

Happy Holidays From Harrison Physical Therapy

Read what people are saying about physical therapy...

“After tearing my ACL for the second time, I thought my flag football days were over. But Harrison PT helped me get back in time for the start of the season.”

- Joe Tama

“The entire staff gives you the attention and motivation you need to achieve your goals.”

- Linda Salcedo

“I look forward to coming to therapy each week.”

- Genevieve Shramek

“My arm can now do things that it could not do for the past ten years!”

- Joe Mahoney



Harrison Physical Therapy would like to wish everyone a healthy and happy holiday season. We would like to thank each of our patients and referring physicians for their support this past year. Harrison Physical Therapy continues to strive to provide top quality care to each of our patients using state-of-the-art equipment and the latest treatment techniques.

We are excited to announce that access to physical therapy has become even easier with the passage of “direct access” legislation by New York State, the 43rd state in the nation to pass such a law. The Consumer Access to Physical Therapy bill,

S.3169/A5622, which was signed into law on July 26, 2006, allows individuals in New York to access physical therapy services without a referral under certain conditions. The bill states that patients can directly access the services of a licensed physical therapist for ten visits or thirty days, whichever comes first.

What this means for patients of Harrison Physical Therapy is that starting in December 2006, patients waiting for a doctor’s authorization for physical therapy can commence treatment prior to receiving their referral. In the past, a patient would not be allowed to attend therapy until they had been given a referral

by their physician, which could potentially delay or disrupt their treatment. Since referrals are still required for a patient to be reimbursed by most insurance companies, including Medicare, worker’s compensation and no-fault, Harrison Physical Therapy recommends that patients either have a physician’s referral or be in the process of getting a referral before attending physical therapy.

If there are any questions about direct access to physical therapy, please feel free to contact us. The therapists and staff of Harrison Physical Therapy look forward to meeting all of your physical therapy needs in the upcoming year.

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

What is a Frozen Shoulder (Adhesive Capsulitis)?

By Matthew Harrison, MS, PT

Normally, the shoulder joint allows more motion than any other joint in the body. However, when a patient develops a frozen shoulder, or adhesive capsulitis, the shoulder capsule becomes inflamed and stiff. The inflammation may cause bands of scar tissue called adhesions to form, which cause pain and restriction of motion in the shoulder joint. In some cases, mobility may decrease to the point that performing everyday activities such as combing your hair, brushing your teeth or reaching for the wallet in your back pocket becomes difficult or even impossible.

A frozen shoulder can occur after an injury to or prolonged immobilization of the shoulder, such as after surgery or an arm fracture. However, the exact cause is not well understood and sometimes can occur for no known reason. Some risk factors for developing a frozen shoulder include age (it most commonly occurs between the ages of 40 to 60) and gender (it is twice as common in women as in men).

A frozen shoulder can be diagnosed by a physical examination. During the exam, other conditions such as bursitis/tendonitis and rotator cuff tears can be excluded. The most common symptoms include pain, difficulty performing activities such as brushing hair or putting on a shirt, and most importantly limited movement of the shoulder. An X-ray is usually taken to ensure the joint appears normal and an MRI may also be performed to rule out other conditions.

Treatment consists primarily of pain relief and physical therapy. Therapy mainly focuses on ROM through the use of stretching, exercises, and joint mobilizations as well as modalities (moist heat, ultrasound, electrical stimulation) to aid in the rehabilitation process. As ROM improves, strengthening exercises are performed to restore any loss in strength. Anti-inflammatory medication and/or cortisone injections may be used to aid rehabilitation by decreasing inflammation and pain. If the above treatments do not resolve the frozen shoulder, occasionally a patient will need to have a manipulation under anesthesia (where a doctor moves the arm to break up adhesions caused by a frozen shoulder) or surgery to cut through adhesions.



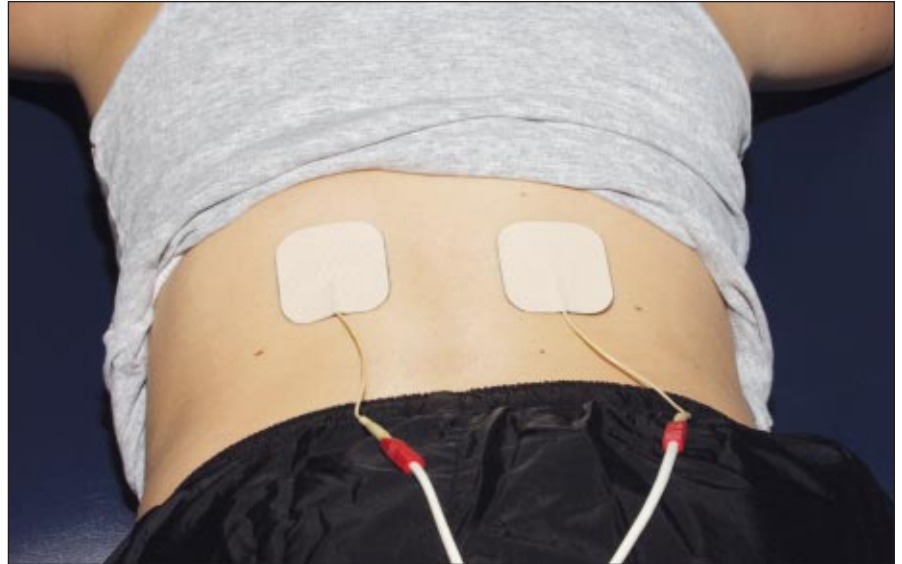
What is Degenerative Disc Disease (DDD)?

