

# Therapeutic **Outlook**

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*Your Guide to Wellness Through Movement*

Volume 6, Issue 1



Photo above L to R: Dan Anderson and Roger Wegley 2012  
Photo below L to R: Roger Wegley and Dan Anderson 1992



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Washington

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1952: Jim McKillip PT meets Robert Dicus PT. The two become partners forming what would become Therapeutic Associates, Inc.

1952: Jim McKillip, PT opens TAI's first clinic in Van Nuys, CA, one of the first private practices in the country

1955: 1 clinic and 1 hospital contract in 1 state.



1964: Flanders Physical Therapy (now known as TAI-NW Portland PT) opens as our first private practice in Oregon. Dan Jones PT is the Director/Owner.



1975: 3 clinics and 3 hospital contracts in 2 states; Treated over 150,000 total patients

1952

1960

1970

1980

1953: TAI engages in hospital contract with Providence St Joseph Medical Center



1961: APTA Self Employment Section (now called Private Practice Section "PPS") is formed. Robert Dicus is instrumental in its development and serves as its first Chairman.



1980s: TAI expands to Albany, Salem, and additional Portland, Oregon locations





1983: West Seattle Physical Therapy opens as our first clinic in Washington. Steve Anderson PT, DPT is the Director/Owner.



1991: Warner Owens PT named CEO, taking over position when founder Jim McKillip retires.



1990s: TAI founds Northwest Rehab Alliance, an Independent Practice Association network of private practice therapy clinics.



2000s: Boise Physical Therapy Parkcenter opens as our first clinic in Idaho. TAI expands into the Olympic Peninsula, Yakima and Post Falls areas.

1995: Over 20 clinics and 3 hospital contracts in 3 states; Treated over 750,000 total patients

2012: Nearly 70 clinics and 2 hospital contracts in 4 states; Treated over 1,500,000 total patients

1990

2000

2010

2012



1990s: TAI expands into Eugene, Spokane, Bend, Tri Cities, Seattle and Southern Oregon areas



1991: Motion Picture Television Fund contracts with TAI for Rehab Services in CA

1998: Steve Anderson PT, DPT is named CEO

2010: Steve Anderson given PPS's highest honor, the Robert G Dicus Award



# Focusing on Patient Care for 60 Years

By Lori Dillon, TAI Recruitment Director



**I**t started with a passion for helping people and entrepreneurial aspiration. As Therapeutic Associates celebrates its 60<sup>th</sup> anniversary, we honor our founders for their dedicated vision and celebrate our commitment to you—our patients, referral sources and neighbors. We are proud to be your Physical Therapist and remain committed to serving our communities for another six decades.



*“Our patients are why we’re here, and are what keep us going and striving to be better.” Photo by Jason Ganwich.*

the local level. This allows clinics to focus on patient care while sharing support and resources—from the latest in clinical research to business expertise. With over 700 employees in the company, we’re a big family. We are always encouraging and challenging each other, and focusing on helping our communities remain active and healthy. Our goal is simple and was eloquently stated years ago by a retired shareholder: “Success for all.”

TAI has much to be proud of as we look back over these first 60 years of service. We have been very involved in our state and national professional associations and work diligently to advance physical therapy across the country. Many of our clinicians have received high honors, including multiple winners of state “PT of the Year” awards and CEO Steve Anderson PT, DPT’s coveted Robert G Dicus Award, the highest honor bestowed by our national association’s Private Practice Section every year. We’re actively involved in

our communities through annual participation in hundreds of outreach events and sponsorship of individual athletes, various sports teams, and a number of non-profit activities.

Perhaps most importantly, we have positively influenced the lives of over 1.5 million friends, neighbors, and community members over the years. There is a good chance that we have treated your neighbor. Today, we treat around 60,000 patients each year and take great pride in helping them attain their recovery goals and live healthier lives. The inspiring stories from these experiences are endless. TAI has helped a father walk his daughter down the aisle when he

never thought he would get out of his wheelchair, seen an Olympic athlete cross the finish line post-recovery, and supported a grandmother through rehab so that she could play with her grandchild again. Our patients are why we’re here, and are what keep us going and striving to be better. Thanks to your dedication to us, we’re here for you—now and for generations to come.

The roots of Therapeutic Associates date back to the beginnings of private practice physical therapy in the United States. Company founder Jim McKillip PT opened his first private practice clinic in 1952. There was no precedent for this kind of operation at that time, and even the act of obtaining a business license was challenging. Nonetheless, Jim persevered and that same year met Robert Dicus, a fellow physical therapist who shared his drive and industrious spirit. The two men joined forces to create the company that would eventually become Therapeutic Associates, Inc (TAI).

Throughout the following decades, TAI maintained its presence in California and expanded into Oregon, Washington, and Idaho. TAI opened private practice orthopedic clinics individually managed and owned by practicing physical therapists. Our unique business model is such that all of our clinics share resources as a large team but maintain operational autonomy and ownership at

***“TAI is a company that has continued to grow and do so without losing what is most important. We care about the patients and our employees. It’s not just about the bottom dollar.”***

~Lee Ann Carlson PT,  
Director of TAI-Richland PT

***“I have gained the confidence to move forward with my healing process.”***

~Sarah Taylor, patient



Lori Dillon  
TAI Recruitment Director

## Honoring Our Legacy — Building a Bright Future

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

**M**any years ago, when my oldest daughter was six years old, she asked me what I thought to be a very profound question as I tucked her into bed. She said, “Daddy, what does history mean?” I was impressed that this child was such a deep thinker, so I went into this great narrative about history, explaining that it tells us what has happened in the past, and if we as a society are smart, we learn from our mistakes and hopefully don’t make the same mistakes twice. Then I went on and on about legacy, cultures evolving, and honoring those who came before us. She listened intently, and once I finished she said, “Okay, but what does it mean when my cousin Scott says, ‘I’m history?’” I was brought back to reality and realized she didn’t get a thing I was saying.

