



Family Physical Therapy Services, Inc.

Our Family Cares

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603.644.8334

Aug/Sept 2016 Newsletter

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From The Desk of Our Clinical Staff Manager

By Tom Fontana, MSPT



When Shoulder Pain Is A SLAP In The Face

No shoulder pain is ever welcome but there is a specific type of shoulder injury that's a real slap in the face. Actually, it's a SLAP in the shoulder—a Superior Labral tear from Anterior to Posterior—which means the top portion of the labrum is torn from the front to back. (The labrum is a thin ring of cartilage that deepens what is otherwise a very shallow bony surface on the shoulder blade side of the shoulder joint. It adds stability to the joint without being as rigid as bone.) The labrum is often torn as a result of trauma but can also occur as a result of repetitive motions (think overhead athletes).

When the labrum is torn, there is a loss of stability but not to the extent that the joint dislocates. People may often notice new or unwanted clicking or clunking of the joint, accompanied by a deep shoulder pain and difficulty performing activities in which the arm must be slowed down quickly (like the follow-through of a throwing or swinging motion). Sometimes, if the labrum is torn just so and slips into the joint, people can experience a sensation of joint locking. A frequent complaint is discomfort with lifting objects straight out in front of you or bending your elbow to lift objects as one of the two heads of your biceps begins right where this tear is and pulls on the tear—ouch!

We usually suggest some movement you can perform to see if this is what you might have, but there is no good self-test that is reliable. It's a subtle thing even for us to try to provoke in the clinic. But, if you have symptoms similar to the above that are not debilitating, you can try to stabilize the shoulder by strengthening your rotator cuff with the exercises on page 3. **If your symptoms don't start to improve within 2-4 weeks, you may require professional help and need to come see us.**



Ross A. Lurgio
Info Corner

IT'S NEVER TOO LATE TO IMPROVE YOUR CHILD'S CHANCES FOR AN INJURY-FREE SEASON.

Whether your child participates in **Co-ed Cross Country, Girls' Field Hockey, Girls' Soccer, Girls' Volleyball, Co-ed Tennis Club, or Boys' Soccer**, Jenn Millen, PTA, ATC the new trainer for Ross A. Lurgio this fall, is available to help your teen athlete prepare for fall athletics. If your child has been injured, or if you want to **protect your child from injury and optimize their performance**, please give us a call for a **FREE** pre-season injury prevention screening.

**CALL FOR YOUR FREE PRE-SEASON INJURY PREVENTION SCREENING
644.8334**

Community Activities

Please come and join Jenn Millen,

PTA, ATC, at **Runner's Alley, Manchester** on September 1st. She will be presenting a **FREE** program on **Debunking Common Myths Regarding Running And Flexibility.**

If you are interested in learning more about programs we can offer **your** organization, please call us at **644.8334.**



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Supertools? Graston Tools Are More Than Meets The Eye



One of the best ways to treat soft tissue injuries around the shoulder is with soft tissue mobilization. We most often think of this as being

done through a therapist's hands, but it can also be done with a variety of tools and instruments, including foam rollers and stainless steel tools.

One type of instrument-assisted soft tissue mobilization is the Graston Technique®, which is used in our clinic. The therapist chooses from a set of six stainless steel instruments. Each tool has a different shape—this is important for working on different body parts or different layers of tissue. The tools are applied with different strokes and angles to further vary the treatment.

The theoretical basis behind the Graston Technique® is that soft tissues remodel themselves according to the forces applied upon them. This is useful because in any soft tissue injury the tissue may have trouble repairing itself in a uniform manner and individual muscle fibers may adhere to each other instead of sliding smoothly. In order to prevent the healing tissue from sticking to itself, it needs help. Reports in the literature have shown that ligaments treated by the tools repair up to 40% stronger than those not treated.

The patient experience is typically very positive. Although bruising is possible, it's infrequent. Discomfort may occur at first when nerve endings are more sensitive, but the treatment generally becomes more comfortable with subsequent sessions as tissues heal and nerves desensitize. Stretching and muscle re-education exercises are usually encouraged after the treatment. This protocol helps maximize the effect of both the tissue mobilization and the exercise! If you've had less than satisfactory results with traditional soft tissue techniques, come see what instrument-assisted soft tissue mobilization can do for you.

Patient of the Month

Lisa Cross

"I came to FPTS for a frozen shoulder. After [having had] two manipulations under anesthesia [by my MD], Tom had my shoulder in great shape. And then...I fell and fractured my humerus! So not funny! Luckily it was the same shoulder. Although it pushed my recovery back six weeks, I returned to FPTS ready and willing to get back on to PT. After many months working with Tom, I am happy to say that my shoulder is finally back to where it should be. Tom's the best!"

Congratulations Lisa for a job well done. Your commitment and drive helped you reach the finish line!



Frozen What?

