

REDDY-CARE PHYSICAL THERAPY LEDGER

Bi-Monthly Newsletter

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PROMISING NEW PAIN REFLEX RESPONSE TREATMENT

Primal reflex release technique, or PRRT is a new physical therapy treatment method for treating pain conditions. The treatment is an advanced form of manual therapy which is effective for a vast amount of orthopedic conditions and symptoms. It is particularly effective for patients with pain of joints and muscles, neck and jaw, lower back, and headaches.

PRRT was developed 10 years ago by John Iams, a physical therapist in California. His theory is that abnormal responses to pain and stress occur when basic or primal reflexes are overactive, and that the nervous system responses can be neutralized using certain manual techniques and home exercises.

Our nervous system is a marvelous, elegant array of neurochemical circuitry. Reflexes are an integral portion of this hard-wired by birth system. Two primal reflexes which seem to have the greatest potential for problems of pain and motion limitation are the startle and withdrawal reflexes. These reflexes are normal parts of our natural stress response, but these reflexes can and often do become exaggerated in chronic pain. When these reflexes are exaggerated, the stress response also is exaggerated, and this perpetuates pain and tension. PRRT helps break the cycle by “resetting the circuits” in the nervous system to process stimuli more normally. When it works, the results are often quite dramatic.

PRRT looks different than other physical therapy techniques you may have seen. A systematic and quick “one minute

nocioceptive examination” allows the therapist to hone in on the problem quickly. The physical therapist will then be looking at the patients movement abilities, and will then touch certain key areas of the patients body to test for tenderness or tightness. Then the physical therapist treats these areas with various techniques, usually tapping with fingers or a small hammer motion with the PT’s hand on a part of the body held in a certain position. The tapping movements activate opposing muscle groups in the painful areas, a process that can lead to immediate pain relief.

Usually, patients will feel significantly better within four visits if they are going to respond to PRRT. After the fourth visit, patients may need further treatment, but probably less often than the initial weekly series, and they should be able to do a lot more on their own to help maintain themselves. In most cases, the treatment benefits are long-lasting. Some repeated treatment may be needed, depending upon factors such as psychosocial stress, general nutritional status, or injury.

PRRT may be covered by your health insurance if your policy includes physical therapy benefits (we can check this for you).

The discovery of Primal Reflex Release Technique may be the most exciting and revolutionary manual treatment method in over 30 years. Furthermore, its novel approach and amazing results make it a must for our clinical “tool bag” and necessary introduction to more clinicians.

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NEW STUDY REPORTS SHOW- PHYSICAL THERAPY TREAT- MENT RESOLVES SYMPTOMS OF URINARY INCONTINENCE

American Physical Therapy Association opens the door to silent health issue affecting men and women of all ages. Urinary incontinence, or involuntary loss of bladder control, isn’t something that just happens to older women. In fact, the condition affects men and women alike, young and old. More than 17 million Americans have urinary incontinence, yet only 15% seek treatment. This study is significant for many reasons, none more so than because it provides the highest levels of evidence to support the importance of intervention by a physical therapist who specializes in treating urinary incontinence. Proper preventive treatment can manage or alleviate this often debilitating condition.

PHYSICAL THERAPISTS OFFER LOW-COST SOLUTION TO HIGH-COST EXPENDITURES FOR SPINAL CONDITIONS

Research shows physical therapy is an effective treatment of choice for many back pain patients.

In contrast to a recent study published in the Journal of the American Medical Association (JAMA) suggesting that spine-related expenditures have increased without evidence of improvement, best evidence suggests that patients who receive physical therapy for musculoskeletal disorders, including back and neck pain, report good outcomes at a lower cost than using drugs or surgery, the American Physical Therapy Association (APTA) reported.



For pain of a “mechanical” origin such as back or neck pain, hands-on therapy to mobilize the spine and exercises designed to alleviate low back pain, have been shown to be particularly effective.

Studies show that patients with lumbar spinal stenosis can benefit from physical therapy, particularly when manual physical therapy, exercise, and a progressive body-weight-supported treadmill walking program is used.

