



YOUR **NEXT STEP** IN RECOVERY:
THE BRIDGE PROGRAM

- Unsure of which exercises to perform at the health club, fitness center, or at home?
- Ready to re-join your team for practice after you've completed your rehab program, but not ready to return to competition?
- Want to get into shape, but not at the expense of aggravating an old injury or previous surgery?

Patients have asked us for help to guide them back to full activity following the completion of their rehab programs, so we've developed a customized program to allow them to bridge the gap and attain their goals.

It's called the **Bridge Program**—an exercise and fitness program designed specifically for return to recreational or competitive sports, as well as daily exercise. It involves higher intensity, sport specific drills to help you maximize your balance, agility and coordination, while developing power and strength following surgery or injury.

The **Bridge Program** is designed for all of our patients, from high school or collegiate athletes to seasoned citizens. Our physical therapists use their expertise and knowledge to get you back doing the activities and playing the sports you love.

Call our office at 717.569.4184 and ask for more information regarding this unique program.

DPTA WELCOMES MIRANDA HARLAN



Welcome Miranda L. "Andie" Harlan, OTR/L, CHT to Drevna Physical Therapy Associates! Andie joins our present hand therapy team that includes Christy Knox, OTR/L, CHT and Trudi Snively, COTA.

Andie received her Bachelor of Science Degree in Occupational Therapy in 1981 from Northeast Louisiana University. She became Neuro-Developmental Treatment (NDT) certified in 1985 and obtained her Hand Therapy Certification (CHT) in 1992.

Andie's clinical expertise is in the area of hand rehabilitation and splinting of the upper extremity. Her specialty includes post-operative treatment of tendon injuries and fractures, as well as rehabilitation of carpal tunnel, cubital tunnel and traumatic injuries of the hand, wrist, and elbow.

She has been a member of the American Society of Hand Therapists (ASHT) as well as the co-chair of the hand therapy study group of South Central Pennsylvania for the past 20 years.

*My Care.
My Choice.*

160 North Pointe Boulevard • Suite 113 • Lancaster, PA 17601
p 717.569.4184 f 717.569.4192 w www.drevnapt.com

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PT INSIGHT

A Publication of Drevna Physical Therapy Associates

Madeleine Pautler
Aspiring Dancer

Preventing Injury
through Clinical
Expertise & Science

Dance Images by
Rachel Neville Photography

MEDICARE PLANS

DPTA participates in the following Medicare Advantage plans:

- Highmark - Freedom Blue
- Capital Blue - Senior Blue
- Preferred Health Care - Today's Options
- Aetna - Medicare Advantage
- United Healthcare - Medicare Solutions
- Cigna - Medicare Advantage

Featured on the cover is Dancer and Drevna Physical Therapy Associates' client Madeleine Pautler.

Dance Image by Rachel Neville Photography

Professional Staff:

Timothy Drevna, DPT, OCS, ATC, CSCS

Christy Knox, OTR/L, CHT

Michael Beiler, MPT, DPT, CSCS

Christopher Hudson, MSPT, DPT, CSCS

Anita Alonte Roma, PT, DPT, NCS

Amy Humphrey, DPT, OCS, MTC

Lisa Goussetis, PT

Sherri Gagné, PTA

Amy Finnegan, PTA

Amanda Zeamer, PTA

Trudi Snively, COTA

Miranda Harlan, OTR/L, CHT

INJURY PREVENTION:
THE SCIENCE BEHIND THE GRACE

Dance is a beautiful form of expression, but it can be physically strenuous and taxing on the human body. Madeleine Pautler spends 30+ hours a week training under Master Teacher, Edward Ellison, at Ellison Ballet Professional Training Program in New York City. This is typical of an adolescent who is on the cusp of becoming a professional dancer. However, as with any dancer with this dream, they need to focus on preventing injuries.

A new study by researchers at The Research Institute at Nationwide Children's Hospital examined dance-related injuries among children and adolescents 3 to 19 years of age from 1991 to 2007. During the 17-year study period, an estimated 113,000 children and adolescents were treated in U.S. emergency departments for dance-related injuries. According to this study, which was published in the February 2013 issue of the Journal of Physical Activity and Health, the annual number of dance-related injuries increased 37 percent in 17 years. Sprains and/or strains (52%) were found to be the most common type of dance-related injury. The study also found that 4 out of 10 injured dancers were between 15 and 19 years of age. The adolescent growth spurt often occurs just as dance students are committing to career paths and increasing the intensity of their dance training. Therefore, due to the type of training these adolescent dancers receive, they often develop imbalances that can lead to injury.

Fortunately, Madeleine made the choice to team up with Amy Humphrey, DPT, OCS, MTC at Drevna Physical Therapy Associates. Amy has over 10 years of expertise working with performing artists. She was the on-site physical therapist for the Washington Ballet for 6 years and also spent four years at the Kirov Academy for elite adolescent dancers in Washington, D.C. In addition, she provided backstage physical therapy services to touring companies at the Kennedy Center, The Warner Theatre, The National Theatre and Arena Stage. With this experience, Amy has been able to keep Madeleine dancing over the past year, despite a few aches and pains along the way.

