

June 2007

## Benefits of Yoga



**A**s part of your physical therapy program, you may be considering a variety of treatments to help obtain better mobility and function. Most likely you have heard of yoga, but you may not be familiar with its benefits, particularly in relation to physical rehabilitation.

**Yoga is a therapeutic complement to physical therapy** that can help improve strength, flexibility and fitness, while also allowing you to maintain joint stability. It can assist with recovery from various injuries, including sports-related conditions. An important goal of any treatment regimen is to facilitate injury management. Yoga supports this by:

- **Promoting independent movement and functioning;**
- **Providing stress relief through its deep breathing component; and**
- **Helping you maintain a healthy body weight.**

Yoga also creates an awareness of the body as well as any areas of stiffness, weakness and imbalance that may contribute to pain and injury. It is considered a gentle and low-risk way to deal with long-term conditions. Some of the beneficial effects of yoga include:

- **Better posture;**
- **Increased flexibility in muscles and joints; and**
- **Reduced pain and stiffness.**

There are many styles of yoga, and the differences between each are in how you align the body or how you move from one posture to another. The pace and breathing of each yoga style varies as well, but the common goal shared by all forms of yoga is the same—to enhance physical function. Some popular forms of yoga include:

- **Ashtanga: a faster, aerobic style;**
- **Bikram: performed in a heated room; and**
- **Iyengar: uses props to compensate for lack of flexibility.**

If you are interested in trying yoga, contact us to review what type of class would be appropriate for you. **By properly integrating yoga into your lifestyle, your enjoyment of this activity can be enhanced.**

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## Walking: An Effective Tool for Weight Loss and Maintenance



**T**he simplest exercise available is placing one foot in front of the other and walking. Because this is something we do every day, it is often overlooked as **a valuable tool for weight loss**. A 140-pound person walking at a moderate pace for 20 minutes will burn approximately 92 calories while increasing heart rate, thus making walking a very effective form of exercise.

If you are just beginning a walking program, try warming up with slow-to-moderate five-minute walking sessions, increasing the pace for a total of 30 minutes of walking. Do this three times per week, and soon it will be fairly easy to increase your pace and endurance to a brisk walk, defined as walking approximately 3.5 miles per hour. **To add intensity, involve the arms** by keeping them at a 90-degree angle and pumping them up and down with each step. For more of a challenge, try walking on sand or uphill. This will significantly increase your heart rate for a bonus cardio workout.

If the idea of walking seems uninspiring, try these suggestions:

- **Invite a friend or take a dog along.** This will help pass the time and enliven your step.
- **Consider joining a walking group.** A fun and social way to exercise, groups can be found in most towns and cities across the country. When the weather gets less agreeable, groups often walk in shopping malls.
- **Wear comfortable walking shoes and make sure to keep hydrated,** taking a sip of water every 10 minutes.
- **For motivation, use a small pedometer that displays calories burned, distance covered and minutes walked.**

Aim for a one- to two-pound weight loss goal per week. Statistics show that weight loss occurs more rapidly during the first few weeks of a new walking program. Although results may taper off afterward, stick with it. Keep those legs moving, and watch those pounds slowly melt away—safely and effectively.

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## You're Never Too Old for Weight Lifting



**W**hen someone talks about weight lifting, perhaps you picture young, muscled athletes lifting outrageously heavy barbells over their heads. But today, weight lifting, or strength training as it is sometimes called, is for everyone. Studies have shown that **moderate weight lifting produces significant health benefits in older individuals**, even if they do not begin exercising with weights until their 70s, 80s or even 90s.

After age 30, most people begin to lose muscle mass. Strength noticeably declines beginning around age 50. This was once thought to be inevitable, but we now know that these losses can be reversed. Some of the proven benefits of strength training for older individuals include:

- **Increased strength and flexibility;**
- **Better balance and coordination;**
- **Improved cardiovascular health; and**
- **Increased bone density.**

These benefits add up to a decreased risk of falling, improved physical and emotional health, and a more independent lifestyle.