Consumers need to know that physical therapist management is a low-cost, high-value alternative to drugs and surgery to deal with musculoskeletal pain.

CONDITIONS CORNER

Scoliosis

Scoliosis is an unhealthy curvature of a normally straight spine, affecting 12 million people worldwide. Did you know that 5 to 10 of every 100 young people from ages 9 to 14 will develop scoliosis? Most cases are mild and do not need any treatment except for regular exams. A few cases do need treatment so that other problems will not develop in later years. A rotation of the vertebra and the rib cage usually accompanies this unhealthy curve. Left untreated, this unhealthy curve can worsen and cause disfigurement, respiratory and digestive problems, and debilitating pain. The best way to find and control scoliosis is to look for it often during the years when young bones are growing the fastest.

What to look for: the spine has three slight curves—one in the neck, one in the upper back, and another in the lower back. These curves are normal and can be seen from a side view. From a back view, the spine should appear straight. If the spine has a side-to-side curve, the curve is called scoliosis. Treatment is based on the age of the person, size of curve and risk of progression. Physical therapy can provide exercises to improve flexibility and strengthen the muscles that support the spine, and pain management.

Because patients with chronic, disabling low back pain account for a disproportionate share of health care expenditures and workers' compensation costs, the potential cost savings of an early effective intervention to prevent individuals from progressing to chronic disability may be considerable.

Who can benefit:

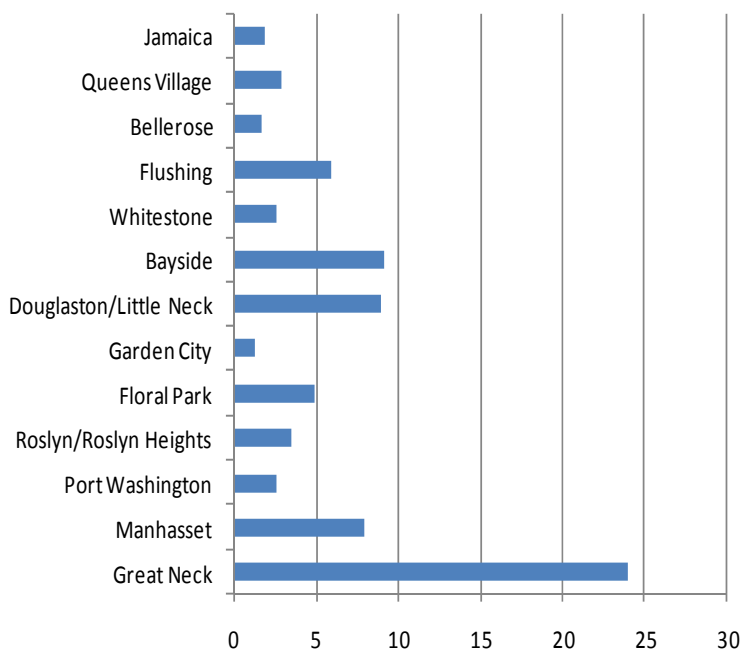
- Individuals of all ages, from newborns to elders.
- Anyone with medical problems or other health related conditions that limit their abilities to move and perform in their daily lives.

Physical therapy treatment:

- Physical therapists examine each individual and develop a plan of care.
- Reduce pain, restore function, and promote the ability to move.
- Prevent disability.

It is important to remember that physical therapy should be provided only by a qualified Physical Therapist or PT Assistant under the supervision of a physical therapist.

Where our patients are coming from? (in percentages)



We also have patients from the following areas that didn't compile enough patients to represent on the graph above. Patients not represented on the graph above have come from the following areas:

Nassau County

Franklin Square, Elmont, Mineola, Albertson, Baldwin, Freeport, Lawrence, Glen Cove, Glen Head, Greenvale, Hempstead, Uniondale, East Meadow, Hewlett, Locust Valley, Long Beach, Malverne, Merrick, Old Westbury, Rockville Centre, Roosevelt, Sea Cliff, Valley Stream, Westbury, Williston Park, Bayville, Bellmore, East Norwich, Massapequa, Oyster Bay, Seaford, Syosset, Woodbury, Hicksville, Bethpage, Farmingdale, Plainview.