What does history mean? Therapeutic Associates is celebrating its 60th year as a company in 2012. If you study the statistics, 80% of small businesses fail in the first five years of operation, and very few companies of any size are still functioning after 50 years. I’m proud to be a part of an organization that has beaten the odds. As related in this edition of *Therapeutic Outlook*, our founder, James B. McKillip, started out in 1952 as a solo practitioner who had a dream of what private practice physical therapy could be. He had no models to copy. He was a true pioneer in his field. His unique structure of having future clinics run by an

owner/director has allowed this company to grow beyond anyone’s prediction. We currently have over 40 partner/owners and close to 30 more who have minority ownership and are working toward qualifying to becoming full partners. We are blessed to have a very rich history of entrepreneurial growth, exceptional customer service, and cutting edge clinical treatments.

Throughout the years we have had several generations of physical therapists practice their chosen profession in our company. On April 16, Kim Archer, PT retired from her position as the Director

*“To me, history means being able to look back at a company and to be proud of how it started and how it has grown over 60 years.”*

of the Woodland Hills facility of the Motion Picture Television Fund contract we support in Southern California. Her career at TAI was especially interesting, for her father is our founder, Jim McKillip! Jim retired in 1992 and now, 20 years later, his daughter joins him as one of 13 retired partners from the company. On the cover of this magazine is a picture of one of our senior Physical Therapists, Roger Wegley, assessing a young patient’s knee. That picture was taken 20 years ago. The second picture on the cover is that same patient, Dan Anderson, who is now a doctor of physical therapy, assessing Roger’s knee. Dan joined TAI in October of 2011 and happens to be my son! The next generation is well

positioned to carry on the legacy of TAI. Dan is one of many exceptionally well-trained and dedicated physical therapists who have joined our ranks over the years. We have grown from one therapist in 1952 to around 300 today. We also beat the odds in another area of business. I joined TAI in 1980, and 32 years later I’m still here. Many of my partners have done the same, spending their entire careers with our company, even though most professionals change positions multiple times throughout their careers. In fact, Roger Wegley, the physical therapist in the first picture and the patient in the second picture on the cover, started with TAI the same week I did. We took our Board exams together in the fall of 1980 and we continue working together today.

To me, history means being able to look back at a company and to be proud of how it started and how it has grown over 60 years. What I can feel really good about as a CEO and a father is that Dan has the same opportunity I had when I joined TAI over three decades ago. Our history is impressive, but our future is even brighter.



*Stephen E. Anderson PT, DPT, CEO*



*L to R: Stephen Anderson PT, DPT, CEO; Dan Anderson PT, DPT; Roger Wegley PT. Photo by Jason Ganwich.*



The amazing shoulder is one of the most mobile joints in the body. Photo by Kent Factora.

## The Shoulder Joint's Connected to the ...

*Justin Carrier PT, DPT, Staff Therapist, TAI West Kennewick Physical Therapy*

**H**ave you ever stopped to think about the amazing part of your body that is your shoulder? Think about all the things you are able to do because of the movement of your shoulder: wash your hair, scratch your back, put your jacket on, put dishes away, throw a ball, and drive. The shoulder is one of the most mobile joints in the body. Unfortunately, some people experience decreased function in their shoulders, resulting in a negative impact on daily life. The shoulder is a complex region of the body consisting of many different structures (including muscles, ligaments, nerves, and joints), which must work together to allow for

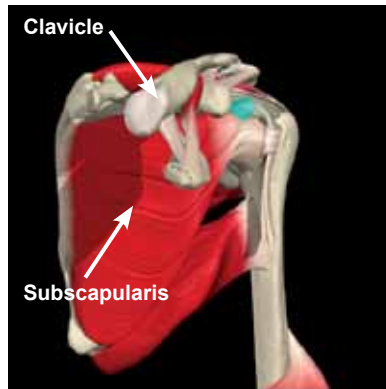


*Justin Carrier  
PT, DPT*

optimal function. To fully appreciate and understand shoulder function—or dysfunction, when an injury occurs—it is important to understand its form and activity.

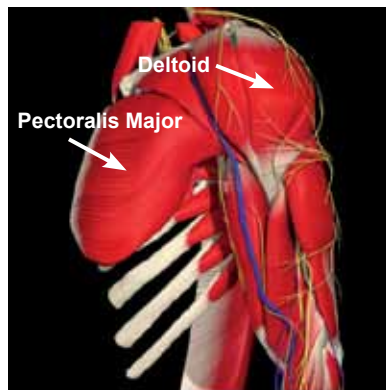
The shoulder is generally thought of as the joint where the arm joins the body. The shoulder is actually made up of four joints: the sternoclavicular joint, or the attachment of the sternum (breastbone) to the clavicle (collarbone); the acromioclavicular joint, where the clavicle attaches to the scapula (shoulder blade); the scapulothoracic joint, which is where the scapula sits on the back; and the glenohumeral joint, where the upper arm bone (humerus) and glenoid (the shallow socket of the scapula) come together. These four shoulder joints work together to allow full function and range of motion.

The muscles of the shoulder are also very complex and vital for shoulder function. There are 11 muscles which cross the glenohumeral joint, and 17 muscles which attach to the shoulder blade! Some of these muscles are movers of the shoulder joint, and others are stabilizers. The three main movers of the shoulder are the pectoralis major, latissimus dorsi, and deltoid muscles.



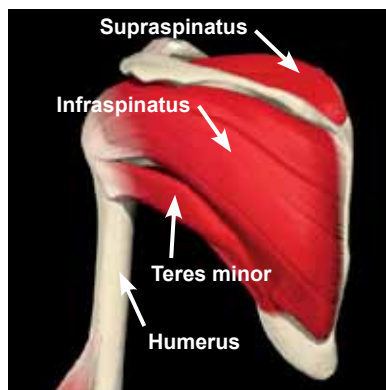
Interactive Shoulder © 2000 Primal Pictures Ltd.

Several other muscles involved in moving the shoulder include the trapezius, biceps and triceps, and rhomboids.



Interactive Shoulder © 2000 Primal Pictures Ltd.

Other important structures in the shoulder include ligaments connecting bone to bone, including a ligamentous joint capsule which helps hold the humerus to the glenoid; the labrum, a special ligament which attaches around the edge of the glenoid to provide additional stability; and bursae, which are fluid filled sacs found between layers of muscle that allow for smooth movement. In addition, all the nerves and blood vessels that supply the rest of the arm and hand pass through the shoulder.



Interactive Shoulder © 2000 Primal Pictures Ltd.

The joints, muscles, and other supportive structures of the shoulder work together to enable full shoulder function. If even one of these important structures becomes damaged in some way, the ability of the shoulder to function normally is impaired. Other parts of the arm may also be affected.