By Nicole Casella, MS, PT

Degenerative Disc Disease, or DDD, is the term used by medical professionals to describe the normal disc changes that occur in the spine as people age. The spine is composed of vertebrae separated by shock-absorbing discs and supported by numerous ligaments and muscles. Without the cushion effect of the discs, the vertebrae in the spine would not be able to absorb stresses, or provide the movement needed to bend and twist. As the body ages, the intervertebral discs start to break down, losing both flexibility and fluid content. When this occurs, the spine becomes more susceptible to injury. Every patient is different and it is important to remember that not everyone develops symptoms as a result of DDD.

The main symptom of DDD is pain and/or stiffness in the neck or back. Because nerves from the cervical and lumbar areas extend into the arms and legs, when these nerves are affected by DDD the patient may also experience pain that radiates down the arm or leg, numbness/tingling, or weakness.

Most patients report improvement with conservative treatment including modalities (moist heat, ultrasound, electrical stimulation, and ice), medication, soft tissue mobilization, ROM/stretching, traction, and strengthening exercise. In severe cases, surgical intervention may be necessary.



What is Patellofemoral Syndrome (PFS)?

By Gregory Suckow, MS, PT



The patella, commonly referred to as the knee cap, and its tendon transmit power from the quadriceps to the lower leg. Normally, as the knee bends, the patella slides smoothly along a groove in the thigh bone. However, under certain conditions the patella may experience forces which push it against the sides of the groove, causing pain. Additionally, inflammation and roughening of the smooth underside of the patella may occur. Collectively, this process is referred to as patellofemoral syndrome, or PFS.

PFS causes pain which is usually located in the front part of the knee, but may also occur on the inside, outside, or vaguely located within the knee. The pain can feel either sharp or dull, and is often made worse by squatting or walking down stairs. Sometimes there is a grinding or clicking sound within the joint as well. Factors that can increase the risk of PFS include training errors such as excessive walking or running up hills, stairs or long distances; biomechanical abnormalities such as overpronation of the feet or “knock knees”; tightness in the calf, hamstrings, or lateral aspect of the thigh muscle; and weakness in the VMO-medial aspect of the quadriceps or gluteus muscle.

Treatment involves rest, ice, anti-inflammatory medications, taping, stretching, proprioception/balance training, and strengthening. Taping can supply immediate pain relief and helps correct abnormal positioning of the patella. Taping is continued until stretching and strengthening exercises rebalance the patella. Soft tissue therapy and stretching can help loosen tight structures. Once pain has resolved, strengthening exercises can be started to prevent the condition from returning. If conservative treatment fails, surgery may be indicated to help align the patella.

Your Physical Therapists' Calendars



Matthew Harrison, MS, PT – In March, Matt attended a course titled “Surgery and Rehabilitation of the Hand with Emphasis on the Wrist” in Philadelphia, PA. This course focused on the most current surgeries and rehabilitation of the upper extremity. In June, Matt and his wife Stephanie celebrated the birth of their second child, Katherine.



Nicole Casella, MS, PT – In June, Harrison Physical Therapy welcomed Nicole back from maternity leave following the birth of her second son, Cole. In April, Nicole will be attending a course entitled “Evidence Based Sports Medicine” in Danbury, CT.



Gregory Suckow, MS, PT – In September, Greg spoke at the Dutchess County Road Runners Club on the topic of injuries associated with running. In January, Greg will be attending a course entitled “Extremity Evaluation and Manipulation” in Miami, FL. This course will focus on the most advanced evaluation and treatment techniques of the arms and legs.

Harrison Physical Therapy Happenings

Harrison Physical Therapy continues to update its website to provide visitors with the most current information possible about the clinic and the field of physical therapy. Please visit us at www.harrisonpt.com.

We have also become providers for additional insurance companies. Below is a list of insurance companies in which we participate.

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| 1) Aetna | 16) No-Fault Carriers |
| 2) Beech Street Corporation | 17) North American Preferred |
| 3) Blue Cross/Blue Shield | 18) One Health Plan |
| 4) CarePlus Health Plan | 19) Operating Eng. Local 825 |
| 5) CDPHP | 20) Oxford |
| 6) Cigna PPO | 21) PHCS |
| 7) First Health | 22) Pomco |
| 8) GHI HMO | 23) Select Providers |
| 9) Healthnet | 24) Sieba, LTD |
| 10) Hudson Health Plan | 25) UnitedHealthcare |
| 11) MagnaCare | 26) UHC Empire/Govt. Plan |
| 12) Medicare | 27) USA Managed Care Org. |
| 13) MultiPlan | 28) Wellcare |
| 14) MVP | 29) Worker's Compensation |
| 15) National Health Administrators | 30) 1199 SEIU |

** Many insurances have sub-plans which are part of major insurance companies. If your insurance is not specifically listed, we are still probably a provider. Please call and our staff will be happy to check for you.

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

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