



This year for Christmas, East Athens Physical Therapy adopted 4 families from the Athens, Danielsville and Madison area to help provide for families in need. Every year East Athens Physical Therapy enjoys giving back to the community by helping those recently struggling through hard times. After shopping East Athens Physical Therapy attended their annual bowling tournament at Show Time Bowl.

What our patients have to say!

“Definitely a big part of my recovery. I had a positive experience from start to finish. Chris and Justin were knowledgeable, personable and very helpful with billing problems.”

— Evelyn: Danielsville

“My experience was great. Justin was a pleasure to work with and was very knowledgeable. I contribute most of my progression to him and his staff.”

— Brian: Danielsville

“It was awesome. It could not have been better. Jennifer Peters is the best therapist. Chris has pretty good jokes. Ya’ll are so neat. Jennifer Peters trained the aides very well.”

— Mary: Athens

“Jim Mike and Chris have been great to work with. East Athens PT was very flexible in working with me as I have a busy schedule.”

— Amy: Athens

“I am so grateful for the outstanding and focused care that has been experienced from day one. I would like to thank everyone, especially Jennifer Peters for everything.”

— Earl: Athens

“I was very comfortable here—Justin was patient and thorough. I have come a long way! Thank you!”

— Norma: Athens

“It was a fantastic experience with tons of support and constant reinforcement.”

— Kathy: Madison

“I am very pleased with the therapy I received—Jim Mike is outstanding.”

— Mary: Madison

“My experience with East Athens PT was extremely successful and positive! Everyone was extremely knowledgeable, professional, and pleasant!”

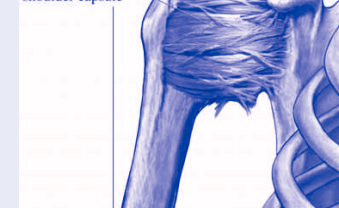
— Betty: Madison

Frozen Shoulder

Occurring in 2-5 percent of the general population, frozen shoulder (medically known as adhesive capsulitis) is more prevalent in women, people with diabetes, and in ages 40-65 years old. The definition of frozen shoulder is a tightened shoulder joint capsule and/or rotator cuff. A joint capsule is an enclosed capsule of ligamentous type tissue that surrounds most of the movable joints in the human body. The joint capsule covers the ends of the bones that meet together and contains sinovial fluid to help lubricate the joint.

Frozen shoulder is diagnosed as having at least a 25 percent decrease in at least 2 directions or ranges of motion. Most clinicians look for a capsular pattern of restriction. A capsular pattern of restriction is when certain directions of movement are more limited than others. For the shoulder, external rotation (turning out to the side) is limited greater than abduction (raising the arm out to the side) which is limited greater than flexion (raising the arm overhead).

There are two types of frozen shoulder, primary and secondary. Primary frozen shoulder occurs slowly over time without a known mechanism of injury (medically labeled as insidious). Secondary frozen shoulder occurs after a known cause or injury. The most common secondary instances of frozen shoulder occur after surgery, humerus fracture, stroke and can occur with rotator cuff pathologies, tendonitis and arthritis. People with frozen shoulder notice a gradual increase in shoulder pain and a gradual decrease in the ability to perform activities of daily living such as using the arm overhead and/or behind the back. While the literature supports 3 phases of frozen shoulder (acute freezing, frozen, and thawing), all phases are overlapping and the resolution of the disease varies greatly from 6 months up to years.

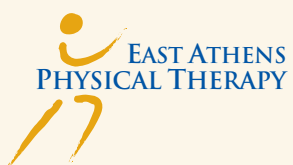
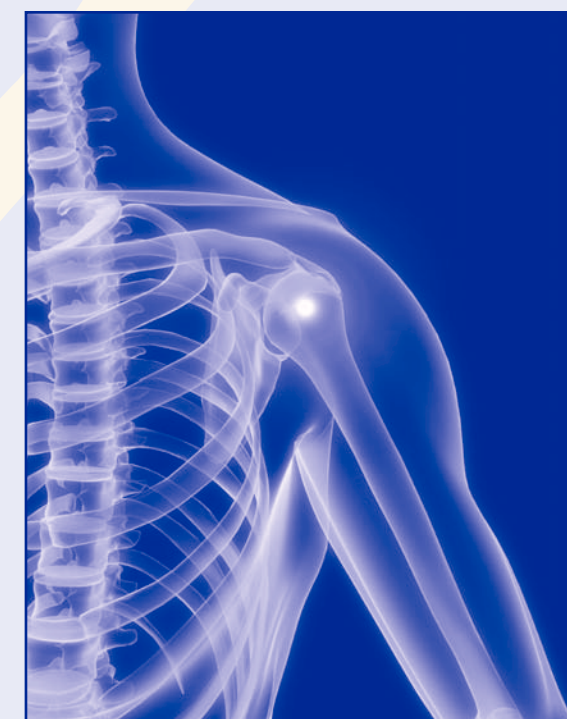