Like the hip, the glenohumeral joint is considered a



*When we realize how intricate the shoulder is, and how often we use it in our daily lives, it is easy to see just how impaired our lives would be with a shoulder injury.*

ball and socket joint. However, unlike the hip where the ball fits nicely inside of a bony socket, the shoulder is more like a golf ball sitting on a tee. This design allows for increased mobility, making it possible to move the arm up and down, forward and back, and to twist right and left. The increased mobility sacrifices stability, so the joint must rely heavily on the muscles, ligaments, and other soft tissue structures for its support. The rotator cuff muscles are the main muscular stabilizers of the shoulder, and proper function of these muscles is crucial to shoulder stability.

When we realize how intricate the shoulder is, and how often we use it in our daily lives, it is easy to see just how impaired our lives would be with a shoulder injury. It can also be difficult to know exactly where the problem is coming from and how to fix it. A physical therapist has been trained to examine, diagnose, and develop treatments specific to these problems to help a person return to full function.

The next time you throw a ball, change a light bulb, or even wash your hair, take a minute to marvel at the amazing structure that is your shoulder. And if you are having difficulty performing such activities, see your physical therapist!





To combat stresses on the shoulder and prevent injury, it is important to maintain proper strength and flexibility in your shoulders.

## Arming Yourself for Spring

By Eric Medley PT, MS Director, TAI Grants Pass Physical Therapy

As the weather improves, many of us will be heading to the great outdoors to participate in our favorite activities. These include everything from playing baseball, softball, tennis, or golf to swimming, working in the garden, painting, or spring cleaning. Although all of these activities are different, the common thread among them is the stress each activity places on the shoulders. To combat these stresses and prevent injury, it is important to maintain proper strength and flexibility in your shoulders.

The shoulder joint is designed for a large range of mobility, but it also requires a significant amount of stability. When we lose either flexibility or stability in our shoulder, pain generally results. With repetitive overhead activities, such as throwing a baseball/softball or swimming, maintaining proper flexibility in the shoulder and strength in the rotator cuff and scapular muscles is critical for sustaining a healthy shoulder.



Eric Medley  
PT, MS

Regardless of the dysfunction, there are common and essential exercises for any shoulder training program.

The restoration of normal shoulder motion is important for both preventing injuries and for proper recovery after an injury. To maintain proper balance in the soft tissues around the shoulder, several stretches can be used to effectively regain lost mobility in the shoulder joint. These include the sleeper stretch (Figure 1), the cross body stretch with internal rotation (Figure 2), and overhead arm stretch (Figure 3). When performing these stretches, it is important to stretch slowly and avoid bouncing while stretching. Each stretch should be held for 30 seconds and repeated 3-4 times.

In addition to good shoulder flexibility, it is essential to have adequate strength, muscular endurance, and balance in both the scapular stabilizer muscles and the rotator cuff muscles to maintain proper function of the shoulder. The scapular stabilizers (or shoulder blade muscles) form the foundation for proper shoulder mechanics. Weakness in these muscles can lead to poor movement patterns of the shoulder girdle and cause



pain. Exercises for maintaining strength in the scapular stabilizer muscles include T, Y, and L raises while lying prone on a ball (Figure 4), and low and high rows using tubing for resistance (Figure 5).

The rotator cuff muscles function to rotate the shoulder forward and backward (such as in the throwing motion or starting a lawn mower), and they also serve to keep the shoulder joint centered (keep the ball centered on the tee, so to speak). In the throwing motion, the rotator cuff serves to slow the arm down after releasing the ball, which is a big task considering the peak angular velocity of the shoulder when throwing a baseball can reach 7,200 degrees/second! To prevent injury to the rotator cuff, exercises should be

performed to improve both the strength and endurance of these muscles. Some of the best rotator cuff exercises include the scaption/full can exercise (Figure 6), tubing resisted internal/external rotation in neutral (Figure 7/8), and external rotation at 90 degrees of abduction (Figure 9).

Now that you are armed (pun intended) with this valuable information, take the time to take care of your shoulder so you can do all those spring and summer activities without pain.

For additional information about how you can prevent and manage sports injury, visit the Sports-Medicine page of our website at [www.therapeuticassociates.com/sportsmedicine](http://www.therapeuticassociates.com/sportsmedicine).



**Figure 1 – Sleeper Stretch:** Lying on side with shoulder blades “stacked”, bend shoulder and elbow to 90 degrees and gently push forearm towards floor until a stretch is felt in shoulder. Hold for 30 seconds and repeat 3 times.



**Figure 2 – Cross body Stretch:** With good posture and arm below shoulder level, gently pull arm across body until a stretch is felt in back of shoulder. Hold for 30 seconds and repeat 3 times on each side.



**Figure 3 – Overhead arm/shoulder stretch –** From a good posture, extend one arm overhead. Next grasp elbow and gently pull elbow behind head. Hold for 30 seconds and repeat 3 times on each side.



**Figure 4 – Prone T Raise:** Lying on physioball or floor with head in neutral position, raise arms out to the side to form a T position and then squeeze shoulder blade together. Hold 5 seconds and repeat 10 times. This exercise should also be done with arms in a Y position (pictured on page 11) and L position (not pictured).



**Figure 5 – High Rows:** From a good posture with elbows away from sides and palms down, pull elbows back and squeeze shoulder blades together. Pause with shoulder blades squeezed and slowly return to start position. Repeat 10-15 times for 2-3 sets on each side. Should also perform low row exercise with elbow by sides and palms facing inward (see page 13, fig. 1).



**Figure 6 – Scaption Lift (“Full Can Exercise”) –** With good posture, squeeze shoulder blades together. Next, with thumbs up, lift arms up from your sides at a 30-45 degree angle from your sides. Pause at the top and slowly lower back to starting position. Repeat 10-15 times for 2-3 sets on each side.



**Figure 7 – Internal Rotation (neutral) –** With good posture, elbow bent to 90 degrees and towel roll under elbow, squeeze shoulder blades together and rotate arm into body. Pause and slowly return to starting position. Repeat 10-15 times for 2-3 sets on each side.



**Figure 8 – External Rotation (neutral) –** With good posture, elbow bent to 90 degrees and towel roll under elbow, squeeze shoulder blades together and rotate arm away from body. Pause and slowly return to starting position. Repeat 10-15 times for 2-3 sets on each side.



