changes
- Arthritis
- Meniscus damage
- Fractures
- Knee replacements
- Arthroscopies
- Patella dysfunction
- Chondromalacia
- Tendonitis

ANKLE/FOOT – COMMON DIAGNOSES

- Sprains
- Fractures
- Heel Pain
- Heel Spurs
- Plantar fasciitis
- Achilles tendonitis
- Balance disorders
- Arthritis
- Structural dysfunction
- Orthotics fitting
- Running injuries
- Neuromas
- Metatarsalgia



Your Physical Therapist — the Musculoskeletal Expert

*David Deppeler PT, DSc, TAI Director of Clinical Education and
Scott Wick, TAI Director of Marketing*

We are proud to be Your Physical Therapist and hope to be a permanent member of your medical team. Sometimes our bodies need a little help to move their best. When it comes to understanding how muscles, joints, and nerves all work together, physical therapists are your best choice. Physical Therapists are trained to evaluate, diagnose, and treat anything that keeps you from moving with ease. A 2005 study shows that physical therapists, together with orthopedic surgeons, have more knowledge of the bones, muscles, joints, and nerves than any other medical provider.

This is no surprise, as Physical Therapist education has grown over the years. Current physical therapy training programs are at the doctorate level (DPT). This is an additional 3- to 4-year degree after a Bachelor's or Master's degree. So yes, you may refer to your physical therapist as Dr., though most are more than happy to be called by their first name. That's our culture, and we like it.

Advanced education is a large part of the TAI culture. Our therapists don't stop learning once they become licensed physical therapists. Some are enrolled in our post-professional Orthopedic or Sports Residency Programs, and some even go on to do a Fellowship program in Manual Orthopaedic Physical Therapy.

All of our therapists are encouraged to become nationally recognized Orthopaedic Certified Specialists (OCS) and certified manual physical therapists (COMT). We all understand that more skilled professionals have happier careers and help more people. That's why we're here.

Direct access is to your benefit. You may be surprised to learn that in many cases, you do not need a physician's referral to see a physical therapist. State law provides direct access to physical therapists as medical providers without the need to visit your primary care physician. Consult your insurance plan to see if you need a referral for covered benefits.



David Deppeler, PT, DSc



Scott Wick

More importantly, consumers always have the right to choose their physical therapist. Physical Therapy is an important part of your overall health and wellness. By being able to make this important choice, you may be able to speed up your recovery by starting treatment as soon as possible. Research often indicates that results are better and faster when physical therapy is started soon after injury, so don't wait.

Physical therapy can play a key role in wellness and injury prevention. You don't have to wait until you're injured to give yourself some quality attention. Physical Therapists are experts in how the body moves and how to keep it moving well. A yearly assessment may be just the thing to keep you working on the right things in your exercise program. A running analysis, bike fit, or golf swing assessment may be just the thing to keep you happy in your activity.

Let us help you help yourself. What we really have to offer you is our ability to help you create your personalized home program. We know you will get the most out of Physical Therapy if you understand your condition and know what to do when you finish treatment.

The creation of your home program is usually started with the first visit. Exercise and instructions on activity are progressed with each visit. We use VHI software to create a state-of-the-art home program. We want your program to be clear, concise, and tailor-made for you. Your contribution is important to develop a program that really works for you.

For your convenience, our clinics also dispense quality exercise equipment that you may want to consider for your home program. We have industry tested exercise balls, weights, resistive tubing, stability trainers, and more. Many times, these products are sold at the same price as lesser quality products available at sporting goods stores.

We're here for you. Whether your need is injury management, injury prevention, wellness, or performance enhancement, we have the tools to help. Our strength lies in the ability to assess, treat, educate, and help you succeed in your home program.

We wish you well in all that makes you well and keeps you moving.



Finding the Right Physical Therapist — for You!

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

The profession of physical therapy is made up of passionate, dedicated individuals who have spent years preparing to help patients decrease pain and improve their functional activities. Physical Therapists have seven total years of education, with the last three in an accredited physical therapy school in which students graduate with a doctorate of physical therapy (DPT).



Stephen E. Anderson PT, DPT, CEO

Like any profession, physical therapists are people who have varying interests, areas of expertise, and levels of dedication and clinical skills. Therapeutic Associates is a “Learning Organization,” and we embrace the idea of continual learning and growing.

David Deppeler, PT, DSC, our Director of Clinical Education, is a highly accomplished physical therapist whose full time position is to ensure that 1) our physical therapists have the mentoring and professional education to continue developing their clinical skills and 2) they are on the cutting edge of evidence-based research. This is a journey we see every physical therapist refining throughout their entire career.

Unfortunately, those who don’t understand the high level of training and education of physical therapists make the mistake of thinking physical therapy treatment is a commodity. “Physical therapy is physical therapy.” Hold on...let’s examine this more closely.

As in all disciplines in medicine, the medical professional providing patient care has certain approaches, biases, experiences, and interests which all affect how patient treatment is administered.

Nothing is more frustrating than to hear someone say, “I tried physical therapy and it didn’t work.”

That would be like saying, “I have cancer and I’m not cured yet, so medicine didn’t work.” No one would settle for that. You would get a second opinion, try a different approach, and continue working through the system with the assistance of a caring medical professional until you find what works for your specific needs.

