

THE PHYSICAL THERAPY SPECIALTY CENTER NEWSLETTER



The Physical Therapy
Specialty Center

a division of Primary Care Partners

February 2021 Volume 1 / Issue 2

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EXERCISE PRINCIPLES – IS IT TOO GOOD TO BE TRUE?

We are midway through our blog series regarding exercise principles and independent gym workouts. Below is an abstract from our latest blog post regarding fitness:

“The fitness and health industry can be a chaotic place. It sometimes seems like there are a multitude of different people endorsing a multitude of different products and promoting a particular approach to fitness. Sometimes these endorsers make wild claims such as “lose 100 pounds in 10 minutes with our new HYPER-FAT-BURNING HIGH INTENSITY METABOLISM BOOSTING TAI CHI INSPIRED WORKOUT PROGRAM (for 10 easy installments of \$9.99... plus shipping).” Others make such claims as targeted fat loss in particular areas of the body and the power to get you in the shape of your dreams in just weeks. While there are nuggets of truth present in many of these claims, they consistently seem to breeze over the bottom line – any increase in physical activity beyond your baseline level of activity will yield results when done to an appropriate intensity. The common theme amongst these different programs is that they promote exercise. Plain and simple.”

Do you sense the comical undertones after reading the paragraph above? This is all for fun, but when it comes to exercise, many people do not find it fun. We all dread exercise to an extent, but at the end of the day, the most important part is to just do it. As hard as it is to hear, there are no quick fixes or tricks to exercise. Many people see ads and think “it’s too good to be true” and chances are, if you think that, you’re right!

Around the clinic: The COVID-19 vaccine is now available to most health care professionals including some of our own here at PTSC. We are excited that the vaccine is on the way to the public soon and you will be able to receive it in the same building as PTSC. Maybe you will even be able to receive it after one of your PT follow ups! Be sure to follow us and Primary Care Partners on Facebook for vaccine updates.

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Therapy Minutes

This section is to keep you up to date and provide education regarding PT, OT, and Speech Therapy

Physical Therapy: Knee Pain

Patellofemoral pain syndrome (PFPS) is a common diagnosis related to knee pain. This pain is usually reported as knee cap or front of the knee pain. PFPS can be caused by multiple factors including: recent change in activity, previous knee surgery, muscular imbalances, or various injuries related to activity. When attending physical therapy for PFPS, we often assess your knee mobility, tracking of your knee cap, and strength of your large muscle groups to form a treatment plan. Treatment for PFPS usually involves pain management, activity changes, and strengthening/flexibility exercises. Further assessment will occur with functional movements such as squatting to assure quality mechanics and proper form thus reducing stress placed on the knee. Often patients with PFPS notice improvement in symptoms in 3-4 weeks following their first PT appointment.



Occupational Therapy: What are ADL's?

We frequently hear the acronyms ADL's and IADL's, although do we know what they mean or what they include? When we arrive in this world we learn many things. In the beginning learning can be very challenging and then one day, all the daily activities we perform, become second nature. Some of us have no difficulties with self-care or getting ready for the day while others require assistance. ADL's stand for (activities of daily living). ADL's include personal self-care tasks such as toileting, bathing, shampooing, combing one's hair, brushing one's teeth, dressing, and eating. IADL's (instrumental activities of daily living) are more complex skills in order to live independently. Examples of IADL's include using a phone, shopping, meal preparation, cooking, housekeeping, using transportation, driving, taking medications, and managing finances. To summarize, ADL's cover daily physical functioning, while IADLs deal with more complex aspects of everyday life. If you are struggling with ADL's/IADL's due to a physical impairment, an Occupational Therapist may be able to help you improve in these areas.

Speech Therapy: What is a childhood language delay?

A childhood language delay is a type of communication disorder. If your child is not meeting developmental milestones for communication for their age, they may have a language delay. A language delay can be receptive, expressive or both. When your child has difficulty understanding language this is considered a receptive language delay. An expressive language delay occurs when your child has difficulty with verbal communication. Common symptoms of a possible language delay in infants and toddlers may include lack of babbling by 9 months, no first words by 15 months and no consistent words by 18 months. Other signs of language delay include the child not talking by 2 years of age, inability to speak in sentences by age 3 years, difficulty with following simple directions by 18 months, and difficulty with identifying common objects and pictures by 18 months. If you are concerned that your child may have a language delay, please contact your child's medical provider to discuss a referral for a speech-language evaluation by a speech therapist at The Physical Therapy Specialty Center.