**Figure 9 – External Rotation (at 90 degrees abduction) –** With good posture, upper arm straight out to the side and elbow bent 90 degrees, squeeze shoulder blades together and rotate arm backwards. Repeat 10-15 times for 2-3 sets on each side.



*When baseball season starts again, injuries can occur so it's important to take care of them sooner vs. later to ensure a full season of participation.*

## Baseball Season: What to do about Sore Shoulders and Elbows

*By Ben Kingan PT, DPT, Director, TAI Juanita Physical Therapy*

Each year, as baseballs begin to fly again, more athletes experience pain associated with the sport. Specifically, pitchers experience both shoulder and elbow pain as the frequency/intensity of practice and games increases. Younger athletes are often asked to throw entirely too many pitches, and their ligaments/tendons cannot take the abuse.



*Ben Kingan PT, DPT*

So, what can be done once an injury occurs? First, it is always best to be seen earlier rather than later in

the injury process. Getting to a physical therapist when symptoms first appear allows for quick resolution of pain and return to activity. Individuals often wait until their symptoms are extremely limiting before seeking advice. This scenario involves a lengthier healing process and missing more practices/games. Make sure you are familiar with PRICER as a first step (see "Injury Management for Warm Weather Activities" article, page 12). Rest can mean complete cessation of throwing or just decreasing throwing activity and applying ice to the shoulder/elbow.

What should you expect from rehab? This will depend on your specific injury and needs. However,

in general, you can think of rehab as two phases: “protection” and “correction.” The first phase of rehab is aimed at decreasing pain. Here you will use rest and ice as mentioned above. Your physical therapist will make the healing process move along much quicker with the use of manual therapy, therapeutic exercises, and more.

Once your pain has resolved or symptoms begin to subside, the focus turns to correcting your pain. First, your therapist will evaluate the shoulder/elbow to identify causative factors for pain. This includes specific examination of flexibility, strength, and joint motion throughout the body. Once individual problem areas are identified, your therapist will use hands-on techniques known as “manual therapy” to reduce any abnormal stiffness. This can range from hip/shoulder stretching to upper back flexibility. Meanwhile, specific exercises will be prescribed to help strengthen the core and shoulder. There is a growing body of evidence supporting shoulder blade strengthening and shoulder function. So, a good therapist will not only teach you rotator cuff exercises, but he or she will teach you to strengthen the muscles between the blades and the spine.

*(Editor’s Note: Refer to pages 8 and 9 for photos [Figures 4, 7 and 8] described below.)*

Figures 7 and 8 depict two very common rotator cuff exercises. The rotator cuff muscles protect the arm from undue stress during over-head throwing. Meanwhile, Figure 4 shows one of many shoulder blade strengthening exercises. Strength here ensures proper shoulder alignment as the arm accelerates and then rapidly decelerates during pitching/throwing.



When an injury occurs, it is always best to be seen earlier vs. later in the injury process to help with a quicker recovery.

Education is also a key component to the rehab process. Some common items discussed during therapy include frequency of throwing, types of pitches that are age-appropriate, and more. The following list covers just a few tips that help keep young baseball players out of pain.

- Pitchers should never pitch on back-to-back days
- Pitchers should never throw “through the pain”
- Young athletes should not be throwing with high velocity year-round. Rather, periods of decreased activity are healthy and allow for recovery/growth.
- Pitch counts: there is a great deal of information on this topic, but in general, all pitchers should be kept on a pitch count to reduce risk for shoulder/elbow pain. For instance, 13–14 year olds should be held to a 75 pitch maximum per game while 9–10 year olds should be held to 50 pitches per game.<sup>1</sup>
- Different types of pitches will

be more stressful to the shoulder. For instance, one study linked curveballs to a 52% increase in shoulder pain among young pitchers.<sup>2</sup>

In summary, sore shoulders

ASMI Pitch Count/Recovery Recommendations		
AGE	Max. Pitches per game	Max. Games per week
8-10	50	2
11-12	68	2
13-14	75	2
15-16	91	2
17-18	106	2

ASMI (American Sports Medicine Institute), 1996

should be seen sooner rather than later! This aids in a quick recovery and prevents long-term damage to young shoulders/elbows. Many injuries are correctable (and avoidable) with proper exercise/flexibility prescription.

For more information about how you can prevent and manage baseball injuries, consult our website at [www.therapeuticassociates.com/sportsmedicine](http://www.therapeuticassociates.com/sportsmedicine).



1. USA Baseball Medical and Safety Advisory Committee. Youth baseball pitching injuries. [usebaseball.com](http://usebaseball.com)

2. Lyman S, Fleisig GS, Andrews JR, et al. Effect of pitch type, pitch count, and pitching mechanics on risk of elbow and shoulder pain in youth baseball pitchers. *Am J Sports Med.* 2002; 30: 463-468?



*In the Pacific Northwest, warmer weather leads to increased activity which can mean pain and soreness.*

## Injury Management for Warm Weather Activities

*John Henry Anderson PT, DPT, Staff Therapist, TAI Sherwood Physical Therapy*

**A**s we embrace the warmer weather with typical American bravado, we optimistically jump into activities with the goal of completing our first half marathon, making the varsity team, or finally shedding those last five pounds. Inevitably, someone in the family gets injured. It may be a blister from poor fitting shoes, a sore shoulder or elbow from one too many throws or swings, or a bruise, ache, or strain sustained during the weekly soccer match. What you do to regulate pain and swelling will determine when you can safely return to enjoying activities in the warm sunshine.



*John Henry Anderson  
PT, DPT*

Your first plan of action should be damage control using the PRICER protocol:

- Protection**
- Rest**
- Ice**
- Compression**
- Elevation**
- Referral**

**Protection** means using a brace or splint, or simply positioning your limb away from further potential

damage. This may also include limiting painful range of motion for an injured joint or keeping a blister from further irritation and infection.

**Rest** implies not taking that four-mile run when your Achilles tendon is sore while just walking down the stairs. When Junior complains of elbow pain after baseball practice, rest means he should not play in this weekend's game. The body needs time to heal all injuries. A good guideline is one week of rest before resuming activity.