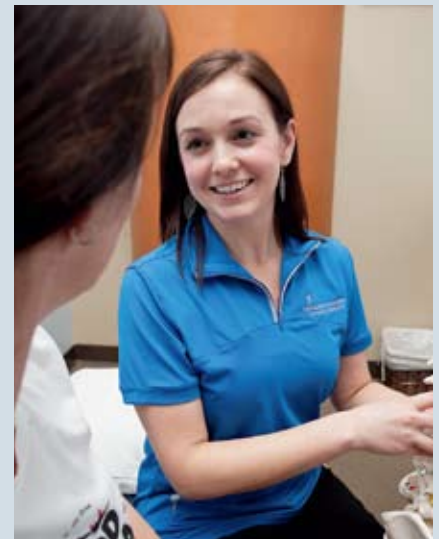
Physical therapists are not all the same, even when they are at the top of their respected discipline. Connecting with a physical therapist as a patient and working together as a team to improve function and decrease pain can be a very personal experience. If it was not successful once, don’t give up. Find a physical therapist that you can really connect with and find that relationship and skill level that clicks with the care you need.

I am convinced that with effort and research, you can find the right physical therapist for you. As I mentioned earlier, Therapeutic Associates is committed to finding the most talented and dedicated professionals. We then take the time and resources to grow that professional’s

knowledge base and experience to a higher level.

Knowing that individuals in any field will have varying approaches to diagnosis and treatment for physical pain and dysfunction, the public should be involved in their own treatment by finding the physical therapist that isolates their functional impairment and then directs the treatment that will solve the issue for that particular patient.

Once we realize physical therapy is not a commodity, the conversation may go like this. “I found a physical therapist who really understood my needs and got me on the right path to healing. If you haven’t found that success, you need to find another physical therapist who understands your specific needs. Don’t give up on physical therapy — just find the right physical therapist!”



Working together as a team to improve function and decrease pain can be a very personal experience. Find a physical therapist you can really connect with that has the skill level to provide the care you need. Elizabeth Ruegg PT, DPT. NW Portland PT, Photo by Kent Factora.



Starting an early season conditioning and stretching program will help prevent potential injuries that could keep you off of the trails.

Getting Ready for Hiking Season: Focus on aerobics and lower extremities

*Chuck Brockman PT, MPT
Director, TAI Bend Physical Therapy*

*A*s the snow begins to melt, many of us look forward to exploring the beauty of the Pacific Northwest by hiking our favorite trails and perhaps discovering new areas.



*Chuck Brockman
PT, MPT*

It is important to start an early season conditioning and stretching program to help prevent potential injury that could derail your summer fun. Hiking conditioning programs do not have to be elaborate and can be done in the convenience of your own home.

Since hiking demands the most from the lower extremities, it is important

to focus your attention on your legs and core. Try not to start out too vigorously, but gradually progress your strengthening. The same can be said for stretching. Do not push too hard to gain motion early.

A large variety of exercises can be performed for pre-season conditioning, but whatever exercises you choose, the one constant is setting an aerobic base.

Depending on your fitness level and the type of hiking you would like to do, the amount of time working on an aerobic base will vary. Generally speaking, a good starting point is to walk for 20 minutes 3-5 times a week. Increase your time by 5 minutes a week until you build up to a time that will approximate your desired hiking time.

To round out your pre-season conditioning, a strength and stretching program should be performed 3 times a week. The following exercises are an example of a simple but effective conditioning program.



Ball Squats:

Place an exercise ball against a wall. Lean your lower back against the ball and walk your feet away from the wall 12 to 24 inches. Perform a partial squat. Do not allow your knees to move forward beyond your toes. Perform 3 sets of 10. If this becomes easy, you can add hand weights to increase the resistance. This works the gluts and quads.



Monster Walks:

Use a length of Thera-Band resistance strap or purchase Thera-Band resistance tubing with a protective cuff. Place tubing around your ankles. Keep your feet straight forward and knees slightly bent. Step out to the side, moving 5 steps to the right and then 5 steps to the left. Repeat 5 times. You should feel a slight burn in your gluts. Increase reps weekly as you can tolerate. This works on the hip abductors — the muscle group

that helps keep our pelvis level and stress off the knee on unstable surfaces.



Calf Stretch:

Use a Prostretch calf stretcher or a slanted surface. Place foot in the Prostretch or on a slanted surface. Keeping knee straight, gradually shift your weight forward, allowing your toes to come closer to your shin. You should feel a gentle stretch in your calf. Hold this for 30 seconds. Perform 3 to 5 sets on each side.



IT Band Stretch:

Position the side of your thigh on a foam roller. Side-bend your body slightly upward. Hold yourself in position using your hands and opposite leg. Roll slightly back and forth on the roller for 30 seconds. Perform 3 sets on each side.





Your physical therapist can work with you to ensure you are using proper dynamic stretching techniques for your abilities.
Photo by Kent Factora.

Stretching to Optimize Your Performance

Megan Houser PT, DPT, Director, TAI Seattle Physical Therapy

As the weather gets warmer and the snow begins to melt from our favorite hiking trails, there are some key tools you will want to take with you to the trailhead — your stretches.

