



Your 1st Choice!

Physical Therapy
Movement Specialists, Seminars,
Manual Therapy & Running Well™ Clinics

Peter Szymanski, PT, IOC, CFMT



Karen Voss Szymanski, MS, OTR, SIPT, IMC, FOC

2727 Bryant Street, Suite 540 Denver, CO 80211 303-458-9660 www.CatalystTherapies.com

Inside:

- News Briefs
- Physical Therapy & Movement Training
- About Us
- Have You Heard

Physical Therapy News

Issue 2 January 2, 2006

You don't have to live with repeated injury and pain.
Make a difference in your health for life!

“Study Snapshot”, obtained from The Journal of Manual & Manipulative Therapy, 2003, p 162.

In the study, “Utilization of Manual Physical Therapy to the Cervical Spine, in Patients with Lateral Epicondylagia of the Elbow”, 213 patients were reviewed retrospectively. Of the 213 patients diagnosed with lateral epicondylagia, also known as “tennis elbow”, 112 received some form of manual therapy. Of the 112 subjects 51 received manual therapy to the cervical spine in treatment of the lateral epicondylagia diagnosis. Subjects receiving cervical manual therapy, were treated on average for a duration of 5.6 physical therapy sessions versus an average of 9.7 sessions ($p < 0.05$). 44 of the 51 subjects who had received cervical manual therapy in the course of their treatment were available for telephone follow-up seventy two weeks after their discharge from therapy. 79.5% of the patients reported “full return to daily activities without recurrence of symptoms”. Patients receiving manual therapy to the cervical spine for the treatment of lateral epicondylagia, (tennis elbow pain), did not require as many physical therapy treatment sessions and most had a successful outcome with therapy. Appropriate manual therapy techniques provide a more comprehensive treatment program for patients with lateral epicondylagia and other pain or overuse syndromes.



Physical Therapy *News Briefs*

About Us



Key components to saving your knees!

The study, *Strength Around the Hip and Flexibility of Soft Tissues in Individuals With and Without Patellofemoral Pain Syndrome* from the Journal of Orthopaedic & Sports Physical Therapy, (Dec. 2005), supports the importance of flexibility of the major muscles of the legs. The authors of this study report, “patients with PFPS, patellofemoral pain syndrome, demonstrated significantly less flexibility of the gastrocnemius, soleus, (calf muscles), the quadriceps, and hamstrings compared to healthy control subjects”. PFPS is a common source of knee pain for people of all ages and activity levels and has been reported to account for as much as 40% of all knee problems seen in sports medicine centers.

Why knee pain result from tight hamstrings, quadriceps, and calf muscles is not clearly understood. It is thought that tight quadriceps muscles pulls the patella, the knee cap, upwards resulting in compression on the knee joint. Limited hamstring length is thought to place the knees in slight flexion or bent position creating passive resistance thus placing a greater demand on the quadriceps to straighten the knee. The calf muscles, when tight and limited in length, effect ankle dorsiflexion or ankle bending during walking or running. The limit in this motion changes the alignment of the ankle joint. Because of the forces placed on the ankle and foot, the lack of ankle movement will be gained in other ways. The other ways involve misalignment and compensations such as an increase of pronation, slight twist or rotation of the lower leg bone, the tibia, resulting in changes up the “kinetic chain”. This means changes in the way the lower leg tibia relates with the thigh bone and its relation to the function of the hips and pelvis.

The results of this study reinforces the importance of flexibility of muscle, tendon, & ligament and other soft tissue for prevention of joint dysfunction and injury. If you are experiencing knee pain, listen to your body and find out what you can do to alleviate it. Work with a professional skilled in manual therapy techniques, soft tissue mobilization, appropriate stretching and effective stretching techniques along with specific movement training and supportive positioning education. You don’t have to accept knee pain as part of getting older or expected with exercise. Joints are built to last if they are well maintained.

We are a healthcare company dedicated to providing excellence in services directly to you at a price you can afford.