**Ice** is the application of cold therapy to help reduce swelling to the damaged area. Ensuring that you protect your skin, 20 minutes of cold therapy three to five times per day can do wonders for pain and inflammation. Allow skin temperature to return to normal before icing again (40–60 minutes). Use an ice pack that conforms to the body part being iced — a bag of frozen peas or a plastic bag of ice works best.

**Compression** is best applied using an elastic bandage, such as an ACE wrap or compression sleeve to keep the swelling to a manageable level. If you feel an increase in pain, numbness, tingling, swelling, or coolness below the elastic bandage, you may have it wrapped too tight and should loosen it immediately.

**Elevation** means keeping the injured area above your heart as often and for as long as you can tolerate to minimize swelling. Ankle and knee injuries are more difficult to manage due to the effects of gravity.

**Referral** means knowing when to seek medical intervention for your injury.

Next is triage — the “R” in PRICER. How severe is this injury? Should you seek medical advice to evaluate the extent of the damage? When can you return to activity? These questions can be difficult to answer. Every parent and every athlete has their own comfort level regarding when to seek medical attention. Any injury that requires a change in daily activities, such as walking, dressing, showering/bathing, driving, working, or school activities is worth a visit to your local health care professional. Unchecked or improperly treated injuries could lead to longer recovery, more damage, or potentially severe disability.

## Some interesting facts:

Little League Baseball has very strict guidelines regarding the number of pitches that youth players can throw in competition and the amount of rest between days of pitching.

One mile of running can include 1200–2000 strides. The ground reaction forces of a 140-pound runner can be four to six times the runner's body weight. So, after a three-mile run, each leg could have sustained 280 tons of force!

Back pain is the number one injury seen in golfers and can often be treated with a few minutes of stretching and some daily core exercises.

As experts in musculoskeletal assessment and evaluation, physical therapists can provide the latest and greatest information on how to treat the injury, what could be causing the problem, when it is safe to return to sports activities, and where to begin to prevent further or recurring injuries down the road.

Most sports activities involve repetitive motions that lead to strains, sprains, blisters, or even fractures. No brace, pad, or shoe can prevent all injuries that occur with competitive sports. Every athlete suffers injury at one time or another. How we treat these injuries determines the success of our return to the joy of the sports.

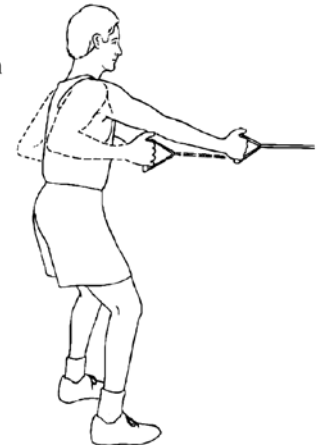


Here are some sample strengthening exercises you can do at home:

Figure 1

Scapular Stabilization - Row (For injury prevention in baseball/softball, swimming, golf, javelin, shot, and discus.)

The importance of shoulder blade (ie scapula) stabilization for overhead athletes can not be over emphasized. Early light resistance training as a safe way to regain motion and strength throughout the arm, shoulder, and upper back.



Repeat 15 times per set.  
Do 3 sets per session.  
Do 3 sessions per week.

Anchor Height: Shoulder

Figure 2

Hip strengthening/stabilization - Hip Abduction in side-lying (For runners, soccer players, softball players, and golfers)



Our hip abductors are powerful hip/core stabilizers that all athletes use and need. Perform by lying on your side with your hips stacked one on top of the other. Lift leg diagonally up and backwards 12 inches from surface, keeping knee locked.

Repeat 15 times per set. Do 3 sets per session.  
Do 3 sessions per week.

TAI is committed to staying at the forefront of physical therapy by using an Evidenced Based Medicine (EBM) approach to patient care. This includes reviewing current research as it relates to conditions we treat, and being active participants in research studies that provide substantiating evidence of improvements to our treatment approaches.

## Shoulder Pain Research at TAI

*Bill Temes PT, Staff Therapist and TAI Director of Interactive Mentorship, TAI OMG Main*

Shoulder pain is the third most common cause why individuals seek out the services of a physical therapist. In an effort to better understand how the muscles of the shoulder work and how patients can recover more quickly, therapists at the Therapeutic Associates/Oregon Medical Group clinics in Eugene have been studying muscle function on healthy individuals using Rehabilitative Ultrasound Imaging. Ultrasound imaging technology used for many years, most notably in obstetrics, internal medicine and orthopedics, for purposes of assisting with observing what's going on inside the body, can also be used by physical therapists to determine how well a person's muscles are contracting and to assist them with biofeedback training to make them stronger.

The first research project, currently under review for publication, was produced by physical therapists

Amy Clifton, Neisha Strait, Valerie Hilton, Leslie Girard, Bill Temes and Professor Andy Karduna (University of Oregon). Three additional shoulder studies are currently underway with a variety of patient populations experiencing shoulder pain with a group of ten Eugene physical therapists.

### Recently Published Articles by TAI Therapists:

*Dvorak, Haley; Kujat, Christina; Brummitt, Jason. Effect of Therapeutic Exercise Versus Manual Therapy on Athletes With Chronic Low Back Pain. Journal of Sport Rehabilitation. 2011, 20, 494-504*

*Dvorak is a staff therapist at TAI Beaverton PT.*

*Kujat is a staff therapist at TAI Scappoose PT.*

Visit our Evidenced Based Medicine page on our website for more information on literature reviews by condition and additional studies: <http://www.therapeuticassociates.com/education/library/evidence-based-medicine/>

## COMMITMENT TO LEADERSHIP

### 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 employees show as part of their Physical Therapy Community.



PTWA (Physical Therapy Association of Washington) Physical Therapist of the Year 2012 Award Winner

**Jennifer Lesko** PT, MS



PTWA (Physical Therapy Association of Washington) Board Member

**Bart Hawkinson** PT, DPT



**Steve Anderson** PT, DPT, CEO chosen "Distinguished Alumnus for 2012" for Northwestern University Physical Therapy School.