Anticipating that you have done some pre-season conditioning, your body should be ready to return to the glory of the summer and fall seasons in the mountains. However, no matter how fit you are, you will need to spend some time warming up and stretching before and after your hike.

Pre-hike, you will want to perform a light, five-minute warm up to increase body temperature and heart rate. Next comes dynamic stretching, which involves controlled motion (not bouncing) and is recommended for the

calves, quadriceps, and hips. Research has demonstrated improved muscle performance with dynamic stretching when compared to muscles that are not stretched at all or that are stretched statically just before beginning an athletic activity. Thus, dynamic stretching following a brief warm-up would be the superior choice in preparation for your hike.



Megan Houser
PT, DPT

Each of the following three dynamic exercises should be performed with control 20 times.



Hip Flexors:

Stand on one leg with the opposite leg off the ground and slightly drawn forward with knee slightly bent. Quickly, yet with control, draw the leg back behind you, tightening your buttocks and straightening both the knee and the hip. Draw forward again and repeat every two seconds, ensuring control with each pull backward.



Quadriceps (thighs):

Begin walking on level ground and quickly, but with control, draw one heel toward your buttocks, contracting the muscle at the back of your thigh. Return that foot to the ground and perform on the other leg as you walk around the parking lot. Continue alternating and complete at least one leg every two seconds, 20 times per leg.



Calves:

Position yourself in a sprinter's lunge with hands on the ground, the leg to be stretched out behind you, and the ball of the rear foot on the ground. Quickly, yet with control, draw the toes of the back foot toward you, pushing the heel further back with the knee straight. Then return to the ball of the foot and complete every two seconds, avoiding a bounce. You may modify this by placing your hands on a tree instead of the ground for a more upright position, taking the heel to the ground as you draw the toes toward you.

Though there are many more dynamic stretches you could perform to target other muscle groups, these stretches have prepared the major groups you need to address for your hike.

When your trek is complete, don't forget the few minutes of attention your body needs for stretching as you cool down.

At this point more traditional static stretching, which involves sustained holds of individual muscle groups, is recommended to promote improved flexibility and

guided recovery of soft tissues in the legs. These stretches should be performed immediately following a hike, while the tissues are still warm. Each of these stretches should be held for 30 seconds and performed three times per leg.

Calf Stretch:

Place your hands on a tree with your feet in a narrow stride stance. Toes should be pointed forward with back knee straight and heel down. Lean into your front foot until you feel a moderate stretch in the calf. Be sure the arch of your back foot does not collapse as you stretch. Hold.

Quadriceps:

Standing tall on one foot, with the opposite hand on a tree or your car for balance, grab the ankle of the opposite foot and draw toward your buttocks until you feel a moderate stretch at the front of the thigh. Be sure the knee is pointed directly toward the ground as you stretch. You may increase the intensity of the stretch by performing a pelvic tilt and tightening your abdominals. Hold.



Hip Flexors:

Place one foot on a rock, bench, or fallen tree in front of you and perform a pelvic tilt by tightening your abdominals. Keeping your trunk erect, glide your body weight from your back foot to your front foot until you feel a mild to moderate stretch at the front of the hip/thigh on the back leg. Hold.



Hamstring:

Place one foot on a rock, bench, or fallen tree in front of you with the knee straight. Standing tall and keeping your back flat, slowly bend at the hips until you feel a moderate stretch in the back of the thigh of the propped leg. Hold.

All static stretches should be performed at mild to moderate intensity and should not create pain.





Although planning for nutritional requirements is extremely important, keeping hydrated on the trail is vital for a successful and enjoyable trip.

Hiking, Nutrition and Hydration

Bethanie Bayha PT, DPT, Staff Therapist, TAI Queen Anne Physical Therapy

With spring and summer approaching, outdoor enthusiasts are certainly thinking about returning to the trails.

Selecting a hike, packing the gear, and slipping into your boots are the first steps to an enjoyable and successful hike. Many people, however, spend little time thinking about a very important issue — the energy they will be expending. Just like a car needs fuel to drive, your body needs food and drink in order to build the energy needed to walk. Proper selection of nutritious foods, as well as drinking plenty of water, will ensure that you have enough energy to complete your hike successfully.



Bethanie Bayha
PT, DPT

At the basic level your body requires a steady supply of carbohydrates,

proteins, and fats throughout the day in order to keep you moving. A portion of this fuel will be pulled from your stored glycogen and adipose tissue, but the majority of your energy will come from what you eat each day.

Carbohydrates are the primary fuel source. Proteins are used to help repair and build muscle tissue and to assist with reducing post-exercise soreness. Fats are either used for immediate fuel or storage for later. Fuel needs should be met with high energy, nutrient-dense foods, which are foods that have high nutrient content relative to their calories.

In general, the less processed a food, the more nutrients it will provide. Try to avoid foods with preservatives, additives, processed sugar, fillers, and odd flavorings. Any foods with a high fat content will be difficult and slow to digest, and requires blood to be

pulled to the stomach to aid with digestion. This can cause cramping and discomfort.

Consuming the right kinds of food 2–4 hours before you start your hike will put you on the right path to a successful journey. Some sample pre-hike meals include:

- Oatmeal with skim milk, nuts and dried fruit or banana;
- An English muffin with nut butter and jam, fruit, and a glass of skim milk;
- Breakfast burrito (eggs, salsa, cheese in a flour tortilla) with fruit juice;
- Pancakes with fruit and yogurt.

