

COMPLETE HEALTH & CHIROPRACTIC CENTER



The Spotlight

Bryan Haig, a passionate member of the COMPLETE HEALTH Chiropractic and Physical Therapy team for more than three years, specializes in the rehabilitation of spinal, extremity, and sports related injuries. Bryan has substantial experience in physical therapy and managing physical therapy clinics since completing his Masters Degree in Physical Therapy over 12 years ago. His extensive knowledge of core strengthening and overall physical conditioning is vital to every patient's recovery and ability to manage their condition. Bryan's background of being a personal trainer, athlete, and fitness buff has enabled him to develop extensive experience in observing subtle differences in movement patterns and compensations due to muscle imbalances. Bryan is highly skilled in Orthopedic Manual Therapy which is evidenced by his extensive continued education in orthopedics. His treatment approach encompasses the balancing of individualized therapeutic exercises with his manual hands-on skills. Bryan is an avid skier and an All-Star baseball player for the Men's Adult Baseball League. However, Bryan's true passion is spending times with his family and two children, Jaden and Dani.



Yes, this really IS Bryan...

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You Can't Rain on Our Parade!

It was the worst weather spring in the northeast could dish out: constant, pelting rain blustering through Central Park, the temperature struggling to reach

50 degrees. Behold the 7th annual More Magazine Women's Half-Marathon on April 25, 2010. Held every spring in Central Park (this year on the heels of a Nor'easter), the women-only race supports CARE, the leading humanitarian organization for fighting global poverty and violence against women and children. (CARE is currently on the ground in Haiti helping thousands of people by providing water, food, and hygiene kits).

This is the second year CHCC's staff has participated in this race as a show of camaraderie and teamwork. Expanded from three staff members the first year to

seven this year, the team trained weekly in Tyler Park in Newtown—the best local route to mimic the rolling hills of New York City's renowned park.

Even a rainy, blustery, 48 degree day couldn't dampen the enthusiasm of the team. Despite being soaked through and chilled to the bone, the team finished in high spirits. Congratulations to the women of Team CHCC for their grit and determination!



The 2010 MORE Half-Marathon team:
Front row (L-R): Dee Juno, Tina Haig
Back row (L-R): Liz, Dahlheim, Jill Settembrino,
Kari Steckley, Val Ferro, and Elaina Scozzari

Complete Health & Chiropractic Center

Chiropractic Care

Physical Therapy

Massage Therapy

Spinal Decompression

Electrical Muscle Stimulation

Ultrasound Therapy

Orthotic Consultation

Custom Orthotics

Therapeutic Exercises

Complete Health & Chiropractic Center

Issue 4

STRIVE

For A Healthier You

Spring/Summer 2010

Golf In February

New Faces!
Please welcome the latest additions to our CHCC team:

Dr. Kristy Root
Dr. Kristy practices in our Yardley office. She specializes in family practice with an emphasis on whole body care, including extremities.

Kaitlyn Wagner
Kaitmans the Lawrenceville front desk evenings and Saturdays. Kait is a student at Bucks County Community College majoring in Health & Exercise Science.

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When Dr. Clancey and Dr. Berkowitz said they were going to San Diego "on business", we were suspicious. A week later when they returned, tan and talking golf, we all felt satisfyingly smug. But we were wrong: They didn't play a single hole of golf! They had just completed the Level 2 Golf Fitness Certification (Medical Professional tract) at the Titleist Performance Institute (TPI). TPI was created in 2003 in Oceanside, California by a team of medical professionals and PGA teaching professionals. It is the world's leader in golf health and fitness. Dr. Clancey and Dr. Berkowitz had been working with TPI for the past year and were now ready and eager to help our patients' bodies and golf games.



Using TPI's system, we can determine your specific physical limitations, correlate the limitations to your golf swing, and prescribe an exercise program just for you.

If you are a non-injured golfer, Dr. Clancey or Dr. Berkowitz will utilize a TPI movement screen to identify faulty stability patterns and/or altered mobility. Stability is created by a combination of balance, strength, and muscular endurance. Mobility is the combination of joint range of motion and proper soft tissue flexibility. Once any stability or mobility problems are identified, a prescribed exercise program on an interactive

web page will be available to you. You will also be given a fitness handicap to help you measure your progress.

If you are an injured golfer, the doctors will need to perform a Selective Functional Movement Assessment (SFMA) in addition to a traditional orthopedic/neurological examination. The dysfunctional movement patterns uncovered by an SFMA are often the cause of orthopedic injuries. At this point, you will likely require some treatment (chiropractic or physical therapy) for both the injured area and the cause of the dysfunctional movement pattern.

Many of the physical limitations in non-injured and injured golfers can be corrected with exercise and treatment. There are some, however, that may be resistant to improvement. This can be of tremendous value as well. If you (or your teaching professional) understands your limitations, you will be able to work around such limitations and develop the most efficient swing for your body. If you take lessons, make sure to tell us so that Dr. Clancey or Dr. Berkowitz can provide your pro with information to help them make you the best golfer you can be.



**TPI
CERTIFIED**

Decompression Therapy: Gentle Relief



You don't have to live in debilitating pain. Whether you have lower back pain, a pinched nerve, sciatica, neck pain, syndromes of the lumbar and cervical spine, or a variety of symptoms related to damaged or degenerative discs, **DTS** (Decompression Traction System) therapy may be for you. DTS is a state-of-the-art therapy and the leading non-surgical alternative for disc-related syndromes of the lumbar and cervical spine.

For the non-surgical treatment of bulging, herniated, and prolapsed discs, spinal stenosis and other conditions, DTS Spinal Decompression Therapy has been shown to be very effective. Decompression traction is just that: It decompresses the disc or desired spinal structure, in many cases pulling the disc off the nerve root(s) and/or decreasing inflammation.

