



# THE PHYSICAL THERAPY SPECIALTY CENTER

a division of Primary Care Partners

## NEWSLETTER

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### OUTCOME MEASURES

A tool often utilized in physical therapy clinics are outcome measures. These are usually in the form of a questionnaire pertaining to pain and dysfunction in a particular area, such as the low back or hip. Outcome measures are usually used to track progress over time and use some type of scaled score. These scores provide more objective information towards a person's progress. A score does need to meet a minimum threshold of improvement to be considered a true or real change. The questionnaires are also helpful, and often required, with insurance companies to obtain approval for visits. While there are many outcome measures available, the four most common ones in our clinic are the Oswestry Disability Index, the Lower Extremity Functional Scale, the Neck Disability Index, and the Quick DASH. Check out our featured blog this month on our website to find out more about outcome measures and how they are used.

### AROUND THE CLINIC:

May is Physical Fitness Month and just in time for you to get in shape for summer. If we have been a bit lazy over the winter months and hoping to get back into shape, it is important to remember to "proceed with caution" when getting back into working out. Start slowly into whatever activity you choose and progress as your body allows. The recommendations for adults are 150 minutes of moderate physical activity or 75 minutes of vigorous activity per week, as well as 2 days a week devoted to muscle strengthening activities. Examples of moderate physical activity are: dancing, brisk walking, bike riding, and pushing a non-motor propelled lawn mower, among others. Examples of vigorous physical activity are: jogging, running, swimming laps, and riding a bike on hills, among others. Strengthening activities can encompass weight lifting or using resistance bands to build muscle. Start thinking of where you can make changes and move in the right direction, proceeding with caution and also making it work for your schedule and your life. Now get moving this May! Also, HAPPY MOTHER'S DAY to the Moms!

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# Spotlight Diagnosis of the Month

**Diagnosis:** Anterior Cruciate Ligament (ACL) Tears

## What is it?

ACL tears are one of the most common knee injuries. They often occur in athletes who play demanding sports such as soccer, basketball, or football, but can even occur with a skiing accident. The ACL is a ligament that provides rotational stability (i.e. planting the foot and pivoting to change directions). This ligament also prevents your lower leg from sliding forward on your upper leg. This ligament can be strained, partially torn, or completely torn.

This section is to provide details about commonly seen diagnoses or injuries in our clinic and how Therapy may help.

The ACL can be injured in several ways:

- Changing direction rapidly
- Stopping suddenly
- Slowing down while running
- Landing from a jump incorrectly
- Direct contact or collision, such as a football tackle

## Common Symptoms

- Pain and swelling. Within 24 hours, your knee will swell. If ignored, the swelling and pain may go away on its own. However, if you attempt to return to sports, your knee will probably be unstable, and you risk causing further damage to the cushioning cartilage (meniscus) of your knee.
- Loss of full range of motion
- Tenderness along the joint line
- Discomfort while walking

## How Physical Therapy Can Help:

Often it is thought that an ACL tear leads to immediate surgery, which is true in some instances, but not always. If it is a partial tear of the ACL, physical therapy/conservative management is more likely the best treatment option. Even in some instances where there is a complete rupture or tear of the ACL, conservative management may be better.

The focus of conservative management (when there is an ACL tear and surgery is not the best route) is more focused on returning the knee to normal function using the muscles and surrounding tissue to stabilize the joint, instead of focusing on healing the ligament. This is known as “dynamic stabilization” and can be accomplished through ROM and strengthening exercises as well as proprioceptive and balance training.

If surgery is recommended, the goals of treatment are the same, but recovery is often a little slower due to post-op healing properties, which can vary depending on the surgical procedure used to repair the ligament and varying surgical protocols developed by the surgeon performing the procedure.

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\*\*\*Please confirm your appointments electronically so we know you are coming, and please continue to call our office if you need to reschedule. We have a \$50 no show/less than 24 hour cancelation fee\*\*\*