Short Hikes

If you plan on heading out for a short hike (1–3 hours) you won't need to consume much on the trail. For day hikes, you will need to pack several snacks and a lunch. For your snacks, focus on choices that help to sustain a steady blood glucose level and match your caloric requirements, generally 120–300 calories for this duration. Choose snacks with 30–60 grams of carbohydrates and whole ingredients such as oats, fruits, and nuts. Some great options include:

- Nutrition bars, such as Kind Fruit and Nut® bars, Zing® bars, Lärabars®, or Earnest Eats® bars;
- String cheese;
- An apple or a banana;
- All-natural beef jerky;
- Whole wheat Fig Newtons.

For lunch, try one of these combinations:

- A sandwich with peanut butter and banana, or turkey and avocado on whole grain bread;
- A bagel with nut butter and an apple;
- Whole wheat crackers with cheese, carrot sticks, and fruit.

Multi-Day Hikes

On multi-day hikes, it is essential to plan your food and fluid intake to make sure you have enough to last the duration of your hike, unless you are confident about resupply points being available to restock along the way.

Dried and dehydrated foods retain most of their nutritional value but are lighter in weight and smaller in volume. Canned foods are easy to prepare but are heavier and take up more space in your pack. One plan is to carry dehydrated food for breakfast and dinner and make lunches out of non-dehydrated foods. It may also be helpful to pack a multivitamin, just in case. For breakfast, opt for instant oatmeal with a hand full of dried fruit and nuts. For dehydrated dinners, check out Backpackers Pantry line of foods, as they have few additives and are high in nutrients.

Separating and packaging your meals into daily rations is an easy way to plan the correct amount of food you will need for your trip. Be sure to also pack and label emergency rations just in case. You want to make sure you consume enough food to keep your core temperature regulated throughout the night and to replace the water you lost during the day.

Staying Hydrated

Although planning for nutritional requirements is extremely important, keeping hydrated on the trail is vital for a successful and enjoyable trip. Under normal conditions the human body can go days without food, but without water, problems occur rapidly.

When your brain and muscles do not have enough water, you begin to lose the ability to think clearly, your endurance and strength are reduced, and your ability to keep moving declines. You sweat during exercise in order to keep your body cool, and when you sweat, you lose water and electrolytes.

Planning for replacement of water and electrolytes is necessary to prevent moderate to severe dehydration, which can be dangerous and even lethal. When you're experiencing serious dehydration, sweating stops and your body will overheat, resulting in fatigue, weakness, dizziness, headaches, muscle cramps, and heat stroke. You need to drink before you are thirsty and keep drinking when you no longer feel thirsty.

A good habit is to start hydrating 24–48 hours prior to your hike. Normally, people lose anywhere from 0.5–1.5 liters of water per hour during a strenuous hike. Under normal conditions, you should plan for packing 3–4 liters per day with an absolute minimum of 2 liters per day, even if you expect to find places to replenish your supply.

It is a good idea to carry water purification pills or devices with you even if you are carrying sufficient fluids for the trip. In a pinch you can always boil water for at least 10 minutes to purify it. Higher daily temperatures and increased exercise intensity will increase the needed fluid intake. If you are not sure that you are taking in enough fluids, check your urine color. Light lemonade color means you are well hydrated, and apple juice color indicates that you need to drink more water.

So, when digging that hiking gear out of the closet and pouring over your guide books, don't forget that a successful hike begins with planning your fuel and fluid needs. Careful consideration of food selections along with planning and preparation of what to bring with you will not only ensure that you will not go hungry or thirsty, but it will also provide your body with the necessary fuel to keep you moving up the trail.





As with any activity, there is always the chance of an injury, so being prepared for any situation is always the best plan.

First-Aid for Hiking

Jay Ruettgers PT, DPT, Director, TAI Medford Physical Therapy

Hiking in the Pacific Northwest can be one of the most challenging, yet rewarding activities, there is. As an added bonus, it is cost efficient, almost any age group can enjoy the sport, and it is one of the healthiest forms of exercise out there.

Most people consider being prepared for a hike as simple as packing a rain coat in the event of a sudden rain storm. They typically have an internal supply list they will check off before they depart: boots-check; sunscreen-check; water-check. But what happens in the event you are injured on the

hike? As with any activity, there is always the chance of an injury, so being prepared for any situation is always the best plan.

First Aid Kits

Never venture out without a basic first-aid kit. Your first-aid kit should include, but not be limited to, the following supplies: ace wrap, instant ice pack, band aids, antibiotic ointment, tape, sunscreen, bug spray, tweezers, gloves, scissors, pain reliever, large dressing pads, blister pads, and moleskin.

All of these items are small and light weight, but if you're worried about being loaded down, there are other options. If you hike with your favorite four-legged friend,



Jay Ruettgers
PT, DPT

doggie backpacks come with many small pouches, providing a great place for a small first-aid kit. Not to mention, dogs love to help out.

Common hiking injuries include ankle sprains and knee sprains or strains with worst-case scenarios including bad falls and fractures. It is always a good idea to be prepared in case you are put in a situation where you are hurt and unable to walk back to your car or you need assistance getting to safety.

