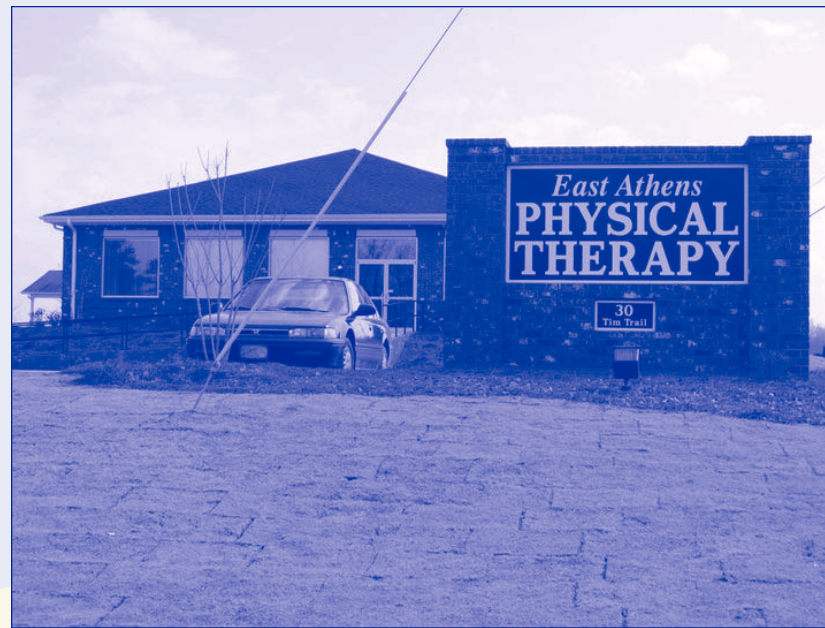


What's New



New clinic in Danielsville, GA which opened up in December 2010.

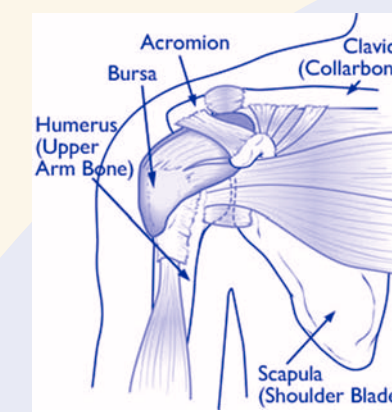


EAST ATHENS PHYSICAL THERAPY HEALTH & WELLNESS

Spring 2011

Shoulder Impingement, A Common Pain

Shoulder pain is one of the most common occurring problems in the body. This is due to the fact that the shoulder joint is the most mobile joint, with the collarbone (clavicle) being the only bony attachment to the skeleton. The shoulder is dependent on soft tissue, ligaments (which connect bone to bone) and tendons (which connect muscle to bone) to hold the joint in place through the full range of motion. When this tissue is trapped between bones, rubbed by the bone, or rubs other protective tissue known as bursa, inflammation can occur. This is where the terms impingement, tendonitis, and bursitis come from respectively. Any of these problems can occur independently, but it is quite common for more than one to occur simultaneously.



<http://orthoinfo.aaos.org/figures/A00032F01.jpg>

Lets take a look briefly at the basic make-up of the shoulder joint. Your shoulder is made up of three bones: your upper arm bone (humerus), your shoulder blade (scapula), and your collarbone (clavicle).

The soft tissue mentioned above to stabilize the joint and allow for movement surrounds these bones. A bursa is located in an area of high friction to help reduce the wear on a tendon.

Impingement occurs when the space between these bones, normally the humerus and the acromion, narrows and pinches on a tendon, often part of the rotator cuff or the biceps. Pain is usually on the front of the shoulder and can radiate down into the arm. Overhead movements and reaching behind the back are when the pain most often occurs. People who play sports or have jobs that require repeated overhead movements are the most susceptible to developing shoulder impingement. Muscle weakness may also occur.

