

October 2008

When Backing Up the Car Becomes a Pain in the Neck



That pain you feel when turning your head while backing up your car is probably due to tightness in the muscles of your neck and upper back, often the result of years of **poor posture**. To improve your posture, keep your neck in a “neutral” position, with your chin more tucked in than pushed forward. When you walk, stand or sit, pretend that a string is pulling you from the top of your head, elongating your neck and spine.

At your computer, adjust your chair so the monitor is at eye level, the chair supports your arms and your knees are a little lower than hip level. While driving, adjust the seat so that you are neither too far nor too close to the steering wheel and pedals. Use a lumbar roll or support for your lower back when you drive or sit in your computer chair. Avoid reading in bed propped up on pillows, which often thrusts the head and neck forward. While sleeping, use a pillow that does not place your head at an angle that is too high or too low. Lie on your side with your bottom leg straight and your top leg bent or resting on a pillow placed between your legs.

In addition, you can perform the following exercises at home, preferably upon waking and again just before bedtime:

- **Shoulder roll:** With arms and neck relaxed, slowly roll both shoulders in a circular motion, front to back. Repeat 5 times, then another 5, rolling back to front.
- **Chin tuck:** From a neutral position, gently pull your chin down and in toward your neck. Return to the original position. Repeat 5 times.
- **Head turns:** From a neutral position, slowly turn your head to the right; then return slowly to the original position. Repeat 5 times, and then 5 more times to the left.

Once medical causes, like arthritis, have been ruled out, we can make sure you are performing the exercises correctly and modify them as necessary. If weakness is identified, we may provide specific strengthening exercises. Recovery from neck pain can take a few weeks to a few months. Following the exercise regimen we have designed for you will alleviate stiffness and discomfort and restore flexibility, strength, stability and range of motion in your neck.

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Exercise Banishes “Blues” from Gray Days



Call it the doldrums, cabin fever or an instinct to hibernate: the shorter, grayer days of fall and winter can sometimes get you down. Cold weather is inevitable, but the “blues,” known as SAD (seasonal affective disorder), do not have to be! In fact, a dose of regular physical activity may boost your mood. Researchers have found that even people with mild to moderate clinical depression can gain relief through exercise. For some people, it is as effective as psychotherapy and antidepressant medications.

Scientists surmise that exercise stimulates the activity of mood-related brain chemicals called neurotransmitters. Mayo Clinic experts say it “may also boost feel-good endorphins,” reduce muscle tension, improve sleep and reduce levels of cortisol, a hormone associated with stress.

While more rigorous activities, such as running, seem to produce the best results, more moderate exercises, including strength training, aerobics and low-intensity workouts, such as walking, dancing, swimming or gardening, are all effective mood lifters. Optimally, 30-minute moderate-intensity sessions 3 to 5 times a week are enough to make a difference, in some cases cutting depression symptoms by nearly half. If it is difficult to get started, shorter amounts of activity—even 10 to 15 minutes at a time—can improve mood.

Any activity you enjoy is a good place to start, especially since depression affects motivation. The payoffs will be worth it. Not only can exercise improve your mood but it is also good for weight management and strengthens the heart, lowers blood pressure, and improves muscle tone and strength.

Exercise is not necessarily a substitute for medical treatment of depression, a clinical illness that can undermine your health, relationships and quality of life. But if you just suffer from seasonal “blues,” consult us for a discussion of your exercise options and a program designed just for you.

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Knee Injuries and Running



Knee injuries are possibly the most common injury that runners experience, the one most likely to keep you from running for the longest time. Knee pain can be a warning signal that you need to change something in your running regimen, like your posture or the rate at which you are increasing your weekly mileage.

A main cause of injury, especially among beginning runners, is a sudden increase in mileage, which can lead to an injury called **runner's knee**. Symptoms include a dull pain behind or around the kneecap, pain when you bend the knee, pain that is worse when you walk downstairs or downhill, swelling, and popping or grinding sensations in the knee. The knee relies on a balance of thigh muscles to move up and down properly, and overrunning can accentuate any muscular imbalance and loading the knee cartilage, causing soreness.