Sprains occur when injury is sustained to ligaments, which hold one bone to another. This is usually what happens when you “roll” your ankle, or when your knee “buckles.” A strain is an injury to a muscle or tendon (tendon connects muscle to bone). Strains can also happen from fast, unexpected movements, such as a fall or stumble, and symptoms may feel like a pulled muscle.

If you sprain or roll your ankle and are unable to put full weight on your foot, you may try the following tips.



Ace Wraps and More

If you've packed an ace wrap, putting pressure over the area to prevent swelling can help reduce pain and add support to the ankle complex. Start at the toes and wrap firmly, but not too tight — you don't want your toes to turn purple and you don't want to feel your heart beat in your toes. As you wrap up your foot and leg, gently lighten each layer until you are out of wrap. Clip or tape the end. If you can slip your boot or shoe back on, go ahead for added support. The same technique would apply for an injured knee. Start just below the knee with firm pressure and end with lighter pressure around mid-thigh.

If someone is with you, use their support by placing your arm over their shoulder to help you walk. If you are alone, then you may have to improvise to get yourself home. Look for a strong stick or branch you can use for support while walking. You will want to hold this on the



opposite side of your injured foot or knee. This may seem counter intuitive, however by holding the crutch on the opposite side you can take weight off of the injured side and better support yourself as you walk.

If you rolled your RIGHT ankle, you would hold the stick in your LEFT hand. This helps take pressure off your injured side when you walk. If more support is needed, you could look for a branch which “Y's” off, resembling a crutch. Break the branch off to the height where it comes up to your armpit. Again, use on the opposite side of your injured extremity.

If you think you need a bit more stability to a joint, such as your knee, you can always add a couple of sticks to either side of your knee as you apply the ace wrap. This would provide more stability to the joint and decrease the chance of movement or pain.

Blisters, anyone?

Another burden on the trail is blisters. An easy treatment is to use a blister pad or moleskin from your first-aid kit. You can cut the moleskin into a “doughnut” the size of your blister with the center cut out. Fill the inner hole with antibiotic ointment, cover with tape and you should be able to get back out with more comfort. Second-skin blister pads can be another fast and effective option as well.

It is recommended to never hike alone. If you do plan to venture out alone, always let someone know where you are and when you plan to be back. In addition, carry plenty of food and water, bring a cell phone and a first aid kit, and be prepared.

Happy trails, and don't forget the rain jacket!





Seattle area

- June 5:** North Olympic Discovery Marathon
- June 25:** Seattle Rock N Roll Marathon
- July 23:** Seattle Oyster Race
- Sept 18:** Cycle the WAVE

Spokane

- June 25–26:** Hoopfest
- July 10:** Valley Girl Triathlon
- Sept 11:** Spokefest

Portland area

- Apr 9–10:** Portland Bike Show
- June 17–18:** Vancouver USA Marathon Expo
- July 24:** Lacamas Lake Run
- Aug 20:** Portland Oyster Race
- Oct 9:** Portland Marathon Expo
- Oct 14–16:** Portland Women’s Show

Eugene

- April 29–30:** Eugene Marathon Expo

Central Oregon

- May 11:** Center Foundation Scholarship Dinner
- May 21:** US Bank Pole Peddle Paddle
- June 25:** Oyster Racing Series
- July 16:** Oregon Swimming 10 and Under State Championships
- August 5–7:** Bend Open Swim Meet

Idaho

- April – Sept:** Wild Rockies Race Series
- 4/30, 5/21, and 7/20:** USA Triathlon Youth Triathlon Clinics
- May 22:** Nampa Belle District Cycling Criterium
- May 24, June 28, July 19, Aug 16, Sept 20:** Wounded Warrior “In One Peace” Project
- July 9:** Fit for Life Half-Marathon
- July 12–17:** Rock Taping for Mountain Biking National Championships (Sun Valley, Idaho)
- August 6:** Idaho State Road Race Championships

Southern Oregon

- August 6:** Mt. Ashland Hill Climb

Medical conferences

- Jan. 29–Feb 2: WAPA
- April 17–20: OR/WA State MGMA
- April 29–30: Primary Care Update
- May 13–14: WAFFP
- Sept. 9–11: WSMA
- Nov. 4–5: ACP-American College of Physicians

Team and Program Sponsorship

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



Committed to Leadership

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



2010 PPS Robert G. Dicus Service Award (American Physical Therapy Association Private Practice Session)
Stephen E. Anderson PT, DPT, CEO