Pain can be a nuisance, especially if it affects your day-to-day function and it involves your dominant arm. If you have pain deep in your shoulder and it hurts to move your arm, especially to reach the back of your head, it may be adhesive capsulitis. Although it can occur in one or both shoulders, adhesive capsulitis, or more commonly known as "frozen shoulder," only affects 2-5% of the population. ("Frozen" was a great movie but it's not a term you want given to your shoulder.) Women are affected more than men, and most often between the ages of 40 and 60 years old. It is a condition that causes pain and stiffness in the shoulder joint. If you have underlying conditions such as thyroid disease or autoimmune disorders, you may be more at risk. In addition, if you have diabetes, it can occur two to four times more often. It can really put a crimp on your golf or tennis game or swimming stroke.

Frozen shoulder is known to go through 3 phases:

In phase 1, your shoulder is "freezing." This is where pain has been worsening over 1-3 months and feels sharp with movement.

In phase 2, your shoulder is "frozen." During this time, motion is very limited and pain is especially worse at night—enough to wake you. These symptoms can last for 4-12 months.

Lastly, in **phase 3**, the shoulder is "thawing." Although this stage can last up to 2-3 years, as time goes on you will be able to move your arm more and sleep will improve, especially your tolerance to lay on the affected side.

Often, this diagnosis has no known cause, though it has been known to occur after having shoulder surgery or due to immobility such as after a stroke. Symptoms are known to last up to 18 months to 3 years. Physical therapy can help along the way to decrease pain and with exercises to increase motion, regain strength and the overall function of your arm. The good news is that it will (slowly) get better with time and much patience.



Triple H Winner

This month we give a great big shout out to **Sarah Souza** for being our **Helping Hands Honoree!!**

Thank you Sarah for trusting us with your care and for helping spread the word to your friends, family and loved ones. Without your support we wouldn't be able to do what we do best and help so many people in need. Thank you!!





Health And Fitness

By Jenn Millen, PTA, ATC

Shoulder Health And The Importance Of Posture

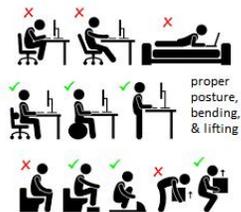
The typical adult is awake for 15 hours and 45 minutes every day. According to the Annual Communication’s Market Report, 7 hours out of the 15 are spent in front of some sort of technology. Whether it is the television, cell phone or computer, people are spending more and more time sitting with poor posture. The typical seated posture we see with patients is a slumped forward position where the shoulders roll forward and the head is forward. Since we are in this position so often the body starts to think this is the norm.

Because the shoulder functions as a pulley system, if the shoulders are forward then it will throw the pulley system off, which is setting people up for potential shoulder injuries! So let’s talk about how to prevent these injuries with better postural awareness.

Sitting Posture Tips!

- Keep feet flat on ground
- Use a chair with lumbar support so you are able to keep your back in a straight position
- Arms should be parallel with the floor resting on a surface for support
- Whatever source of technology you are using - the top of the monitor should be at eye level or just below
- Head should remain straight
- Shoulders need to stay down and back

It is not surprising when you begin to implement better posture that your muscles could get tired and then you automatically return to the slumped position you were used to. My tip is that every time you look to see what time it is let that be a cue to check your posture! If that doesn’t work for you then you could set your alarm or find another reminder that is helpful to you. If you use a computer for work regularly then try to take breaks every 20-30 minutes and get up and walk around. Hopefully, if you follow these tips you won’t fall victim to the “technological injury!”



proper posture, bending, & lifting

In The News At FPTS

Please give a great big welcome to **Jenn Millen, PTA, ATC!**

Jenn is the newest addition to the

FPTS staff. She is a 2009 graduate from Lasell College, Newton, MA, with a BS degree in Athletic Training, and a 2014 graduate from Mount Washington College, Manchester with an Associate’s degree as a Physical Therapist Assistant. Jenn’s certification as an ATC, in combination with her Physical Therapist Assistant degree, puts

her in a perfect position to combine these two areas of expertise making her an expert at athletic injuries and rehabilitation.

She holds certifications in Healthcare Provider CPR, AED, and Heartsaver First Aid from the American Heart Association.

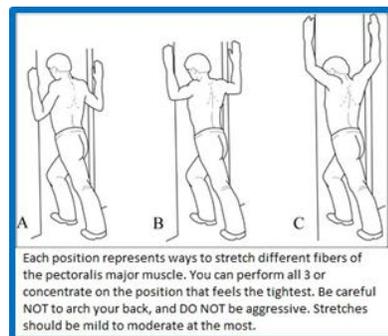


Exercises To Restore Shoulder Symmetry

Here are 3 general exercises to help keep your shoulders healthy.

