

Welcome to the Inaugural Edition of Harrison Physical Therapy's Newsletter

Read what people are saying about physical therapy...

"Now that I am feeling better, I can keep up with my 18 grandchildren."

- Anna Anderson

"After having my ACL, PCL, and MCL reconstructed, I was confident that the Harrison Physical Therapy staff would do what it takes to get me running again."

- Mike Sparrow

"My rotator cuff surgery and rehabilitation was so successful that I actually lost my excuse on the golf course!"

- John Stella

"I can finally wear whatever shoes I want."

- Sue Sementilli

We Specialize In:

- Post surgical rehabilitation
- Total joint replacement rehabilitation
- Shoulder and knee rehab
- Foot and ankle rehab
- Pediatric rehab
- Neck and back pain
- Automobile injuries
- Worker's Compensation
- Arthritis and joint pain

Written for both referring physicians and

patients of Harrison Physical Therapy, our newsletter will provide information on timely topics in physical therapy and new happenings at our office. After treating patients in Southern Dutchess County for almost three years, Harrison Physical Therapy remains dedicated to providing high quality, individualized care to all of our patients in an environment that makes rehabilitation an enjoyable and positive experience. Our highly trained staff now includes three physical therapists, each of whom is committed to providing the most advanced therapy techniques in our well-equipped facility.

Everyone at Harrison Physical Therapy works hard to make sure that our patients' care remains our top priority. We offer flexible treatment hours to accommodate our patients' busy schedules, provide thorough evaluations and treatments of the patients' injuries, and customize home exercise programs for all of our patients to accelerate the healing process. We believe that clear communication



between the treating therapist and their referring physician is vital for optimal patient care. We keep in constant contact with the patients' physicians through the use of evaluation summary letters, monthly progress reports, and a discharge summary, and always contact the physicians directly with any questions or concerns.

Throughout the past three years we have made changes to enhance our facility, with patient needs as our primary focus. We

have added state of the art equipment in order to accommodate every orthopedic condition. We now participate in nearly every insurance company in the Hudson Valley. Our energetic and friendly family here at Harrison Physical Therapy has grown, totaling nine staff members who are dedicated to each patient's care.

We hope that you will find our newsletter informative, and we welcome any suggestions for topics to be covered in future newsletters.

Rotator Cuff Tendonitis

By Matthew Harrison, MS, PT

Rotator cuff tendonitis, often called shoulder tendonitis, is a common condition affecting the shoulder joint. Symptoms can include pain and weakness with lifting, performing overhead activities, reaching away from one's body, putting on a jacket, or sleeping. Young, active people as well as older individuals can suffer from rotator cuff tendonitis, and the condition occurs equally in males and females. In the case of younger people, rotator cuff tendonitis is often caused by activities that place increased stress on the rotator cuff tendons, such as tennis, swimming, weight lifting or baseball/softball. In older individuals, the source of the injury is more likely to be a degenerative lesion that has occurred over time.



The rotator cuff is comprised of four muscles that help stabilize the shoulder when it moves. There is a particularly poor blood supply to the muscles that comprise the rotator cuff, making it a fairly common site of injury. It is not unusual for a patient with rotator cuff problems to describe a history of several years of constant or intermittent symptoms. Often patients have well-developed shoulder and arm muscles but still suffer from rotator cuff tendonitis. This is because the rotator cuff is weak in comparison to the other muscles around the shoulder, which causes the arm bone to pinch or “impinge” on the muscle. Consequently, the diagnosis of rotator cuff tendonitis is often synonymous with a diagnosis of shoulder impingement.

Physical therapy treatment for rotator cuff tendonitis includes a combination of modalities (moist heat, ultrasound, electrical stimulation, and ice) and soft tissue mobilization/massage to aid in the healing process. Treatment also focuses on range of motion and stretching to restore flexibility as well as strengthening exercises to develop the rotator cuff and surrounding shoulder and scapular muscles. Patients generally begin to see an improvement in their condition within the first month and usually make a full recovery within two to three months. However, for more severe cases rehabilitation may sometimes take up to six months and can require a physician to prescribe oral anti-inflammatory medications and/or cortisone injections. If none of these treatments are successful, the condition might require surgical intervention in order to achieve a patient's goal of making a full recovery.



Iliotibial Band Friction Syndrome

By Nicole Casella, MS, PT

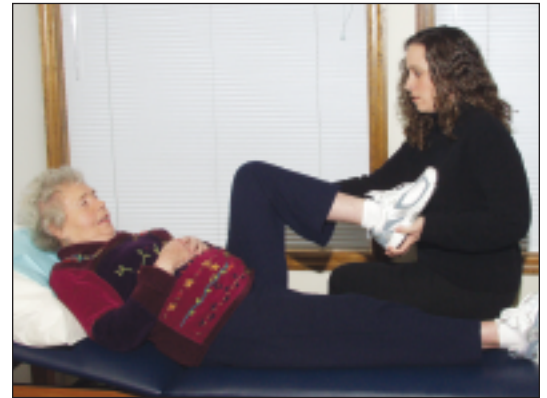
The knee joint depends on surrounding structures (i.e. muscles and ligaments) for stability, not on bony configuration. It is susceptible to both traumatic injury and degenerative changes, and is particularly vulnerable to pain syndromes in runners.