Certified Functional Manual Therapy Techniques

Orthopedic & Neuromuscular Physical Therapy

Back, Neck & Shoulder Pain

Joint & Muscular Dysfunction

Repetitive Injuries

Work, Auto, Sports & Leisure related injuries

Injury Prevention

Sole Supports Foot Orthotics

dress, casual, sport

Running Well™ Seminars

Injury Prevention & Joint Health

Running Form with Videotaped Analysis

Visuals & Videotaped Analysis

movement education

postural analysis & training

Neuro-rehab & Interactive Metronome

TBI, post concussion, whiplash, stroke

Sustained Mental Focus & Motor Accuracy

Physical Therapy & Movement Training Specialists

Balance & Dizziness: A Case Report, Abstracts: AAOMPT, 2003, p 171.

The Differential Diagnostic Process and Physical Therapy Management of Cervicogenic Dizziness, (Vidal & Johnson).

“Many medical and physical conditions manifest with symptoms of dizziness making the differential diagnosis difficult for both the physician and the physical therapist”. In this case study, a 36 year old American female was referred to physical therapy with a diagnosis of disequilibrium and dizziness. The physical therapy exam revealed dizziness with motion, intolerance of activities involving visual eye-follow such as to track an object and impaired postural balance. The patient initially participated in routine balance and eye exercises with minimal change in her condition. The patient continued to experience headaches, balance disturbance, and dizzy spells.

After further examination of her cervical spine the course of this patient’s treatment was changed to include soft tissue manual therapy techniques of her upper neck and spine. The patient was found to have upper cervical hypermobility combined with soft tissue restrictions. Treatment utilizing specific joint and manual therapy techniques were applied to restore this patient’s proper cervical mobility and reduce restrictions. *Within two weeks* she reported a significant reduction of her symptoms and was able to return to work, (the case study report does not comment on type of work).

Conclusion: Efficient management of patients with symptoms of dizziness must include a comprehensive assessment of the structure and soft tissues of the cervical spine (head & neck) as performed by a trained manual therapist.

Manual therapy combined with balance and specific movement analysis and training will ensure our patients a faster and safer return to function and daily activities.



Interactive Metronome® was developed in the early 1990s and first used to help children with learning and developmental disorders. The pediatric patients using IM were able to develop significant increases in neurological and motor areas that they had not sufficiently developed such as: Attention and Concentration; Motor Coordination; Language Processing; and Control of Impulsivity.

Through years of clinical research and the efforts of innovative therapists, IM was soon being implemented as part of a therapy program with older patients who also exhibited the same deficits as pediatric patients. These adult patients had suffered from a stroke, brain injury, amputation, or had been diagnosed with Parkinson’s. The IM program provides a challenging, goal-oriented process that motivates patients to improve motor control and cognition.

www.InteractiveMetronome.com

Balance Challenge:

Stand on one leg near a railing or behind a chair with a high back.

Place fingertips on the high back or railing for some support.

Lift one knee slowly as high as you can.

Notice your supporting leg pushing into the floor and shifting onto your forefoot.

Notice hip stabilization. See how well you can balance.

Does your hip feel stable or do you feel your low back over working?

Repeat this until you feel good hip stability and you feel your core muscles engaged instead of arching or “over work” in your low back.

Catalyst Therapies, LLC 2727 Bryant St, 540 Denver, CO 80211

Physical Therapy & Movement Training Specialists

Affordable Physical Therapy Evaluation & Treatment Services



Your 1st Choice!
Physical Therapy



2006 Schedule for *Running Well™* Seminars by Catalyst Therapies.

Practice drills and video-taped analysis for running form, movement efficiency, and injury prevention!

Great preparation for early season events such as the Colfax Marathon on May 21st or for the Denver fall marathon Oct 15th, for multi-sport events, or for general wellness and health.

Six- Week Program on Tuesday Evenings, 6pm, 90 minute sessions.

- Begins April 4th through May 9th.
- Begins May 16th through June 20th. Great preparation for a fall marathon.

Weekend *Running Well™* Seminars. 8 am till 12 or 1pm on Saturday and Sunday.

An intense and condensed version of the 6-wk program for individuals who would like the benefit of a small group but don't have the weekly space in their schedules.

- February 25th & 26th
- April 1st & 2nd

Individual *Running Well™* Training Sessions available by appointment.

A portion of each participants registration fee is donated to the charity, Colorado Youth at Risk

**Catalyst Therapies will be giving mini-seminars about injury prevention & running at
Two Feet To Go, 303-458-7700 in 2006, call for dates & location**

For more information contact Karen or Peter at 303-458-9660

Email: info@CatalystTherapies.com www.CatalystTherapies.com