Doorway Pec Stretch

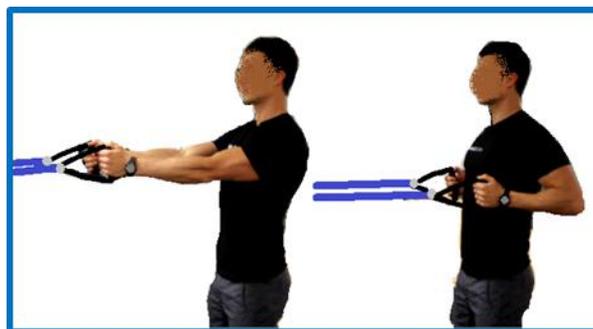
Stand in a doorway. Bend your elbows 90 degrees and place the inside part of each arm on each side of the door jamb. Position them at shoulder height—if painful lower the angle a bit. Take a small step and move your body weight forward until you feel a stretch across the front of your chest. Hold each stretch for 30 seconds and repeat 3 times.



Each position represents ways to stretch different fibers of the pectoralis major muscle. You can perform all 3 or concentrate on the position that feels the tightest. Be careful NOT to arch your back, and DO NOT be aggressive. Stretches should be mild to moderate at the most.

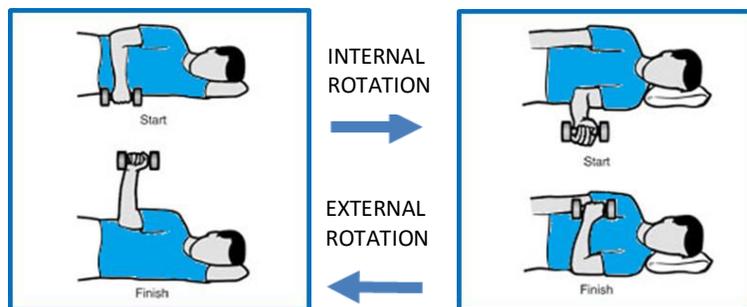
Exercise Band Row

Secure a length of exercise band and fix it securely in a door hinge or around a pole or sturdy object in your home. Grasp one end of the band in each hand. Step back so there is tension in the band. Pull your shoulder blades together and bring your hands to your arm pits by pulling your elbows back behind you (as if you were going to elbow an attacker behind you). Then return your arms to the starting position, slowly controlling the band. Always keep your shoulder blades squeezed.



Sidelying Internal and External Rotation

Lie at the edge of your bed on your side with legs separated for support. Grasp a dumbbell (or canned good such as corn or beans) and position your top elbow against your side and bent 90 degrees so your forearm is across your belly. Lift the dumbbell by rotating your shoulder, bringing the back of your hand toward the ceiling. Return and repeat. Work up to 3 sets of 10. Then, place the dumbbell in the hand of the arm you are laying on. With that arm slightly in front of your body and bent 90 degrees, allow the weight to pull the back of your hand slightly toward the ground and then rotate it up toward your belly (and, don’t worry, it’s not you—this one IS awkward!). Flip over and continue with the opposite arm. Make sure you keep your arm close to your side throughout the exercise.





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When Do I Call A Physical Therapist?

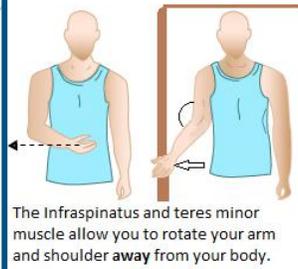
Have you ever reached above your head and felt a sharp searing pain shoot through your shoulder and maybe down your arm? If you have you are not alone. It's called shoulder impingement and we see it frequently in the clinic. Here are 3 tests we've modified so you can do them yourself to determine if you might have shoulder impingement.

Hawkins – Kennedy Test – Hold your arm 90° in front of you with your elbow flexed to 90°. Use your other hand to support your elbow and then rotate your shoulder inward, bringing your palm toward the floor. If you feel pain the test is positive.

Hawkins-Kennedy Test



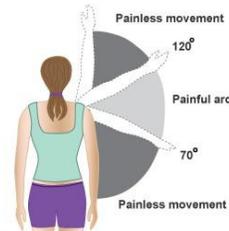
Infraspinatus Muscle Test – Stand in a doorway with your arm relaxed by your side, elbow flexed to 90°. Try pushing the back of your hand into the door jamb. If you feel pain the test is positive.



With your elbow at 90° flexion, push the back of your hand into the door jamb

The Painful Arc Test - Move your arm slowly out to the side until your arm is raised above your head. If the pain is intolerable before you raise it all the way, stop the test. Pain experienced between 70 degrees and 120 degrees that then goes away or lessens is positive.

Shoulder Impingement Syndrome



If two of these three tests are positive, there is a good likelihood you have **IMPINGEMENT SYNDROME**. If all three tests are positive, you almost certainly have it. If symptoms persist for more than two weeks or so, you should schedule an evaluation to have this further examined.

Let the experts at FPTS confirm that for you and get you on the road to recovery!

Call 644.8334 TODAY