Medical management of frozen shoulder is multi-factorial and can be dependent upon the stage of the disease. Frozen shoulder is largely treated conservatively with about 90 percent reporting significant improvement. The main goals of treatment for patients with frozen shoulder are to decrease pain and improve functional range of motion. If the condition is mild, the physician or physician assistant may give the patient exercises to work on at home and pain and/or anti-inflammatory medicines. Steroid shots are often given during the first

stage (freezing) because the joint capsule is believed to be inflamed. If the condition is more limiting the patient will probably be sent to physical therapy. Physical therapy will decide which phase the patient is currently experiencing and treat accordingly. Patients in the first phase benefit from more modalities to decrease pain and inflammation and with gentle stretching. Patients in the second and third phases benefit from more aggressive stretching and modalities as needed.

If conservative treatments fail, surgical management is usually indicated in the second and third stages (frozen, thawing) and is highly successful at resolving frozen shoulder pain and functional limits in motion. There are different types of surgeries to help patients with frozen shoulder, ranging from manipulation under anesthesia to capsular release. Your orthopedic physician will decide which approach is indicated. Immediately after surgery, stretching is indicated multiple times a day and possibly physical therapy 3-5 days per week for the next few weeks to insure the joint capsule does not re-tighten.

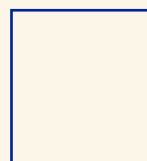
— Justin Stewart, DPT, CSCS



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Cedar Shoals High School

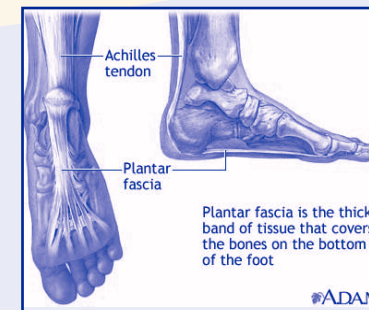
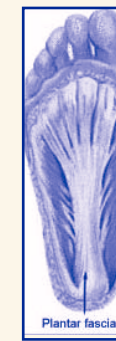
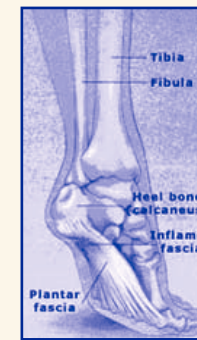


Que Turner with Jennifer Peters, PT

Morgan County High School



Dylan Jaynes with Jim Mike Hinzman, PT



The majority of heel pain can be medically described as Plantar Fasciitis. Along with heel pain, symptoms can be located in the sole of the foot. Plantar Fasciitis is inflammation of the Plantar Fascia, a fibrous sheath that runs most of the length of the sole on the foot. It attaches between the heel bone and the bones at the base of the toes. The Plantar Fascia becomes tight as the toes are move toward the body such as when you “toe-off” when walking.

Irritation of the Plantar Fascia usually occurs at the point where it attaches to the heel bone. Older individuals whose movement in the joint of the foot has decreased are prone to this problem. It may also be common in individuals who do a lot of standing, walking, or sporting activities.

Plantar Fasciitis produces pain on the inside of the heel and down the inside of the sole of the foot. Patients have also complained of pain on the outside of the sole of the foot. Most patients complain of severe pain right when they take the first step out of the bed.

Physical Therapy is an excellent choice of treatment for Plantar Fasciitis. Patients are encouraged to shut down all physical activities while receiving treatment. This condition can easily become a chronic, long-lasting problem if left untreated. Physical Therapy will concentrate on using a variety of modalities to decrease the inflammation in the Plantar Fascia. Vigorous and consistent stretching will be used to lengthen the Plantar Fascia structure. Night Splints may also be suggested to help reduce the shortening of the Plantar Fascia while sleeping. Patients that are found to over-pronate may be prompted to add an insole that supports the inner arch of the foot, which will alleviate strain on the Plantar Fascia.

Conservative treatment with Physical Therapy usually resolves the problem in the majority of cases. In severe cases, an injection with a mixture of corticosteroid and local anesthetic can be helpful. In persistent cases of Plantar Fasciitis, surgery may be required.

I have personally suffered from Plantar Fasciitis. I was able to alleviate my condition with persistent stretching, and a variety of modalities. The duration of my treatment took about 6-8 weeks. Plantar Fasciitis is one of the harder ailments I have ever struggled to treat on myself. But with perseverance and the right treatment approach, Plantar Fasciitis can be relieved. Catching this condition early will help speed the rate of recovery. If you have any questions regarding Plantar Fasciitis, contact your doctor or contact me at (706) 369-8115.

— ??????, PT