## Seattle area

- June 3:** North Olympic Discovery Marathon (NODM)
- June 21–22:** Seattle RNR Expo
- July 14:** Seattle Oyster Race
- September 16:** Cycle the WAVE

## Spokane

- April 12:** Bikes and Brews (Liberty Lake and Evergreen)
- May 26–27:** Mountain Bike Race (Wandermere)
- June 30–July 1:** HoopFest
- July 8:** Valley Girl Triathlon
- September 12:** SpokeFest
- July 7:** Let's Climb A Mountain race (Wandermere and Mt. Spokane)
- Fall:** Cat Scramble

## Tri-Cities

- January 6–7:** Tri-City Health & Fitness Expo
- June 30:** Richland Sprint Triathlon
- September 22:** Cycle for Life

## Portland area

- April/May:** Oregon Foodbank Service day
- May 12:** Hippie Chick Half Marathon
- May 18–19:** Portland Rock 'n' Roll Half Marathon Expo
- May — Field Day at Skyline Elementary**
- June 15–16:** Vancouver USA Marathon Expo
- July 22:** Lacomas Lake Half Marathon
- August 18:** Portland Oyster Race
- October 5–6:** Portland Marathon Expo

## Salem

- April 28–29:** Oregon Ag. Festival

## Eugene

- April 27–29:** Eugene Marathon Expo
- July 4:** Butte to Butte
- July 28:** Tri at the Grove
- August 5:** Blackberry Bramble
- August 26:** Eugene Women's Half
- October 21:** Race for the Cure

## Central Oregon

- May 19:** Pole Pedal Paddle
- June 30:** Oyster Off Road Adventure Race

## Southern Oregon

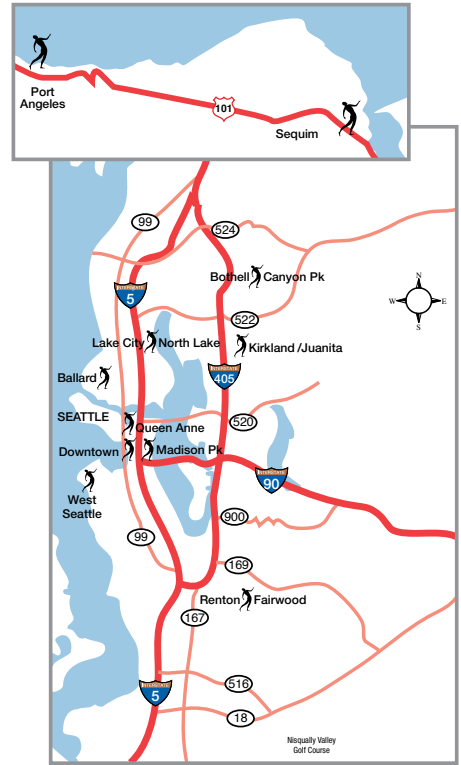
- August 4:** Mt. Ashland Hill Climb Run
- May 19–20:** Spring Thaw Mountain Bike Festival
- September 15:** Ride the Rogue

## Medical conferences

- January 28–February 1:** WAPA
- May 4–5:** Primary Care Update
- May 13–14:** WAFP
- May 28–June 2:** OR/WA MGMA
- July 11–13:** OSIA



Southridge Physical Therapy staff with Chamber of Commerce members at their open house. Left to right: Andy Hamilton PT (hidden), staff therapist; Mike Milanoski, student; Ken Call PT, Director; Julie Fox, Aide; Becky West, FOC; Debi Call.



# Western Washington

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



**BALLARD PT**  
Julie Dresch PT, MS, OCS,  
CMPT, Director  
**206-789-7975**  
TPI Certification



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



**RENTON**  
Fairwood Physical Therapy  
Nicole Smyth Macaluso PT, DPT,  
OCS, Director  
**425-272-0252**  
New Location Summer 2012



**BOTHELL**  
Canyon Park Physical Therapy  
Christopher Leck PT, DPT,  
SCS, CSCS, Director  
**425-489-3420**



**MADISON PARK PT**  
Maren Bisson PT, MPT, Director  
**206-324-5389**



**SEATTLE PT**  
Megan Houser PT, DPT, OCS,  
Director  
**206-623-4570**  
TPI Certification



**KIRKLAND**  
Juanita Physical Therapy  
Ben Kingan PT, DPT, CSCS,  
Director  
**425-823-8119**  
NEW CLINIC!



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



**WEST SEATTLE PT**  
Erica Clark PT, Director  
**206-932-8363**  
TPI Certification

## PORT ANGELES AREA [therapeuticassociates.com/OlympicPeninsula](http://therapeuticassociates.com/OlympicPeninsula)



**PORT ANGELES AREA**  
Beth Welander PT, DPT, OCS  
Director

**PORT ANGELES**  
**360-452-6216**  
**SEQUIM**  
**360-683-3710**

**CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT - Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist



# Spokane/ North Idaho

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



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



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



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



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

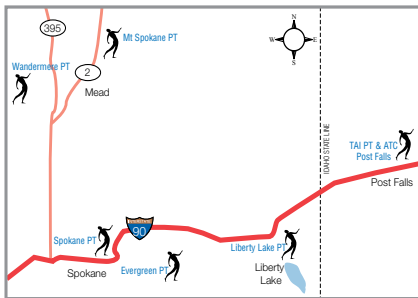


**DOWNTOWN SPOKANE**  
Spokane Physical Therapy  
Bill Olson PT, CMPT, Director  
509-624-4035

**NORTH IDAHO**



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



**CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist

# Yakima Valley

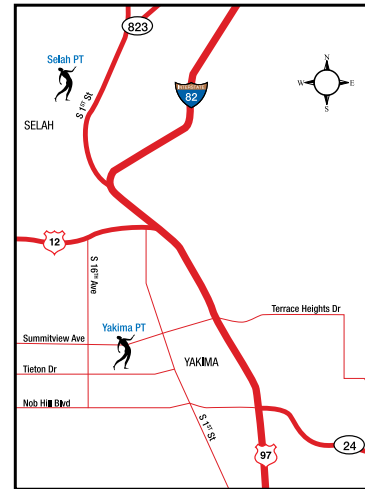
[therapeuticassociates.com/Yakima](http://therapeuticassociates.com/Yakima)