Iliotibial band (ITB) friction syndrome is the most common pain syndrome reported by runners. It results in knee pain and tenderness just above and to the outside of the knee joint. The iliotibial band is a thickened layer of tissue running from the hip region to just below the knee. Pain and inflammation develop secondary to friction created between this band of tissue and the underlying bony structure as the knee is repetitively bent and straightened.

Patients often report increased pain during running, descending stairs, and cycling. Pain may become so severe that it leads to limitation or cessation of these activities. Some factors that make a runner more susceptible to developing this problem include feet with high arches, knees with a “bow-legged” alignment, tight lower extremity musculature, increased time spent running downhill, and running on hard surfaces or while wearing hard shoes.



Treatment for ITB friction syndrome is initiated with rest from running and other aggravating activities, and applying ice to the painful area. Anti-inflammatory medications may be prescribed by the patient's doctor, as well as physical therapy treatment. Physical therapy would include modalities (moist heat, ultrasound, electrical stimulation, and ice) and stretching, with emphasis on activity modification including proper shoe wear and running surface. Progression to running is initiated once the patient is asymptomatic. Most patients respond well to conservative treatment, however, in severe cases, surgical release of the iliotibial band may be necessary.



Plantar Fasciitis – A Common Cause of Heel Pain

By David Mohr, MS, PT

Plantar fasciitis (inflammation of the plantar fascia) is a common condition which causes pain in the heel and arch of the foot. It is common in several groups of people, including runners and other athletes, people who have jobs that require a fair amount of walking or standing (especially if it is done on a hard surface), and in some cases it is seen in people who have experienced weight gain.

The pain caused by plantar fasciitis is more noticeable when bearing weight on the foot and especially painful first thing in the morning. The pain is usually felt on the inside of the foot where the arch meets the front of the heel. The pain may lessen after a few steps but tends to return after resting the foot or after spending time on the feet.

There can be several potential causes of this ailment. Some of these causes include: stress on the arch or weakness of the intrinsic muscles of the foot, tightness of the muscles in the foot and lower leg, foot with a flattened arch or too high an arch, shoes that do not give proper foot support, sudden increase in activity, and sudden increase in weight. People with low arches, flat feet or high arches are at increased risk of developing plantar fasciitis.

Your doctor and physical therapist can design a rehabilitation program that is the most appropriate, which may include the following: rest, icing, the use of proper footwear, orthotics, stretching and strengthening, and oral anti-inflammatory pain medications or cortisone shots. Effective treatment will decrease pain, restore flexibility to tight structures surrounding the arch and ankle, and strengthen the muscles in and around the foot. Plantar fasciitis sufferers can usually return to pain-free, full-activity with proper rehabilitation. However, if conservative treatments fail there are several successfully proven surgical options that can be explored.



Your Physical Therapists' Calendars



Matthew Harrison, MS, PT - Over the summer, Matt attended a three day seminar entitled "Intensive Orthopedics" in Boston, Massachusetts. This course focused on the newest techniques in surgical procedures and subsequent rehabilitation after total hip, knee, and shoulder replacements. In August, Matt and his wife Stephanie celebrated the birth of their first child, Samuel.



Nicole Casella, MS, PT - In October, Nicole attended a seminar entitled "The Mulligan Concept" in Albany, New York. This course focused on the most recent manual therapy techniques used to develop and improve pain-free mobility at both spinal and extremity joints. Later in the month of October, Nicole and her husband Andy celebrated their son Brady's first birthday.



David Mohr, MS, PT - In November, David attended two seminars in Hartford, CT. The first seminar entitled "Functional Rehabilitation of the Shoulder", focused on the latest rehabilitation techniques for patients with orthopedic shoulder impairments. The second course entitled "Motor Control Stability of the Cervical and Thoracic Spine", concentrated on therapeutic techniques for dynamic and integrative stabilization of the spine to reduce acute and chronic neck and back pain. In August, David took a one week backpacking excursion to Mount Washington in New Hampshire.

Harrison Physical Therapy Happenings

Harrison Physical Therapy is pleased to announce that Dorie Fernandes, Erica Corrado, and Kayle Tedeschi have joined their staff. Dorie will be working in the front office, whereas Erica and Kayle are the new Physical Therapy aides. Dorrie Huen, also a PT aide, graduated from Dutchess Community College and is continuing her education in athletic training at Sacred Heart University in Connecticut. Dorrie will be returning to help out around the holidays and when she has time off from school.

In other office news, this past summer Maren Milliard was promoted to Practice Manager. Congratulations Maren on your promotion, it is well deserved. We would also like to wish Nancy Schinella the best of luck in her retirement. Nancy and her husband Pete retired to Florida this past fall.



If you would like to learn more about us, please visit our recently updated website at www.harrisonpt.com.

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