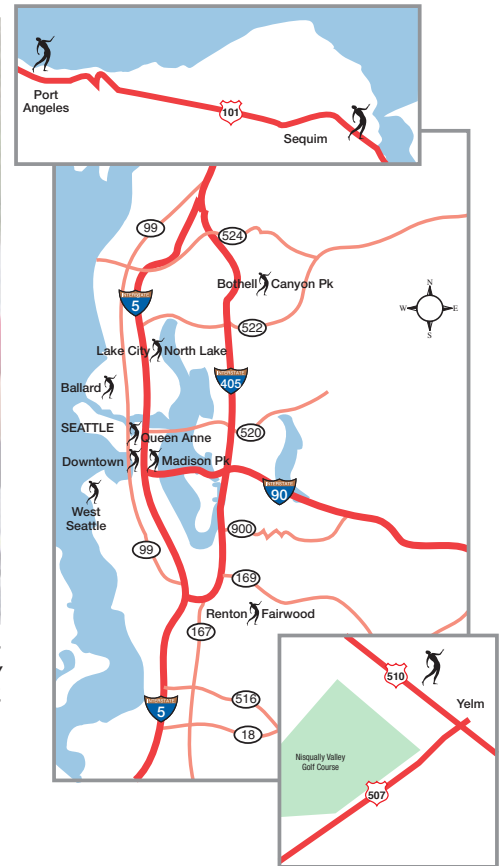
2011 PTWA Award for Clinical Excellence (Physical Therapy Association of Washington)
Steve Allen, PT, OCS, COMT, FAAOMPT
Director, TAI Liberty Lake Physical Therapy



2011 OPTA Distinguished Service Award (Oregon Physical Therapy Association)
Karen Walz, PT, MA
Director, TAI Redmond Physical Therapy



The TAI Ballard PT Seattle Oyster Race crew made up of staff and friends.
 Left to right: Jason Wight; Shana Stratford PT, DPT; Joe Christian PT; Kelcy Lee PT, DPT; Julie Dresch PT, MS, Clinic Director; Rima Zikas PT.



Western Washington

SEATTLE AREA therapeuticassociates.com/Seattle



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WEST SEATTLE PT
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 New Director



SEQUIM
 Enid Halewyn PT, Director
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Spokane/ North Idaho

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NORTH SPOKANE
Wandermere Physical Therapy
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New Location



SPOKANE VALLEY
Evergreen Physical Therapy
Jeff Bresnahan PT, DPT, Director
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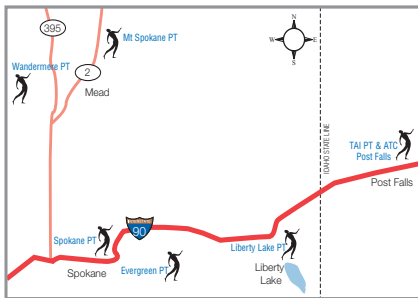


DOWNTOWN SPOKANE
Spokane Physical Therapy
OPENING SUMMER 2011!

NORTH IDAHO



POST FALLS
Physical Therapy & Athletic Training Center
David Andrews PT, OCS, SCS, ATC, LAT, MTC, CSCS, Director
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Yakima Valley

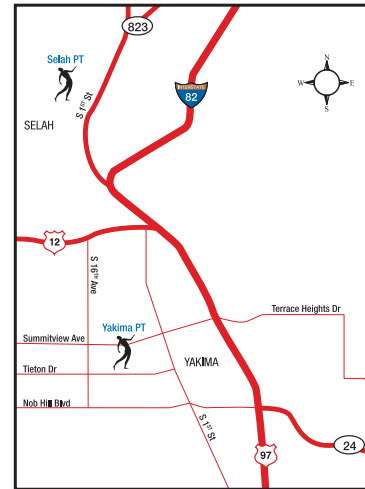
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YAKIMA PT
Robb Jacobs PT, DPT, Director
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Tri Cities

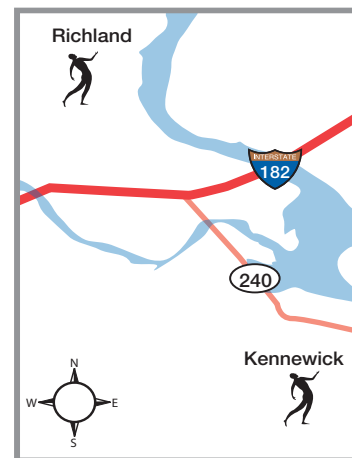
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WEST KENNEWICK PT
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TPI Certification





The staff and friends of TAI Valley South participating with Habitat for Humanity. Left to right: Josiah Faville PT, DPT; Renee Faville; Krysta Nelson, aide; Brett Young; Ashleigh Young PT; Brittany Conley, aide/receptionist; Ryan Marshall; Jeff Blanchard PT, MS, Clinic Director.

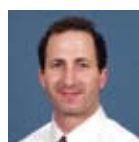
Portland Metro Area

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WEST PORTLAND



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TPI Certification



TUALATIN PT
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TPI Certification



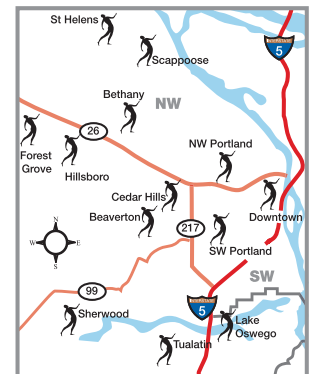
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Salem

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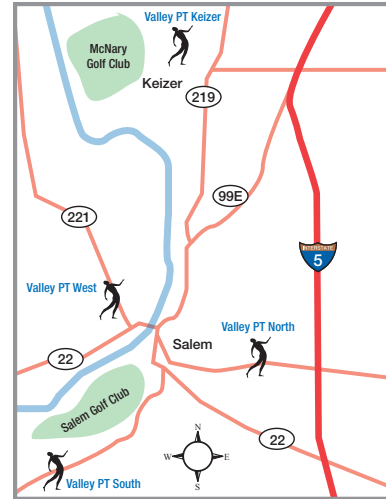
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KEIZER
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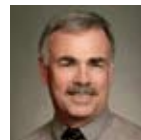


