

June 2008

How to Avoid Getting Stiff on a Long Car Trip



Sitting in a car for hours compresses muscles and keeps your spine unnaturally immobile. **The most important rule is to stop every hour, get out and walk around for several minutes.** This helps prevent stiffness, but more importantly, lessens your risk of developing a **deep venous thrombosis (DVT)**, or blood clot in the leg. A blood clot can travel to your brain, lungs or heart and is potentially fatal.

The following are more ways to stay comfortable:

- **Try a horseshoe-shaped travel pillow to support your neck.** Use a lumbar support pillow (or rolled towel) between your lower back and the back of the seat every other half-hour. A beaded seat cushion may also feel good.
- **As a passenger, occasionally vary your leg position to improve circulation and avoid leg cramps.** Alternate placing your feet on the floor with elevating them on a small stack of books tied together or secured with a rubber band, or on a bag of similar size.
- **When driving, do not hold the steering wheel too tightly.** Shift between holding it firmly and a little more loosely, to improve circulation and lessen fatigue in your hands, arms and wrists.
- **In or out of the car, regularly raise your feet and toes and then point them up and down several times.** Also, alternately move each ankle and foot in small circles, 10 times clockwise, then 10 times counterclockwise. To make the effect stronger, do the exercise with both feet simultaneously.
- **During each rest stop, carefully roll your shoulders forward and back several times to stretch them.**
- **If your doctor agrees, consider taking a preventive dose of acetaminophen or a nonsteroidal anti-inflammatory drug (NSAID) to relieve the discomfort of any stiffness that might develop.**

Pain from sitting in a car for long periods can ruin your vacation or workday. If pain persists, see us to determine specific exercises to help you feel better.

June 2008

Recurrent Back Pain After a Herniated Disc Removal



One reason back surgery “fails” is that the area operated on was not, in fact, the area causing the pain. Because the back and its nerves are so complex, this often cannot be foreseen before surgery. In fact, back surgery more commonly alleviates leg pain than back pain, because it is easier to trace leg pain to a specific herniated disc pressing on a nerve, such as the sciatic nerve.

Many patients with chronic back pain suffer from additional health problems, such as a separate chronic pain issue or chronic illness, which back surgery does not address, so a patient can still feel subpar after surgery. Furthermore, the longer back pain has existed, the less likely surgery is to eliminate it.

Newly formed scar tissue could be causing your back problem if it is pressing on the lumbar nerve root. Less common, though possible, is that bleeding, infection, nerve injury or a re-rupturing of the disc is causing the pain.

If you continue to experience back pain after surgery, there are several things you should do.

- **Discuss the pain as specifically as possible with your surgeon. If your surgeon can pinpoint why the pain exists (probably with the help of imaging tests), he or she can best recommend a potential solution.**
- **Driving, bending or lifting heavy objects too soon after surgery (before four weeks) could cause you to experience pain. Consult us to determine how you might alleviate pain and better structure your postoperative rehabilitation.**

Together with your doctor, we can devise a stretching, strengthening and exercise plan to help your recovery and, hopefully, minimize future discomfort.

June 2008

Jumping Away from Jumper's Knee



If you participate in any activity that involves frequent jumping and change of direction—basketball, for instance—you may be in danger of developing patellar tendinopathy (also known as **jumper's knee**). Although many people believe this to be no more than a nagging injury and try to “play through the pain,” if left unaddressed, jumper's knee can become a chronic condition requiring surgery.

The patellar tendon is an extremely strong tendon that joins the kneecap to the shinbone. It allows the quadriceps muscle to straighten the knee when you jump and to provide stabilization when you land.

Repeated strain can result in micro-tears of the tendon and collagen degeneration.

How can you tell if you have jumper's knee? Symptoms include

- **pain at the bottom and front of the kneecap;**
- **aching and stiffness after exertion;**
- **pain when you contract the quadriceps muscles;** and
- **a tendon that appears larger in one leg than in the other.**

Treatment depends on the severity of the injury. You will have to **modify your activities** to reduce the load on the tendon—possibly giving up basketball or whatever activity you participate in that caused the problem—until the knee heals. You may even have to **give your knee a complete rest** for a period of three months or more. When all else fails, **surgery** may be necessary.

No matter how bad a case of jumper's knee you have, part of the recovery process involves seeing us to design a course of treatment to rehabilitate and strengthen your quadriceps muscle and the patellar tendon. This may include strengthening of the quadriceps with an emphasis on **lowering weights (eccentric or negative exercise) and plyometric exercises**, which enable you to move and jump better while reducing your risk for jumper's knee.

April 2008

Why Does My Neck Hurt When I Wake Up in the Morning?



If you experience an achy neck upon awakening in the morning, your **pillow habits** could be to blame. You may be using pillows to “overstuff” the space between your neck and the mattress or be sleeping on an older, flattened pillow. Fluffy feather pillows are usually better than foam for providing proper support; replace them as necessary, every year or so. And do not sleep on your stomach if you have neck issues.

During the day, help your neck by not sitting too long in one position. If you have frequent phone conversations, use a **speakerphone** or **hands-free headset**. And if you read in bed often, try using a wedge pillow designed to hold the book in the proper position, so you do not hunch your shoulders and hold your arms awkwardly—a certain recipe for neck pain.

Your neck pain could also be radiating from your temporomandibular joint (TMJ), the jaw-skull juncture, which is affected if you grind your teeth, clench and unclench your jaw often or chew lots of gum. Or, if you are over age 50, you could have osteoarthritis (age-related degeneration) of the neck, also called the cervical spine.

Reduce the pain so you can use your neck fully, because with too much rest, your neck muscles will become deconditioned, contributing to even more problems. Easy-to-implement solutions may include

- **gentle stretching right before bed and when you get up;**
- **a hot shower after arising;**
- **physical therapy, including custom-designed stretches and strengthening exercises;** and
- **ice application (15–20 minutes), acetaminophen or a nonsteroidal anti-inflammatory drug (NSAID), if your physician recommends this, to reduce the pain so you can more comfortably stretch and exercise.**

If, after taking these measures, your neck pain persists, we can prescribe other measures to help you to lose that “pain in the neck” feeling.

June 2008

They Said They “Pinned” My Mother’s Hip—What Does That Mean?



“Pinning” is shorthand for **surgical repair of a broken hip**. In all likelihood, your mother suffered a fracture at or near where the femur (the large bone at the top of the leg) enters the hip joint.

Also called “internal fixation,” this common procedure involves **stabilizing the broken bones with steel rods, screws and/or plates**. It is one of several possible surgical

treatments, used most often when the bones remain properly aligned or can be realigned with traction.

Postoperative rehabilitation is crucial to recovery from a broken hip. Studies have shown that the most gains are made within the first six months. The stabilization provided by internal fixation **usually allows patients to get back on their feet sooner than other procedures**.

Most common in people over the age of 65, hip fractures are serious and often have long-term health repercussions. Prolonged immobility increases the risk of developing blood clots or pneumonia and can also lead to depression. Social contacts after hip surgery have also been shown to speed recovery, so it is important that she remains engaged with family and friends.

Your mother’s best prospects for recovery, mobility and overall health depend on prompt and thorough rehabilitation, which can start even while she is still using a walker or cane. We can devise a physical therapy program that includes **strengthening exercises and gait training**. You can assist by seeing that she follows through on any prescribed home care, including exercises, and by encouraging her to be as active as possible.