

# Bodies in Motion

TOTAL HEALTH CENTER NEWS LETTER

“Expert Care with Caring Hands”

Volume 15

Total Health Center is a full service physical & occupational therapy clinic where expert patient care is our first priority. We treat a full range of orthopedic and neurologic conditions. Our clinic has therapists with advanced training and specialist certifications. Our goal is to help you, the patient, reach your full potential.

## Up and Running After a Total Hip Replacement



While many surgeons say no to resuming a running program after a total hip replacement, others say you can do so depending on the bone quality and the prosthetic materials used to replace the worn hip joint. In surgery, the damaged cartilage and bone are removed and replaced with metal, plastic or ceramic joint surfaces. Surgeons may use cement to attach the artificial joint to the bone. Impact

activities pose a risk of stem fracture and prosthesis loosening and can accelerate wear on the prosthetic components' surfaces.

Because running can be a jarring activity to begin with, running after a total hip replacement requires even more caution. Talk with your physician to get an idea of how soon you can start running again. Take as long as you need to find out how to safely resume your activity.

We can provide you with running techniques that are appropriate for a hip replacement patient. These will involve adding smooth, fluid motions to your form.

It is important to **start slowly**, first walking, then power walking, then jogging on a smooth surface such as a treadmill without an incline. **If you do feel pain, just slow down or stop.** You can always run later, when your body gets used to the motion.

The following points are important to remember as you resume your running regimen:

**Stretch your legs, arms, back and hips before running.**

**Warm up thoroughly.**

**Cool down and gently stretch your muscles after a run to prevent further injury to your hip.**

**Start slowly and work your way up to longer runs.**

Call us at  
(269) 968-0888  
Mon - Thurs 7am-7pm  
Fridays 7am-4pm



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### Recipe of the Month

Granola topped caramel fruit dip

2 Tbsp regular rolled oats  
1 Tbsp sunflower kernels  
1 Tbsp sliced almonds  
1/8 tsp ground cinnamon  
2 6-oz. cartons plain low-fat Greek yogurt  
3 Tbsp sugar-free caramel topping  
3 cups sliced apples, kiwi, cantelope, and strawberries

In a small bowl, combine oats, sunflower kernels, and almonds. Lightly coat with butter flavor non-stick cooking spray and sprinkle with cinnamon; toss to coat. In medium skillet, cook oat mixture over medium heat x 3-5 min. or until toasted, stirring occasionally. Remove from heat and cool completely. In small bowl, stir together yogurt and caramel topping. Transfer to a serving bowl. Sprinkle with oat mixture. Serve with fresh fruit for dipping.

## Avoid falls or a jarring motion that could damage the replaced hip.

The most important thing is to follow your surgeon's advice. We will be happy to talk with your physician and design a program that can get you up and running as safely as possible. We can also suggest ways to incorporate various lifestyle changes to keep the hip problem free.

### Recovery from Kneecap Dislocation



Dislocation of the kneecap, or **patella**, is especially common among young women 16 to 20 years of age who participate in sports such as soccer, gymnastics and ice hockey. When it occurs, the kneecap slides out of its groove, usually laterally, resulting in **pain, swelling** and **decreased mobility**. Patellar dislocation can result from a direct blow to the knee or an awkward twisting motion. Up to 24% of those who incur patellar dislocation are born with abnormal alignment of the kneecap. When

this occurs, patients can incur an actual dislocation or feel that their kneecap is slipping.

Kneecap dislocation often responds to physical therapy alone, especially for young people whose bones have not yet matured. **Strengthening exercises** help regain the range of motion and comfort you experienced prior to injury. **Stretching exercises** improve knee extension, restore mobility and reduce healing time. Typically, these exercises should be performed for 30 minutes four days a week. In addition, **cardiovascular exercises** are encouraged, as long as you avoid those such as running on uneven surfaces that put significant stress on the knee and kneecap.

However, surgery is sometimes needed to bring the kneecap back to its normal alignment, repair soft tissues and remove bone fragments. Begun immediately after surgery, a physical therapy program reduces pain, maintains the health of the muscles and tissues around the kneecap, and prevents dislocation from recurring.

Whichever treatment is necessary, physical therapy can

**stabilize the muscles of the knee by focusing on the quadriceps and hamstrings**

**Improve flexibility through stretching the muscles and tendons around the kneecap**

**strengthen hip and core muscles to improve knee stability and avoid reinjury**

**improve coordination and balance to help the muscles and knee joint work efficiently**

Even if you seem to have achieved full rehabilitation, continue physical therapy to maintain the results. We can successfully adjust your program to help you keep up your strength and prevent further injury.

### Patient Testimonials

Amazing! Honest service with friendly staff who go above & beyond. Fun exercises with clear explanation. Couldn't ask for a better treatment for my ankle.

They are great people to work with. I feel better when I leave. Great job!  
S. Howe

Staff is all wonderful and very friendly as well as helpful. Appreciate all their work.  
T. smith

I appreciate the expertise and care during my treatment. I feel it was customized to address my individual needs. I especially was pleased with the explanations that were provided to help me understand the entire process.  
M. Dillard