**YAKIMA VALLEY**  
Robb Jacobs PT, DPT, Director

**SELAH PT**  
509-697-9109

**YAKIMA PT**  
509-453-3103



# Tri Cities

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

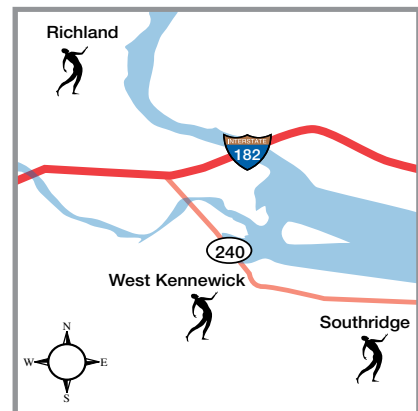


**RICHLAND PT**  
Lee Ann Carlson PT, Director  
509-946-8497



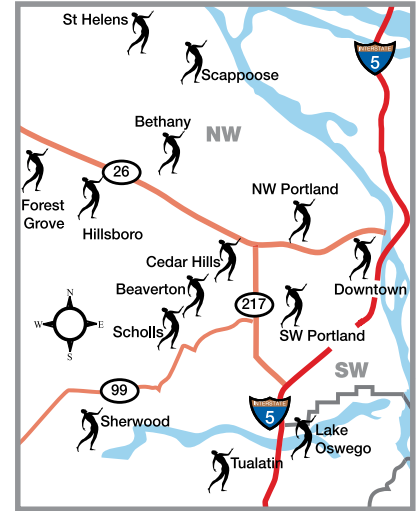
**KENNEWICK**  
Kenneth Call PT, DPT, Director  
**WEST KENNEWICK PT**  
509-783-1962  
**TPI Certification**

**SOUTHRIDGE PHYSICAL THERAPY**  
509-783-5644  
**NEW CLINIC!**





2011 Portland Oyster Race. Left to right: David Deppeler PT, DSc, OCS, FAAOMPT, Director of Clinical Education; Tony Rocklin PT, DPT, COMT, Director TAI Downtown Portland; Catie Kohler PT, DPT.



# Portland Metro Area

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

## WEST PORTLAND



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



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



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



**SCHOLLS PT**  
Amy Shepro Tanous  
PT, DPT, Clinic Director  
**503-521-0500**  
**NEW CLINIC!**



**BETHANY PT**  
Jessica Dorrington PT,  
MPT, OCS, CMPT, Dir.  
**503-466-2254**  
**TPI Certification**



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



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



**SCHOLLS PT**  
Zachary R Jones PT,  
DPT, Director  
**503-521-0500**  
**NEW CLINIC!**



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



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



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



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



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



**LAKE OSWEGO PT**  
Shawn Dailey PT, DPT,  
Director  
**503-635-0844**  
**TPI Certification**



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



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

**CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT - Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist

**EAST PORTLAND**



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



**EAST PORTLAND PT**  
Jennifer Hammond PT, DPT,  
Director  
**503-253-0924**  
**NEW LOCATION!**



**GRESHAM PT**  
John Parr PT, CMPT,  
Director  
**503-666-7644**  
**TPI Certification**



**N PORTLAND PT**  
P.A.C.E.  
David V McHenry PT, DPT, SCS,  
Director  
**503-283-8133**



**NE PORTLAND PT**  
Aubree Swart PT, DPT, Director  
**503-493-4463**



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

**SW WASHINGTON**



**VANCOUVER PT**  
Corinne Schaefer PT, DPT, SCS,  
Director  
**360-514-9383**  
**TPI Certification**



**Salem**

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



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



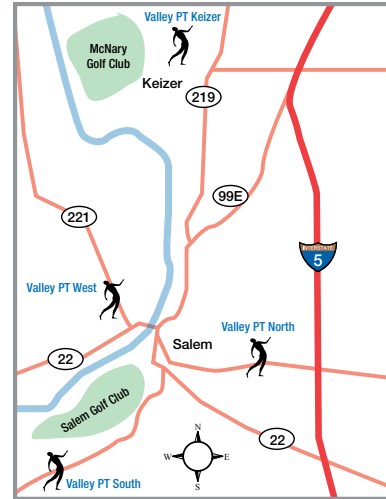
**SALEM SOUTH**  
Valley Physical Therapy  
Jeffrey R Blanchard PT, MS,  
OCS, Director  
**503-585-4824**



**KEIZER**  
Valley Physical Therapy  
Ashleigh Young PT, DPT,  
Director  
**503-463-4221**



**SALEM WEST**  
Valley Physical Therapy  
Gina Paine PT, DPT, Director  
**503-363-6770**



**Mid-Willamette Valley**

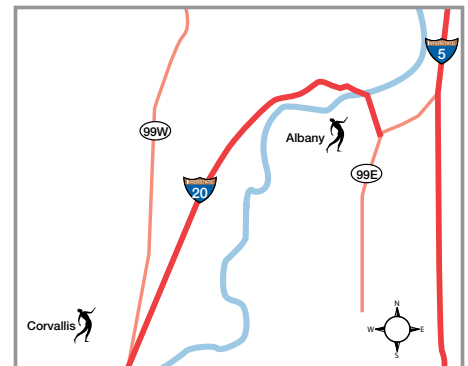
[therapeuticassociates.com/MidValley](http://therapeuticassociates.com/MidValley)



**ALBANY**  
Mid Valley Physical Therapy  
Gregory Pick PT, OCS, Director  
**541-967-1224**



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



**CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT - Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist



Brad Schwin, PT, MS, OCS, Executive Director, TAI West Eugene PT, with the Schwin boys and friends start the 2012 Truffle Shuffle race with a bang.

# Eugene

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

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

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

**SPRINGFIELD**  
Gateway Physical Therapy  
Matthew Weigel DPT, ATC, Director  
541-736-8870

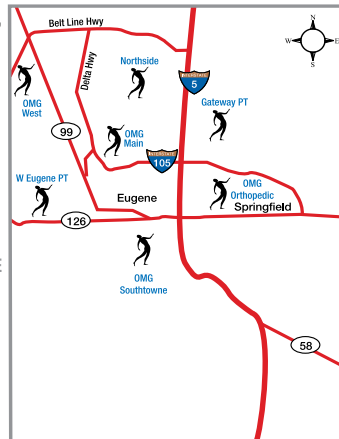
**OMG WEST**  
Amy Temes Clifton PT, DPT, OCS, Director  
541-463-2191

**OMG NORTHSIDE**  
Valerie Hilton PT, DPT, OCS, Director  
541-688-9140

David Dowd PT, MS, Director

**OMG MAIN**  
541-242-4172

**OMG ORTHO AND SPORTS MEDICINE**  
541-242-4870



# Southern Oregon

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

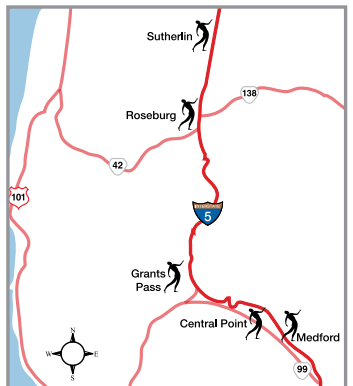
**ROSEBURG**  
Central Physical Therapy  
Jeffrey S Jones PT, Director  
541-673-1808

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

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

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

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



**CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT - Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist



Brian Weiderman PT, DPT, Staff Therapist TAI Boise PT Parkcenter (right) standing on the podium for his 3rd place win in the Wild Rockies Barking Spider Race.

