



*Your 1st Choice!
Physical Therapy*

Happy Holidays from:



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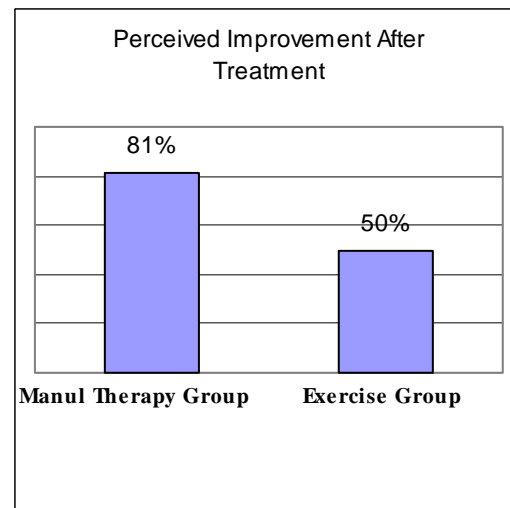
Physical Therapy News

Issue 1 November 4, 2005

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

The following "Study Snapshot" was obtained from PT Magazine, Jan. 2003, page 8.

The results of a study published in the October 2004 issue of Arthritis Care & Research (Vol 51, Issue 5) report manual therapy was more effective than an exercise program for people with osteoarthritis of the hip. Of 109 participants, 56 received manual therapy and 53 were assigned to an exercise therapy program. After 5 weeks, 81% in the manual therapy group reported general perceived improvement after treatment compared to 50% in the exercise group.





Physical Therapy *News Briefs*

Neuro-Rehab: *“Rhythm & timing through (IM) Interactive Metronome results in significant improvements in cognitive & physical skills important for performance in many areas.”*

Findings in a recent study by Neal Alpiner, MD “Functional MRI Study of the Effects of IM on Auditory-Motor Processing Networks” suggest that IM works by augmenting internal processing speed within the neuroaxis. Key regions affected appear to involve the cerebellum, prefrontal cortex, cingulate gyrus, and basal ganglia. (see pg 3)

Physical Therapy: “Manual therapy and exercise therapy in patients with chronic low back pain: a randomized, controlled trial with 1-year follow-up.” (Fysioterapi, Norway) *Spine* 2003;28:525-531.

A comparison of the effect of manual therapy to exercise therapy in patients with chronic low back pain. In this study, the subjects were patients with chronic low back pain or radicular pain and on sick leave as a result of pain for more than 8 weeks but less than 6 months. There were 27 in the manual therapy group and 22 in the exercise therapy group. The author’s of the study report over the course of 2 months patients participated in 16 therapy sessions either manual or exercise. Pain intensity, functional disability (Oswestry), general health (Dartmouth Care Cooperative), and return to work were recorded before, immediately after, at 4 weeks, 6 months, and 12 months after the 2 month treatment period. Results: “67% in the manual therapy and 27% in the exercise therapy group returned to work. Improvements were found in both groups but the manual therapy group showed significantly larger improvements over the exercise alone group in patients with chronic low back pain”. The effects were seen on all of the outcome measures, both short and long-term follow-up reported in this study.

The results of this study support the use of manual therapy from a certified manual therapist combined with exercise therapy for optimal outcomes for patients with low back pain.

About Us



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

Running Form

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 Retraining

Balance training is a key component of rehabilitation following sports injury and a vital component of injury prevention programs for athletes, including adolescents.

A study of reliability of dynamic and static balance testing reveals, “Previous lower-extremity injury (1-year history) appeared to decrease both ECS, eyes-closed static, and ECD, eyes-closed dynamic balance” (Emery et al, June 2005). According to the study, previous injury had no effect on EOD, eyes-open dynamic balance. An athlete is usually visually attentive to the game making the activity dynamic in nature at the time of injury. This suggests greater dependency on the use of vision to compensate for the effects of previous injury. Differences in balance measurements between previously injured and uninjured athletes have been reported in previous studies. The author states, “In examining balance (future research), it is critical to consider previous lower-extremity injury as a key factor influencing dynamic balance”. Injury prevention in general and particularly for our youth must include treatment with a trained professional such as a physical therapist who is aware of the demands of sport. Secondary results from this study reinforce the idea that impaired dynamic unipedal balance may be more critical than static balance in sports. Proper balance training both dynamic and static with varied visual focus and attention appears to be critical for injury prevention programs whether they be sport-specific or for an adult who sprained an ankle.

Balance Challenge:

Stand on one leg. When you are balanced;

Close your eyes & stay balanced.

Close eyes and move your other leg from the hip slowly.

Do this until you can stay balanced for 20 to 30 seconds.

The ankle wiggles you experience is working your ankle stability.

IM neurological and motor rehabilitation is an advanced brain-based therapy designed to promote and enhance brain performance and recovery. This is accomplished by using innovative neurosensory and neuromotor exercises developed to improve the brain’s inherent ability to repair or remodel itself through a process called neuroplasticity.



The IM Program provides a structured, goal-oriented process that challenges the patient to synchronize exercises to a precise computer-generated reference tone.

An audio or visual system provides immediate feedback measured in milliseconds. The patients learn to: focus and attend for longer periods of time, increase physical endurance and stamina, filter out internal and external distractions, improve ability to monitor mental and physical actions as they are occurring, and progressively improve performance.

Areas of Positive Change Reported by occupational and physical and speech therapists:

- **Improved Attention and Concentration** • **Initiation** • **Bilateral coordination** • **Motor Planning and Sequencing** • **Motor skill** • **Gait Symmetry** • **Endurance and Strength**
- **Balance** • **Functional Skill Gains Overall**

Physical Therapy & Movement Training

Affordable Physical Therapy Evaluation & Treatment Services



Your 1st Choice!
Physical Therapy



New! *Running Well*[™] Seminars WEEKEND FORMAT!

November 12th & 13th, 8am

Contact us at **303-458-9660**, email info@CatalystTherapies.com or go to www.CatalystTherapies.com for more information.

Our Running Well Seminar consists of multiple sessions of exercises, postural awareness drills, and practice of incorporating the right changes for you in your running. The right changes will result in greater body awareness and efficiency in your running with less injury.

We include videotaped analysis of your current form and your form after completion of various drills and body exercises. You will receive a final videotaped analysis and have developed a program encompassing various aspects of movement efficiency and form that's right for you.

The philosophy behind "Running Well"[™]

Running well, not hard

Running well means to run efficiently without wasted energy

Running well is to run without injury or pain