

Christine F. Hayes, P.T., P.C. & The Integrated Healing Center

Specializing in orthopedics, sports physical therapy, women & men's health, orthotic fabrications, cancer rehabilitation & lymphedema treatments.

Christine F. Hayes., P.T. P.C. Newsletter

The PT ADVOCATE

Everyone needs a healthcare advocate, let our physical therapy practice be yours!

November/December 2015



- The Integrated Healing Center is honored to receive the Beautification Award
- To Resect or Not to Resect... That is the question.
- Our Refer A Friend Club Member Dinner
- The Integrated Healing Center Group Classes and Workshops
- Free Knee Screening Coupon for first 10 Callers

Our goal is to serve you with such a great experience :

- 1. Thank the person that sent you here
- 2. And REFER people you care about to our practice
- PT Patients Enter to Win!

Find the misspelled word in this newsletter and call 610-695-9913 for your chance to win a \$10.00 gift card to an Integrated Healing Center modality of your choosing.

Limit to the first 10 callers

Contest for Past and Present Patients Only!





The Beautification Award

On October 22, 2015 both Christine Hayes and Michele Mallon were presented The Beautification Award at The Desmond Hotel. The Paoli Business Association nominated Christine F. Hayes PT PC and The Integrated Healing Center for this prestigious award honoring the tranformation of this former home into 3 amazing medical practices lending an exterior beauty to the landscape of

Paoli Community. When Chris purchased the building in 2006, many changes were needed to improve and



update the building including a 3 story elevator. The 3rd



floor was completely renovated in 2007 for the Physical Therapy practice offering an intimate healing atmosphere for all the

specialty niches we provide. The Integrated Healing Center opened on the second floor of the building in Nov. 2014 and has also undergone a number of beautiful renovations to create a unique setting for acupuncture, psychology services, massage therapy, energy healing, nutrition, svaroopa yoga, pilates, craniosacral, functional movement classes, meditation programs and more.

We were truly honored to be one of five businesses (from over 200) present to be awarded that evening. Thanks also to Penn Liberty Bank and Brian Zwaan who made our vision, a reality!

TO RESECT OR NOT TO RESECT......

THAT IS THE QUESTION?

- Do you have persistent pain along the inside or outside of your knee especially with pivoting, squatting or stairclimbing?
- Do you have pain when you fully bend or straighten your knee?
- Do you experience any locking or buckling?

If the majority of these symptoms describe you, you may have a tear in the meniscus or cartilage in your knee. Meniscus tears can be caused by trauma such as twisting the knee while your foot remains straight "the chubby checker twist", a direct blow to the inner or outer knee or something more benign.....the <u>dreaded</u> aging process.

Repetitious movements such as deep squatting, sustained kneeling, high impact aerobic activities, plyometrics such as jumping can also put your meniscus at risk for injury over time. Both the



"medial" inner meniscus and the "lateral" outer meniscus offer both shock absorption and stability to the knee joint.

There are 5 main types of meniscal tears, some more serious than others. "Flap" and "complex meniscal tears" often require surgical intervention as they are painful, unstable and may be associated with locking and buckling of the

knee. "Degenerative" tears which can happen as we age, often respond to nonsurgical interventions such as physical therapy to restore painfree functional range of motion. "Repairing" the meniscus is also tricky as more than 2/3rds of the meniscus does not have an adequate blood flow to promote healing which is why most surgeons resect, trim and remove the damaged cartilage instead of attempting a repair. Removing cartilage, while it may be needed in serious tears, also leaves the knee exposed to advanced arthritic changes as the surface area of your remaining shock absorbing cartilage, is reduced in size.

Diagnosing Meniscal Tears:

At Christine F. Hayes, PT, PC your evaluation will include a full history and assessment of both knees, hips and ankles. Examining your posture from the ground up and a quick balance assessment provides valuable information on your normal wear and tear patterns and how you respond to dynamic movement. Our comprehensive evaluation looks for regional patterns of dysfunctional movement as potential precursors to your injury.

Additionally, there is a set of 5 criteria that help diagnose a meniscus tear:



- 1. History of catching or locking
- 2. History of knee buckling
- 3. Pain with full bending or hyperextension of the knee
- 4. Tenderness along the inside or outside joint line

Continued from page 2

5. Positive McMurray's test. The McMurray's test is a way to move the knee with rotation putting pressure on the meniscus. The test is considered positive if it reproduces pain and a click. (pictured right)

(According to a study in the journal Arthroscopy, if all of the tests are positive, there is a 93% chance that you have a meniscus tear.)

An MRI may then be ordered to confirm a potential meniscus tear in the presence of the above criteria.



To Resect or not to Resect (Surgery):

People often question whether they need surgery to remove or resect the meniscus. This is often complicated by the fact that many people also have osteoarthritis in the knee. A study in the New England Journal of Medicine in 2013 looked at people 45 years or older with mild to moderate arthritis <u>and</u> a meniscal tear. They divided people into two groups. One group had an arthroscopic menisectomy, followed by physical therapy.

The second group was offered a nonsurgical approach; participating in physical therapy only. **Results of this study were pretty impressive finding no significant difference between the pain or function of both the surgical or nonsurgical group 6 months afterwards.** Of course, our bias is always to try physical therapy first and see if you are able to improve your symptoms and ultimately return to the things that you love without surgery when possible. Surgery is always an option if things don't improve or the tear is so severe that the knee feels unstable hindering safe walking, stairclimbing or return to sport.