Your doctor will use a pain history, a series of tests, and perhaps x-ray (to identify if bones spurs are narrowing the space) to determine if you have a shoulder impingement. The initial treatment will normally consist of ice, rest, and anti-inflammatory medicine. It is important to allow the irritated tissue to heal before attempting to resume normal activity. Often Physical Therapy is utilized to assist in this process and to work with strengthening as well as regaining full range of motion. Your doctor may also try an injection of anti-inflammatory medicine directly into the joint.

If these conservative treatments do not work, then surgery may be necessary. Surgery may include a removal of the bursa, shaving bone and/or bone spurs, the release of the bicep tendon, in order to restore proper joint space. The recovery time is normally a relatively short period of time and rehab will work at regaining strength and range of motion.

If you are having shoulder pain, the longer you wait to get professional advice, the more likely you are to increase the damage in your shoulder and increase your recovery time. This is a common problem and early intervention greatly increases your chances of avoiding surgery.

— Duane Mellinger, PTA

What our patients have to say!

“Everything was excellent with Chris and the rest of the Danielsville folks.”

— Morgan Slusher: Danielsville

“Both Justin and Chris were very helpful. They helped me get back to full strength through their great workouts and expertise”

— Cody Mainland: Danielsville

“My experience was great. Justin was very thorough and very easy to work with. It was a fun atmosphere that made therapy more enjoyable”

— Jake Westbrook: Danielsville

“I have been back in East Athens therapy several times and everyone is nice and helpful. Duane Mellinger was my third therapist and he is really helpful and very encouraging about my progress. Thank you Duane Mellinger.”

— Luz Booker: Madison

“Everything was great and very professional. Making the appointment was easy and all personal and friendly. The therapist and assistant always

explained every exercise. All appointments were prompt.”

— Barbara Hardesty: Madison

“I was very pleased with the therapist. They were outstanding. I feel much better.”

— Ramsey Simmons: Madison

“Justin and Duane were great! Got me out in record time. The sessions were so relaxed, yet hard work. Thanks guys!”

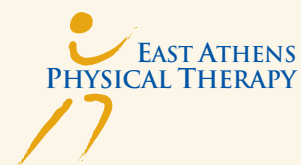
— Carey Walden: Athens

“Everything was perfect. I was very impress with Jim Mike’s knowledge of my back issues. I leave with the hope of being able to maintain my back.”

— Michael Cass: Athens

“Everyone was terrific—very professional. Jennifer made sure I understood the exercises and did them correctly. I appreciate all the effort to help me get back to my old self. Judy was great too!”

— Barbara Flick: Athens

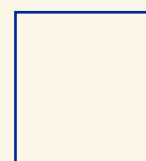


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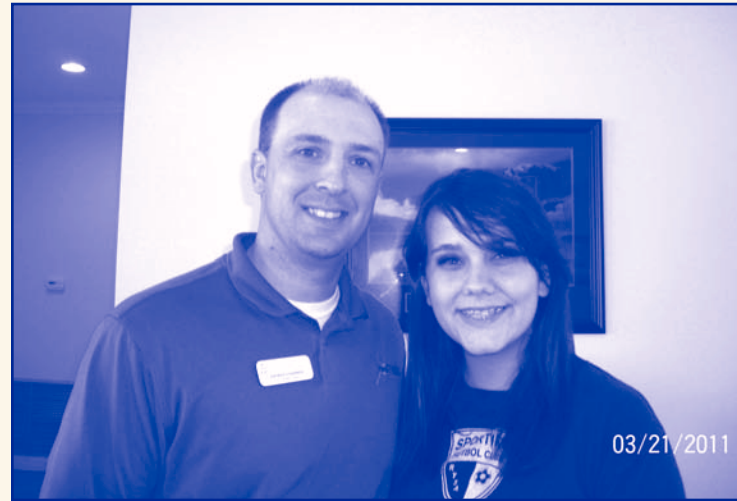
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www.eastathenspt.com