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Mid-Willamette Valley

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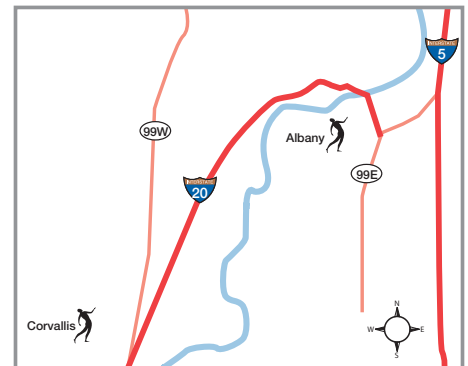
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Richard Costain PT, Director
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ALBANY
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Gregory Pick PT, OCS, Director
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Congratulations to the Phoenix High School 2011 4 A State Champions from Medford PT and the team's Athletic Trainer, Jay Ruettggers PT, DPT, Clinic Director.

Eugene

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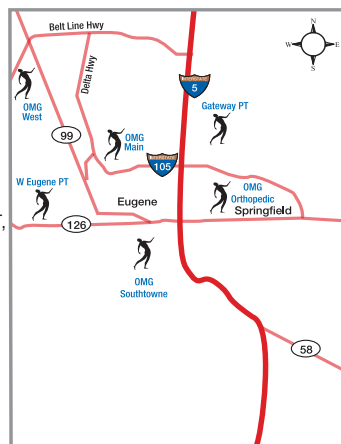
OMG MAIN
David Dowd PT, MS,
Director
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OMG WEST
Amy Temes Clifton PT, DPT,
OCS, Director
541-463-2191
New Director



OMG ORTHO AND SPORTS MEDICINE
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Southern Oregon

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MEDFORD PT
Jay A Ruettggers PT, DPT,
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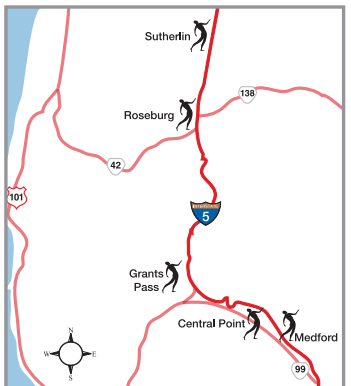
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Dan Hirtle PT, Director
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CENTRAL POINT PT
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Tim Durtschi, professional freestyle skier, with Chuck Brockman PT, MPT, Director TAI Bend PT, at the TAI sponsored screening of the Poor Boyz movie "Revolver" during the Bend Winter Expo.

Central Oregon

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BEND PT
 Chuck Brockman PT, MPT,
 OCS, CSCS, Director
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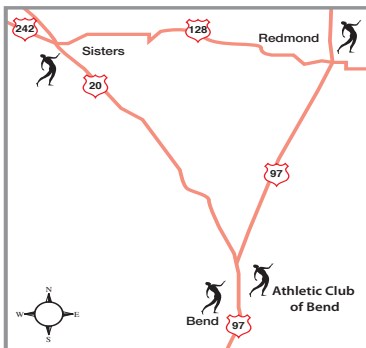
REDMOND PT
 Karen Walz PT, MA,
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 Director
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 New Location



BEND IN THE ATHLETIC CLUB
 Laura Cooper PT, DPT,
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 TPI Certification



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



Southern Idaho

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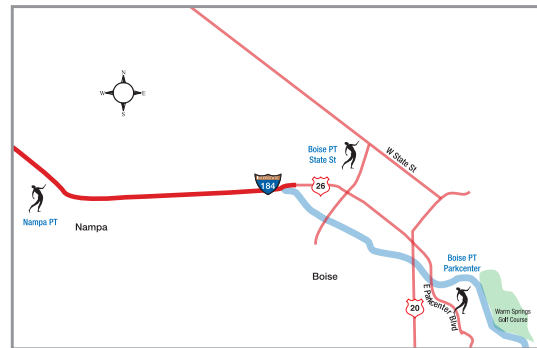
BOISE PT
 Park Center
 Matt Booth PT, DPT, OCS,
 Director
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 TPI Certification



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



NAMPA PT
 Derek Stiegemeier PT,
 DPT, Director
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GET *MOVING* PROFILE

Gretchen Hoy, Patient of TAI Evergreen Physical Therapy

BACK IN “THE SADDLE” AGAIN

I was enjoying life with all of the ups and downs, like cruising on a bike in the countryside. Then out of the clear blue, I rolled into this huge rut—cancer. Specifically, pancreatic cancer. It was more than a bike crash. It was my life that crashed.

I underwent a Whipple procedure (pancreoduodenectomy), which involves removing part of the pancreas and re-connecting what’s left back to the upper stomach. It took 2 separate surgeries to get the “cogs” of my internal plumbing to function again, but we all know “functioning” is not “living.”

One of the side effects of the surgery was decreased nutritional uptake and body/muscle wasting. The surgeons said it would be roughly one year post surgery before I would start feeling closer to normal. But while my stamina improved, I was actually getting physically weaker with time.