Most people, even frail individuals with chronic health problems, can exercise with weights. Just talk to us before you begin. **Exercising should be done under the supervision of a physical therapist** or health professional familiar with the American College of Sports Medicine's strength-training guidelines for older individuals. After an initial evaluation, we can develop a personalized weight-lifting program based on your current level of fitness. Sessions for older individuals are usually 20 to 30 minutes long, two or three times per week on nonconsecutive days.

Strength training can be done with free weights or weight machines. Weight machines are often preferred because they offer more body support and allow weight to be increased in smaller increments. Many health and fitness facilities and community centers have special programs designed for novice, older weight lifters. Fitness gains often can be seen within a few weeks, and lifestyle benefits within a few months. Most importantly, it is never too late to start!

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## Ankle Injuries: Rehabilitation Approaches



**A**nkle injuries are among the most common athletic hindrances. Jumping sports such as basketball and volleyball produce the majority of ankle injuries, although nonathletes can easily injure an ankle simply by stepping onto an uneven surface, such as a stone. Rehabilitation following an ankle injury is **crucial to managing pain and preventing future injury**.

There are three ligaments on the outside of the ankle: the anterior talofibular, the calcaneofibular and the posterior talofibular. The anterior tibiofibular in the front of the ankle helps maintain proper alignment of the fibula and tibia (bones of the lower leg). Depending on which ligament is affected and to what degree, the rehabilitation process may differ slightly. Stability, range of motion and ankle strength will be assessed by a physical therapist to determine the **appropriate recovery program**. In some cases, x-rays will be performed when there is tenderness of the bony areas of the ankle or leg.

The most commonly used approach to ankle rehabilitation is explained by the acronym PRICE (protection, rest, ice, compression, elevation). This is typically the first line of defense and consists of:

- **“Protected” weight bearing;**
- **Appropriate level of rest;**
- **Applying ice packs for 20 minutes every two to four hours** (use a bag of frozen peas or one part alcohol and four parts water solution frozen in double-sealed plastic bags);
- **Applying a source of soft compression such as an Ace bandage; and**
- **Elevating the ankle above the body to control swelling.**

If further treatment is needed, your physical therapist can use a number of different modalities. Other treatments may include a gradual introduction of weight bearing for those patients initially on crutches, along with a series of specialized exercises where your range of motion is increased by carefully mobilizing the ankle. As pain decreases, equipment such as a treadmill or stationary bicycle may be used. You may also be instructed to use free weights and gradually participate in more challenging physical activity as pain and movement allow. Almost always, **a balanced program of increasing-demand exercises** is part of the rehabilitation sequence.

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## Kids: A Pain in the Knee



If your child experiences knee discomfort, it could be due to Osgood-Schlatter disease. Although temporary, **this condition can be a source of pain and swelling**. Most children suffering from Osgood-Schlatter disease also experience a tender bump just below the kneecap.

The pain associated with this condition appears when children, whose bones are growing rapidly, are involved in running and jumping activities. It occurs more often in athletic children than those who are more sedentary, and it affects as many as one in six adolescent athletes. Osgood-Schlatter disease appears most often in boys aged 13 to 14 and girls aged 10 to 11, although it is more common in boys.

So what should you do if your child is complaining of a tender knee? First, **see a doctor for a proper diagnosis**. Most doctors recommend conservative treatment for Osgood-Schlatter disease. This may include:

- **Administering anti-inflammatory and pain-relieving medications;**
- **Applying ice to avoid pain and swelling;**
- **Limiting time spent in activities that might aggravate the condition**, such as kneeling, running and jumping; and
- **Exercising, at home or with a physical therapist, to strengthen the quadriceps and hamstrings**, which can sometimes prevent further problems.

The condition usually subsides within a year, but the pain can last as little as six months or as long as 24 to 36 months—until the child's bones finish growing. Even though this condition usually goes away on its own, **immediate treatment is helpful** in facilitating the child's return to activities and avoiding future complications. As your child grows, it is important to **be aware of the body changes taking place** and to know about this easily treatable condition.