This imbalance is often caused by **pronating** (running with your feet turned outward) or **supinating** (running with your feet turned inward). Also, if you hit the ground with your heels while running, the shock travels farther up your legs than if you hit at the middle of your step. To rectify muscular imbalance, you might shorten your running distance and make sure your feet hit the ground properly. Running stores stock shoes specially geared for pronators or supinators. The proper shoes, especially those with shock-absorbing soles, can reduce the impact on your knees.

Another type of injury affects the **iliotibial band**, a band of tissues running down the outside of your legs that helps control the knee joints and move the hips. As you run, this band can rub against the knees, causing a pain just above the knees to the side. This condition can also result from overtraining and from not stretching enough after exercise.

To alleviate and prevent these problems, start with a slow warm-up and finish with stretching to loosen up the leg muscles. For further relief, an individualized series of exercises might be in order. We can design a program that will keep you running and make your regimen easier and more effective.

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Add Strength Training to Your Yoga Practice



Many people practice yoga for relaxation. Yoga can also help you tone your muscles, and, at first, it can increase your strength. But eventually you will need something beyond yoga to build muscle tissue. That is when adding a strength-training program makes sense.

To shape up and get fit, building muscle tissue is essential. As we age, we start to lose muscle. For instance, because of dipping

hormone and activity levels, a woman typically starts losing about half a pound of muscle a year during her perimenopausal years. Upon reaching menopause, women can lose as much as a pound of muscle a year.

Strength training builds muscles in your trunk, arms and legs—tissue that burns more calories than fat, even if you are just sitting around. The more muscle in your body, the higher your natural levels of human growth hormone and metabolism will be.

Researchers have found that **regular strength training raises metabolism by about 15%**. Strength training **also increases the strength of tendons and ligaments and improves the flexibility of joints. Another important benefit is increased bone strength**, which is especially important for women. By increasing bone density, the risk of fractures for women between 50 and 70 years of age is reduced.

A twice-a-week program can replace 5 years' worth of lost muscle in just a few months. A basic strength-training program might include such exercises as squats, wall push-ups, knee extensions, knee curls, abdominal crunches and bicep curls and triceps pulldowns, which are performed with weights.

A strength-training program can nicely complement a yoga program, resulting in improved physical and mental health and well-being. Before you begin any weight-training regimen, however, we can design a program that allows you to safely achieve your goals.

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Does Osteoarthritis in the Hip Joint Necessitate Surgery?



Most people with osteoarthritis (OA) of the hip joint never need joint replacement surgery. Surgery only becomes an option if the person suffers from severe pain in the joint that is unrelieved by available treatment methods, with a dramatically impaired ability to perform daily activities and marked joint instability.

Simpler treatments to relieve pain, increase function and slow down the degeneration of the joint should always be tried before surgery is considered. One of the first things you can do on your own is to **control your weight**. Controlling your weight lessens pain by reducing stress on the hip joint.

Weight loss should be coupled with **physical activity**. By building up muscles around joints, exercise increases joint stability and prevents further damage. Even simple aerobic exercises like swimming and walking on level ground can be helpful. Set a goal of 30 minutes of daily exercise.

Range-of-motion, strengthening and stretching exercises can help relieve pain and improve joint movement. Other treatments to alleviate the pain of OA include heat and cold therapy; pain medication; transcutaneous electrical nerve stimulation (TENS); acupuncture; therapeutic massage; yoga; nutritional supplements like glucosamine and chondroitin sulfate; stress control and cortisone injections into the joint.

Some people with OA of the hip are completely pain free, whereas for others, even minor movements of the joint can be quite painful. Because of this, it is important to follow an individually designed treatment program. What works for one person may not necessarily work for another, even if both have OA of the hip joint.

By treating OA early and following a treatment plan that we can design, you can reduce your symptoms, increase hip range of motion and lessen joint-damaging effects.