## Central Oregon

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



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



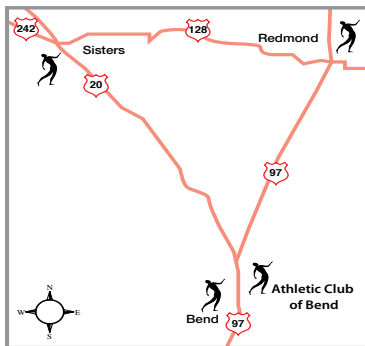
**REDMOND PT**  
 Karen Walz PT, MA,  
 OCS, COMT, FAAOMPT,  
 Director  
 541-923-7494



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



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



## Southern Idaho

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



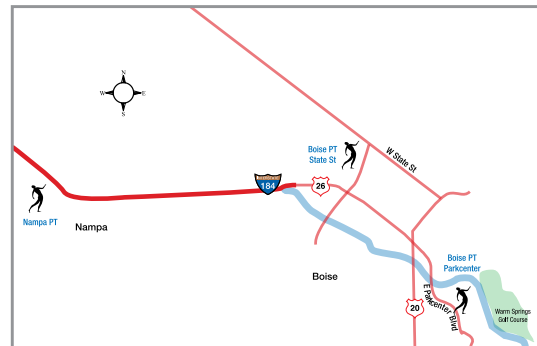
**BOISE PT**  
 Park Center  
 Matt Booth PT, DPT, OCS,  
 Director  
 208-433-9211  
 TPI Certification



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



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



**CREDENTIAL KEY:**

ATC-Athletic Training Certification, CMPT-Certified Manual Therapist (NAIOMT Level III), CMP-Certified Mulligan Practitioner, COMT-Certified Orthopaedic Manual Therapist (NAIOMT Level IV+), CPI-Certified Pilates Instructor, CSCS-Certified Strength & Conditioning Specialist, FAAOMPT – Fellow of the American Academy of Orthopaedic Manual Physical Therapy, LAT-Licensed Athletic Trainer, MTC-Manual Therapy Certification, OCS-Orthopaedic Certified Specialist, SCS-Sports Certified Specialist



## GET *MOVING* PROFILE

Sue Piazza, Patient of TAI Gresham PT, back on the court.

### *TWO YEARS LATER STILL PAIN FREE!*

**A**fter suffering from tennis elbow for about a year, I went and saw John Parr at Therapeutic Associates in Gresham. He was able to work with me at his office, using ASTYM, ultrasound, and hands-on therapy to reduce my pain. He showed me exercises to stretch and strengthen my elbow

and help me get my motion back. After a few sessions, he was able to send me off on my own. He had me continue with a few exercises and stretches to keep me from having any more issues with my elbow. Two years later, I am still pain-free and enjoy playing tennis as much as possible.

*Sue and some of her friends have since created the FAB 50 PROJECT. If you'd like to learn more about this project, the charities that are being assisted, or how you can help, please visit their website at [www.fab50project.com](http://www.fab50project.com).*

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

# Keeping Your Shoulder Healthy Throughout a Lifetime of Playing Tennis

By Dan Anderson, PT, DPT, Staff Therapist, TAI Madison Park Physical Therapy

**T**ennis is one of those great sports you can enjoy for a lifetime, if you stay healthy enough to play and perform at a level you feel comfortable. But how can you keep your shoulder healthy throughout a career of playing tennis? There are three things you can do to keep your shoulder injury-free.

## The way you warm up

Always warm up your shoulder prior to playing tennis, whether you'll be hitting a few balls with your kids or participating in a competitive match. A dynamic warm up should include arm circles and trunk rotations. Static stretches should only be performed after your muscles are slightly warmed up. Also, always remember to slowly work into increasing your serve speed. Start out slow and hit at least 25 serves before you reach full speed.

## The way you play

This applies mostly to the one shot in tennis where the shoulder is put under the most stress: the serve. Remember to get your power for your serve from your legs and trunk.



Dan Anderson PT, DPT

Working on legs and core is one of the quickest ways to add speed to your serve. Watch the pros serve at Wimbledon this year, but don't look



**Balance with Hand Touch:** Standing tall on one leg with the pelvis level and knee soft, slowly reach down to touch the floor while hinging at the hip and keeping the back flat. Return to upright position using your hip while keeping the back flat. Repeat.



**Side planks:** Lay on your side with feet, hips, and shoulders in a straight line and stacked. Tighten the abdominals with the elbow underneath you and raise your body off the ground, balancing on the forearm and feet. Hold 15-45 seconds, then lower and repeat.

at their shoulder or their ball toss. Look at their lower body and watch where the explosive energy from their serves comes from.

## The way you strength train off the court

All tennis players should be doing some off-court training, including



Working on legs and core is one of the quickest ways to add speed to your serve.

lifting weights. As mentioned above, don't neglect your legs and trunk in the gym. Add the following exercises to your routine to keep your rotator cuff and scapular stabilizers strong:

- Resisted external rotation and internal rotation with resistance bands (Note: this exercise doesn't take much resistance) see page 9, Figures 7 (internal) and 8 (external)
- Mid Rows (see page 13, Figure 1)
- Prone T's on the physioball (see page 9, Figure 4)

If pain or injuries prevent you from playing your best game, visit a TAI therapist near you. Enjoy your game!

Contact us at: **Therapeutic Associates, Inc.**

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 | swick@taiweb.com

Cover photo by Jason Ganwich.



Visit:  
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to...

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

# SIX DECADES OF SERVICE



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