Your Rehabilitation:

Phase 1: Goals are pain and swelling reduction; full range of motion in the knee, hip and ankle joints. Kinesio or McConnell taping, electric stimulation and icing may be utilized during this phase. Exercises are also given to integrate mobility and to restore strength and stability.



Phase 2: SFMA or Selective Functional Movement Assessments are performed by your physical therapy team as a head-to- toe assessment looking for faulty movement patterns throughout the body which may be contributing to your specific meniscal injury. For example, if you squat incorrectly with your knees slanting inward pictured on the left, you will be placing more stress on the medial meniscus of the knee joint. We will explore the reasons behind the faulty movement patterns such as weakness of the outer hip muscles, instability in your ankles, decreased flexibility, etc.

"REFER A FRIEND CLUB MEMBERS"

With Gratitude to:

Christina Tabarrini	Mary Alice Spane	Susan Wheeler	Deb Goldblum
Patti Barker	Judy Huey	Marilyn Gerber	Elise Harmon
Ann Marie McNeil	Pauline McCullough	Michael Maciey	Rafael Barba
Kerry Peters	Maureen Wigo	Candice Gandt	Ralph Rodak
Leslie Rodak	Frank Gaffney	Lori Valentino	Chuck Oster
Diane Campbell	Alina March	Dick Greene	Scott Benner
Colleen Keenan	Pnina Polishook	Elizabeth Ator	Joe Reiser
Val Grant	Sheila Stankina	Christine Sturgis	Shannon Makhija
Sue McCabe	Lindsey Smith	Liz Ferigno	Georgia Skeadas
Karen Heft	Andrea Boos	Christa Melotti	Michele Hayes
Michael Fagley	Sharon Richter	Michele Srolis	Suzanne Merchwart
Nancy Allen	Kim Koelle	Suzanne Martin	Julliet Hyson
Joyce Belmonte	Carl Mazzocone	Robbie Mclean	Rosemary Relick
Michelle Ralph	Sharon Yonker	Elinor Ball	Carol Williams
Fran Lopez	Jean Oswald		

To become a club member, you need to be a past or present patient of Christine F. Hayes, PT PC and have made a referral of a friend or family member for physical therapy. Join this <u>prestigious club</u> and receive discounts on a modality of your choosing at The Integrated Healing Center, located on the second floor of our building. Club members and 2 guests will also be invited to a free dinner quarterly which will host guest speakers on topics to promote health and well-being! Our next dinner will be January 13, 2016 from 6-7:30PM . Topic to be announced soon.

Thanks again to all our club members for the confidence you have displayed in our PT practice and for "paying it forward" to your loved ones!

The Integrated Healing Center Announcements and Fall Specials

Wednesday Evenings 6pm—Functional Movement Class with Christine Sturgis, space limited to 6; reserve via email to csturgis.phytoga@gmail.com.

Saturday Dec. 12, 2015 10 to 12:30, Intro-to-Mindfullness Meditation and Self Compassion with Nancy McCarel. Space is limited; to reserve your spot please call 610-971-2277, ext. 1

See website for other programs www.MainLineIntegratedHealing.com

Continued from page 3-

Less obvious reasons for your poor squat may be related to core instabilities throughout your spine, hips and lower leg. Our highly trained staff will get to the source of all your dysfunctions. In **phase 2**, we will implement targeted corrective exercise strategies addressing <u>every</u> area of your faulty movement patterns. In essence, our goal is not only to rehab you through this injury but to enhance your movement strategies for prevention.

Most of our patients are amazed to discover their faulty movement patterns which they have been reinforcing over and over again in exercise classes, athletic endeavors and activities of daily living. Having the insightful expertise of a physical therapy staff trained to see these patterns is key! It is never too late to retrain the body and mind in healthy movement patterns and your body over time will reward these corrective endeavors. Remember injury never takes place in an isolated vacuum, it happens due to patterns of poor movement throughout the entire body!

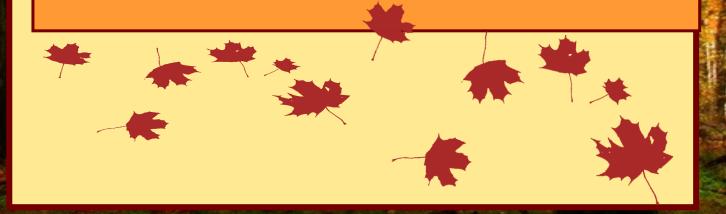
Phase 3: Performance and Sports Specific Training which includes higher level functional movement strategies preparing you for safe re-entry into the activities you love. Reserved for our higher level athletes and those physically fit, a FMS or Functional Movement Screen will be implemented in the later phases of your PT. This higher level test provides objective data and is a reliable tool to predict your readiness to return to your sport. Areas of assessment include: deep squat, hurdle step, inline lunge, shoulder and lower leg flexibility, push up and quadruped birddog stability strategies. Targeted exercises will be implemented based on any deficiencies highlighted from the FMS testing.

Bottom Line: If you suspect you have a meniscus tear, call our office to set up a 20 minute free screen to confirm this with one of our physical therapists. Gain insight on pain relief, range of motion restoration and safe exercise strategies

Coupon for Free Knee Screening

Call our office at 610-695-9913 to set up a *free* knee screening for yourself or a loved one suffering with knee pain! Learn what we can do for you!

Limited to first 10 callersexpires Dec. 21st



Look inside and Pass it Along! Do you experience locking or buckling of your knee? Pain with deep squatting, pivoting or twisting? Do you have pain bending or straightening your knee? Paoli, Pa. 19301 195 W. Lancaster Ave. Suite 3 Christine F. Hayes P.T., P.C.



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