

# THE PHYSICAL THERAPY SPECIALTY CENTER NEWSLETTER



The Physical Therapy  
Specialty Center  
*a division of Primary Care Partners*

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## TOTAL KNEE REPLACEMENT

With the end of the year approaching fast, a lot of people try to make the most of their insurance and schedule costly surgeries (as their deductible is already met). One of the most common surgeries is a total knee replacement/arthroscopy (TKA). People often seek this surgery when their knee has been diagnosed with arthritis, and the pain associated with such becomes a hindrance to their daily life. A TKA involves an actual replacement of the knee joint (bone) with artificial apparatus that turns the arthritic, rough knee into a smooth, new joint. Most people know or have heard of this operation, and furthermore have likely heard about the variable outcomes. To be honest, TKA results are a mixture of nature and nurture. We all know we can't change our DNA or history, but what we can do is prepare and change habits – and this holds true for a knee replacement. Things like timing of the surgery, appropriate exercise, medications, and home set up can all play a large role in your success with a TKA. Often people get this surgery knowing very little about it, which leads to frustration, depression, and ultimately less than satisfactory outcomes. Our latest 3 part blog series outlines what to expect with a TKA, exercises to prepare for a TKA, and outcomes following a TKA to assure your success. We highly recommend checking this out if you or someone you know is debating a TKA.

### **Around the clinic:**

It is back to school time! Whether you are excited or not, it is important to keep in mind how your child is wearing their backpacks and the weight that they are carrying in their backpacks. Your child's backpack should not weigh more than 10-15% of their total body weight (i.e. 80 lb child should not carry a backpack heavier than 8-12 lbs). If your child is having back pain or having issues getting a proper fit with their backpack, give us a call. We would love to help!

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# Therapy Minutes

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

## Physical Therapy: Prehab...what is that?

Have you ever heard of the term “prehabilitation”? Prehabilitation refers to the idea of getting physical therapy (i.e. rehabilitation) prior to surgery, in order to improve post-surgical outcomes. It is a long time known fact that people going into surgery stronger display a quicker recovery rate, but a recent study has amplified the importance and maximal benefits from prehab. Research shows that improved post-surgical outcomes are often achieved when patients going in to surgery are stronger and in better physical shape than those who are not, and this can be achieved with prehab. If you are scheduled to have surgery or are planning on surgery, ask your provider about having a few sessions of prehab to boost your recovery.

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## Occupational Therapy: Total Knee Replacement and OT

Daily activities are tasks that become part of our everyday life. We bathe, groom, dress, prepare meals, wash dishes, do laundry, shop, and drive. After surgery, these tasks are not so easy. We can always ask family and friends to help, although staying as independent as possible helps us attain a better outcome. There are many pieces of adaptive equipment that can be used to complete these tasks safely. An adjustable bath bench/chair, toilet riser, grab bars in the bathroom, non-slip bath mat/rug, long handled grabber, shoehorn, and sock aid are all examples of this. Having a chair to sit on that is 20” from the floor and handrails to enter the home are examples as well. It is beneficial to obtain the equipment and practice using it before surgery to minimize the risk for falls. This equipment can be borrowed, purchased at thrift stores, or online. Occupational therapy can provide instruction and make recommendations specific to your needs. Ask your physician for a referral and we will be happy to see you.

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## Speech Therapy: Stuttering

Stuttering is considered dysfluencies characterized by repetition of part of a syllable or word, prolongation of sounds, or blocks/stops in getting a word out. Stuttering may also include physical tension or negative feelings about talking that cause one to avoid speaking in certain situations. Stuttering typically begins between 2 and 6 years of age.

If you are concerned about possible stuttering, an evaluation by a speech-language pathologist is recommended. Once an evaluation has been completed with the speech therapist, there are several different treatment options to assist with stuttering. For preschool age children, indirect strategies may be utilized to assist your child to talk including modeling of slower speech. For older children and adults, treatment focuses on teaching the client tools to manage their stuttering. Speaking can be difficult if you stutter, so please contact your physician for a referral to our speech therapist who can assist you if you are struggling with stuttering.