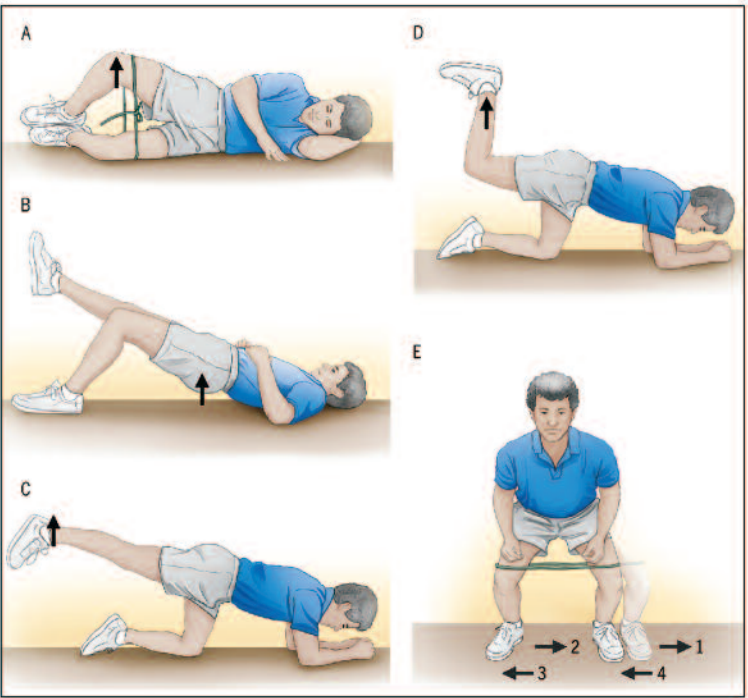
STRENGTHENING
YOUR HIP MUSCLES

Some Exercises May Be Better Than Others

Weak hip muscles lead to poor hip motion, and poor hip motion can cause knee, hip, and back pain. By exercising to strengthen the hip muscles that control how your hip moves, you can reduce your pain in these parts of your body. The 2 key muscles to include in your exercise program are the gluteus maximus (the chief muscle on the back of your hip—your buttocks) and the gluteus medius (the main muscle on the side of your hip). However, it is often difficult to strengthen these muscles without also strengthening a muscle called the tensor fascia lata, which is located toward the front of the hip. Too much activation of that muscle may create unwanted hip motion that may worsen knee, hip, or back pain. A study published in the February 2013 issue of JOSPT provides information intended to help physical therapists and their patients select exercises that target the buttock muscles without causing other unwanted muscle actions.

NEW INSIGHTS

In this study, the researchers had 20 healthy people perform 11 different hip exercises commonly used for both fitness and rehabilitation. While the participants performed the exercises, fine wires were used to record the amount of electrical activity within the 3 muscles. This indicated how much each muscle was working. The researchers' goal was to discover which exercises used the gluteus maximus and gluteus medius muscles the most, while minimizing the action of the tensor fascia lata. They found that 5 specific exercises



HIP EXERCISES. (A) Clam exercise: while lying on your side with knees bent, rotate the top leg upward; (B) single-leg bridge exercise: while lying on your back with one knee bent and the other leg straight, lift your buttocks off the floor or table using the knee that is bent, while keeping the other leg straight; (C & D) hip extension exercises on all fours: while on hands and knees, extend one leg upward — this exercise can be done with the leg straight (harder) or with the knee bent (easier); (E) sidestep exercise: while in a slight squat position, take small steps sideways while keeping your toes pointed forward.

worked best: the clam, the single-leg bridge, hip extension while on both hands and knees (with the knee bent or straight), and the sidestep.

PRACTICAL ADVICE

Patients with certain types of knee, hip, or back pain may benefit from focusing on the 5 exercises recommended by these researchers. Your physical therapist can help determine which of these exercises are best for you and customize a treatment program based on your diagnosis, your level of pain, and your current and desired hip function. Even if you do not have any pathology or pain, you may want to incorporate these 5 exercises in your general fitness or strength program.

DIRECT
ACCESS

Direct Access Physical Therapy means that a person is able to refer themselves directly to a Physical Therapist for evaluation, diagnosis, and treatment of musculoskeletal and movement disorders.

In Pennsylvania, licensed Physical Therapists must meet advanced criteria in order to provide Direct Access services to clients and patients. This includes successful completion of courses in differential diagnosis and medical screening, as well as two years of post graduate clinical work. Physical Therapists must apply for Direct Access certification every two years, and must meet the criteria above, as well as complete a minimal number of hours in continuing education coursework. Direct Access has been available to the public in the Commonwealth of Pennsylvania since 2006.

All Physical Therapists in Drevna Physical Therapy Associates are Direct Access certified.

Several independent studies have identified that this model of care has resulted in an overall reduction of health care costs for certain musculoskeletal diagnoses. There is also evidence that the benefits from direct physical therapy evaluation and treatment can be a effective alternative to more invasive and costly procedures.

Noting the decreased costs and effective outcomes of care, many health insurance carriers have recognized the benefits of Direct Access PT, and provide reimbursement for these services. Presently, Medicare allows Direct Access for evaluation only, requiring a physician referral for treatment. You should check with your insurance carrier to see if this option is part of your coverage.

Our professional staff possesses the clinical expertise and knowledge to improve your function, relieve your discomfort, and allow you to return to the activities you enjoy.

Call us if you have any questions regarding a Direct Access appointment. We will be able to answer your questions about insurance, evaluation, and treatment duration and frequency.

Thank you to the PPTA Direct Access Task Force 2011 for the general content of this article.

This JOSPT Perspectives for Patients is based on an article by Selkowitz et al, titled "Which Exercises Target the Gluteal Muscles While Minimizing Activation of the Tensor Fascia Lata? Electromyographic Assessment Using Fine-Wire Electrodes," J Orthop Sports Phys Ther 2013;43(2):54-64. doi:10.2519/jospt.2013.4116.

This Perspectives article was written by a team of JOSPT's editorial board and staff, with Deydre S. Teyhen, PT, PhD, Editor, and Jeanne Robertson, Illustrator.