A naturopath visit set me back on my feet with the correct vitamins and supplements. He then pointed me in the right direction by sending me straight to

Jeff Bresnahan at TAI.

A physical therapist is like a skilled bike mechanic, but for the human body. A physical therapist knows how all of the mechanical parts work and how to make repairs without causing damage to other parts. When I first showed up at TAI my body was extremely weak. I had trouble pushing myself up from the floor and doing simple leg lifts, and I couldn’t even do a simple sit-up.

Understand—I am no stranger to exercise. Not so many years ago I was biking centuries, white water kayaking, and making good use of an entire quiver of skis. So why was it so hard to get any form of strength back? I tried Pilates, riding the bike, doing sit-ups, and going for walks with the dog. However, the simplest tasks still seemed not only unreachable, but farther and farther into the horizon.

Jeff Bresnahan knew exactly what to do. He assessed my strength (or lack thereof), and put me on a series of basic exercises. The first week or so, even the simplest of exercises required concen-

tration and practice. With each visit, the exercises increased in difficulty, but what I liked best was the variety of exercises. It was like he knew what “gear” was correct for this “human machine.”

After the first week, I no longer had to “pour myself out” of a chair. In a few weeks, I was able to get up from the floor gracefully. Around the first month I was able to do sit-ups again.

Personally, my rate of improvement has been directly correlated to the number/frequency of PT appointments. All of this new knowledge, old muscle memory, and health inroads are not enough to keep the optimized momentum to recovery. It really helps to have an “ace mechanic” give that little “push” up the long hills.

I will never have the strength of youth back, but now I have my life back. It took several months, lots of work, and a dedicated physical therapist, but now—back in the saddle again.

 **Therapeutic Associates**
PHYSICAL THERAPY

From Hiker to Mountaineer

Cora Bundy PT, MPT, Director, TAI Madison Park Physical Therapy

The transition from avid hiker to mountaineer can be thrilling and brings a whole new set of challenges and adventures. With the right training, this could be your year to hit the big mountains.

Nature can be seen from the highest peaks while pushing your body to exhilarating limits. To get started, you will want to sign up for a mountaineering class and begin learning about mountain navigation, hydration, altitude, safety systems, and equipment.



Cora Bundy, PT, MPT

With mountaineering, safety is crucial, and the first line of defense is good physical health and endurance. This article should give you a start on strengthening, balance, and endurance.

Good Physical Health Techniques

To address the demands on your cardiovascular system, endurance training 3–5 days a week should be performed. This could include hikes with a progression from 2,000- up to 4,000-foot elevation gain, running, or stair climbing with a machine or outdoors.

Since you will be carrying a pack, it is recommended that your endurance training be performed with a weighted pack starting around 15 pounds and working up to the actual pack weight during the climb. The goal would be to achieve an average gain of 1,000 feet per hour with a weighted pack. There is nothing that truly mimics movement in the mountains, so get outside and enjoy the fresh air!

Your body requires additional agility on snow, rock, ice, and steep terrain to avoid injury. A strength training program with a balance component performed 2–3 times a week will help build adequate muscle mass for carrying a pack while lifting your body weight over rocks and up steep terrain.

Exercises to Strengthen

Here are five exercises to get you started or to add to your current strengthening program. These exercises should not produce pain but you should experience fatigue and muscle burn. If you find that you are unable to keep your form with the exercises, then it is time to stop and rest. Before performing strengthening or endurance exercises, begin with a dynamic warm-up for 5 or more minutes. For warm up ideas, log onto <http://www.therapeuticassociates.com/tag/dynamic-warmup/>.

Single-leg squat with reach:

Start by balancing on your right leg with your pelvis level and use your left hand to reach across your body to the floor. Keep your knee behind the front of your shoe but facing your second toe. To make the exercise more challenging, reach farther away from your body in all directions.



Rear foot elevated split squat:

With your back leg up on a bench or chair (shoelaces should be flat down into the chair), squat down until your front thigh is parallel to the floor. Return to the starting position.



Heel lift on a step:

Stand on one leg at the edge of a step, drop heel down off the step, and then rise up above the edge of the step. Try to perform with minimal to no hand support. You may start with 2 sets of 10 repetitions per leg for each exercise and work up to 3 sets of 20 repetitions each. If you find that you

are having pain with the exercises or with any of your training, see a physical therapist for evaluation. Keep your progression slow and give your body plenty of time to rest. Enjoy your climb!

Step down:

Standing on a box, step, or bench, reach back with your right leg and tap the ground lightly with the heel of the right



foot. Do not shift any weight onto the foot tapping the floor. Return to starting position.

Side plank with a reach through:



Start on your right elbow, hip, and knee. Tighten abdominal muscles, and then lift trunk off the floor. Your top arm should be reaching straight for the ceiling and your top leg (left) should be straight off the ground. Push through the knee to keep your trunk off the ground. Then reach your left hand down under your trunk, allowing the hips and shoulders to rotate. Return to the original bridge position. To make this more challenging, add a weight or come up onto your hand instead of the elbow.

We want to hear from you!

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Cover photo: **Todd Cruz PT, MPT, Director TAI NW Portland PT.** Photo by **Kent Factora.**

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GET ANSWERS.**



PHOTO BY KENT FACTORA

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Q & A

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