Comeback players

Morgan County High School



Rachel Shanklin with Jim Mike Hinzman, PT

Morgan County High School



Bailey Ross with Jim Mike Hinzman, PT

Cedar Shoals High School



Seth Solomon with Jennifer Peters, PT

Madison County High School



Kista Simmons with Justin Stewart, DPT

Cedar Shoals High School



Joshua Williams with Justin Stewart, DPT

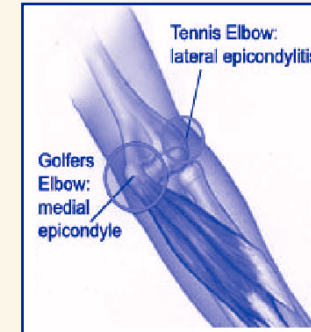
Continuing Education



Justin Stewart, DPT, CSCS attended the McKenzie part B course in early April for mechanical diagnosis and treatment of cervical and thoracic pain. This is the second of a 4 part course that Justin will be taking.

What is Epicondylitis?:

Epicondylitis literally means “inflammation of the epicondyle” and is the most common source of elbow pain and pathology. The epicondyles are bony projections of the distal or far end of the humerus bone and they serve as attachment sites for ligaments and tendons. Irritation of the tendons that attach here is the source of pathology and is commonly caused by overuse. While inflammation of the tendons is theorized to be the acute source of pain, if left untreated, epicondylitis can progress to a chronic and degenerative type of pain. Once the condition becomes chronic or degenerative, some doctors may use the diagnosis of epicondylolysis to denote a lack of inflammation. Other doctors may not specify if inflammation is present and will use the diagnosis epicondylalgia (algia meaning pain). There are two types of epicondylitis, medial epicondylitis (also known as golfer’s elbow) and lateral epicondylitis (also known as tennis elbow).



Medial epicondylitis occurs on the medial or inside of the elbow and is caused by irritation of the muscles that flex (curl) the wrist and fingers and/or pronate the forearm (turn the palm down). In addition to golfers, a variety of people can acquire medial epicondylitis, such as baseball and softball players and people who perform various construction tasks such as hammering, painting and/or screw driving.

Lateral epicondylitis occurs on the lateral or outside of the elbow and is caused by irritation of the muscles that extend (pull back) the wrist and fingers and/or supinated the forearm (turn the palm upwards). While tennis players are known for getting lateral epicondylitis because of the excessive wrist action involved in swinging a racket, other people may develop lateral epicondylitis as well.

Treatment for epicondylitis is largely conservative with only 5-10% of patients requiring surgery. The first line of treatment involves resting the extremity, ice, and usually oral anti-inflammatory medication. Doctors may issue a handout of stretches and exercises to help restore the flexibility and strength of the involved tendons. Braces in the form of a strap can be purchased to try to decrease stress on the tendons. If symptoms are severe, a cortisone shot may be given and/or the patient will be sent to physical therapy.

Physical therapy offers a wide variety of treatments aimed at relieving the symptoms. Several modalities may be used to decrease pain and inflammation such as a contrast bath, pulsed ultrasound, ice massage, and/or iontophoresis. Iontophoresis uses an anti-inflammatory medication and electrical stimulation to pump the medicine into the site of pain and is very effective for most patients. Physical therapists can also educate patients on how to modify their wrist and hand position while lifting and carrying objects to avoid excessive strain at the site of injury. Selective stretches and a carefully progressed strengthening program (once tolerated) will also be given alleviate the problem and help prevent re-occurrence.

If you think you may be suffering from epicondylitis it is important to see your doctor to rule out other serious pathologies and to begin treatment quickly. Epicondylitis is much easier to treat and alleviate if caught in the acute or early stage of onset.

—Justin Stewart, DPT, CSCS