Suffolk County

North Babylon, Bayshore, Huntington, Huntington Station, Melville, Lindenhurst, Northport, St. James, Smithtown, Riverhead

Queens

Astoria, College Point, Corona, Jackson Heights, Elmhurst, Forest Hills, Maspeth, Middle Village, Glendale, Cambria Hts, St. Albans, Laurelton, Howard Beach, Kew Gardens, Ozone Park, Richmond Hill, Woodhaven, Rosedale, Hollis.

We have even treated some patients from New York City and Brooklyn.

Recipe of the Month

ROASTED PEPPER RISOTTO

About 3 cups Basic Chicken Stock or low sodium chicken broth

2 Teaspoons olive oil

1 Tablespoon butter

1/3 cup diced onions

1 Teaspoon minced garlic

1 cup Arborio rice (some packing states Risotto)

1/2 cup freshly grated Parmesan cheese

Freshly ground black pepper

1 roasted red pepper

1. Heat the olive oil and butter over medium heat in a medium-sized pot. Add the onion and cook until it turns translucent, about 5 minutes. Add the garlic and cook 1 minute more.
2. Add the rice to the onion mixture, stir and turn the heat to low. Add about 1 cup of the stock to the rice mixture, and stir slowly until the stock is absorbed.
3. Continue to add the stock 1 cup at a time, occasionally stirring, letting the rice absorb the stock before adding more.
4. While the risotto is cooking, peel off the skin of the red pepper and slice into strips.
5. The risotto is cooked when it is creamy on the outside and slightly firm in the center, (20 to 25 minutes) in all. Stir in half of the Parmesan cheese, half of the red pepper strips. Pepper to taste.

PER 1/2 CUP: 322 calories, 7g Fat, 12g Protein, 461mg Sodium, 49g Carbohydrate, 2g Fiber, 3g Saturated Fat

KEEPING YOU UPDATED...

- Erin McNally PT, has joined our staff as a Staff Physical Therapist.
- John Krup PT, has joined our staff as a Staff Physical Therapist.
- We have recently been added as a participating provider of BCBS-HMO plans / Senior Plan.
- Our new office hours: Mon / Fri—7am – 9pm

Saturday 7am– 5pm



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The young athlete and sports injuries

More young people are participating in sports today than ever before. Athletic participation has increased in grade schools, high schools, and community programs: 50% of boys and 25% of girls compete in organized sports. Beyond organized sports programs, millions of young people participate in physical education classes, church and community intramural programs and other recreational athletic activities.



The growing athlete is not merely a smaller version of the adult. There are marked differences in coordination, strength, and stamina. In young athletes, bone-tendon-muscle units, growth areas within bones, and ligaments experience uneven growth patterns, leaving them susceptible to injury. Although coaches often recognize severe injuries because of pain and inability to continue playing, they should watch for early signs of physical problems (such as low grade pain or limp) which often gets ignored.

Approximately 95% of sports injuries are minor trauma involving soft tissue-(bruises), muscle pulls, sprains (ligament injuries), strains (muscle and tendon injuries), and cuts or abrasions. Although spinal cord injuries are rare, 10% of all spinal injuries occur during sports, primarily diving, surfing, and football. These injuries can range from a sprain to paralysis in the arms and legs to death. Fractures constitute 5% to 6% of all sports injuries. Most fractures occur in the arms and legs. Spine and skull fractures are rare. Diagnosis of any sports-related injury should be made promptly by orthopaedic surgeons, or clinicians who specialize in the musculoskeletal system.

Athletic activity by young people is generally safe with low risks and high benefits. The major goal should be enjoyable participation. Exposure to competitive sports encourages development of fitness, motor skills, and a life-long appreciation for sports.