Is DTS right for you? Decompression Therapy can be a highly successful treatment for patients suffering from symptoms of stenosis, bulging, herniated, prolapsed or degenerative discs, including pain, sciatica, headaches, and radiating pain or numbness into arms, hands, legs, and feet. It will reduce the pressure on spinal discs and facet joints through unloading created by distraction and positioning. Decompression Therapy may effectively enhance the healing process and renders substantial pain relief that enables most patients to return to a more active lifestyle.

DTS- Decompression Traction is often on the front line of non-surgical conservative treatment at COMPLETE HEALTH along with conservative chiropractic care, physical therapy, and pain control. Patients are given a thorough examination to determine if they are suitable for Decompression Therapy. Some conditions and patients are not candidates; your chiropractor or physical therapist will make that determination.

There are three phases of DTS treatment that are essential to a full recovery: 1.) treatment, 2.) stabilization of the structure, and 3.) support of muscular system.

1.) Treatment: Phase I involves the gentle distraction that is provided by the DTS traction table. This promotes blood flow and nutrition intake into the disc, something that is often lost in damaged and degenerative disc conditions. This will help the disc heal from the inside out. Also, the dramatic decrease in pressure in the disc (decompression) can foster the drawing in of a bulge and help take pressure off a "pinched" spinal nerve.

Movement is essential to life and your spine depends on the muscle activity for support and the movement of fluid to and from the discs. That will bring us to the phase II of the treatment.

2.) Stabilization of the Structure: As the pain becomes controlled, there is a need to rehabilitate the structures supporting the discs. A series of rehabilitative measures are incorporated in order to more fully heal the discs and keep pain from returning. Most back pain sufferers have two compounding problems that have contributed to their disc injury and limited their natural healing abilities: decreased spinal flexibility and poor muscle control. A program focused on pain-free rehabilitative exercises may involve the use of Biofeedback. This allows patients to monitor and control spinal motion and reclaim proper spinal movement patterns with the use of visual feedback. Strengthening and building endurance in the muscles that support the spine is vital for spinal health. All the body systems must work in concert for optimum health, so nutritional and lifestyle advice may be given as well as a home exercise program.

3.) Support of Muscular System: During phase III, an individualized treatment program will be developed to assist in returning the spine to full health. A large emphasis will be placed on the "core" muscles surrounding the low back and abdominal region as well as the cervical and scapula stabilizing muscles.

There are a number of spinal decompression and traction machines presently used in the United States. After significant research, COMPLETE HEALTH has chosen the FDA approved DTS Decompression Traction machine manufactured by Chattanooga/Empi, Inc., the premier manufacturer of



While this may look like a medieval torture device, it is actually very comfortable and most patients fall asleep during treatment.

physical therapy equipment in the USA. People who are candidates for DTS will get to see the true cohesiveness of how chiropractic care and physical therapy work in balance. You owe it to yourself to learn more about DTS Therapy.

Cool Your Heels Treating Plantar Fasciitis

Although it sounds like the captain of the Lithuanian Olympic hockey team, plantar fasciitis is actually the most common foot condition treated by health care providers. Over 2 million Americans are affected each year and 10% of the population will suffer from this condition in their lifetime. Chances are you or someone you know has had plantar fasciitis.

The plantar fascia is located on the bottom of the foot and can be viewed as a continuation of the fibers from the



Constant pulling of the plantar fascia on the heel bone can result in heel spurs; in that case your physical therapist will work to decrease inflammation.

Achilles tendon. The plantar fascia is intricately associated with the changes in shape, position, and shock absorbing qualities of the foot. The plantar fascia assists in the development of the foot's push-off power during walking, running, and jumping. Therefore, it should not be surprising that plantar fasciitis is particularly prevalent in runners, basketball and soccer athletes, gymnasts, and those who play racket sports.

Possible causes or contributing factors to plantar fasciitis include: age (over 40 yrs.), poor footwear, poor Achilles tendon flexibility, and limited range of motion in the big toe. Onset frequently correlates with an increase in running mileage, increase in frequency of training, changes in exercise routine (i.e. adding hills, speed work), and/or an employment change that requires more time standing or walking.

People who have plantar fasciitis usually experience pinpoint pain on the plantar (sole) aspect of the foot. A very common complaint is having pain when getting out of bed in the morning and placing weight on the foot for the first time. This occurs when scar tissue formed during the night tears with initial weight bearing, causing minimal bleeding in the muscle (the inflammation in the tissue is what causes the pain). The pain usually subsides with walking throughout the day but generally returns again at night. If a person sits for long periods of time, they may get pain with initial weight bearing due to that period of inactivity. In response to the pain, a person's gait changes slightly, which commonly leads to secondary problems elsewhere.

The key to effective treatment is to establish an accurate activity history and then institute modified rest to decrease plantar impact and tension stresses. A runner, for example, should decrease distance and minimize sprinting. Alternative training methods, like cycling or swimming, may be needed. Exercises specifically designed for improving Achilles and plantar fascia flexibility as well as for improving range of motion in the big toe should be incorporated into your treatment program. Modalities, including moist heat, ultrasound, cold packs, iontophoresis, and electrical stimulation are all effective treatment strategies that are used in conjunction with your exercises.

Medications, such as NSAIDs, may be helpful but will only solve the problem when used in conjunction with a full physical therapy program. Steroid injections may be helpful but may weaken the tendon and have been correlated with rupturing of the plantar fascia. Taping and orthotics have a role in treatment but only after a comprehensive exam of the patient's foot and the biomechanics.



Kinesiotaping can reduce the pain and inflammation of plantar fasciitis.

The purpose of taping or orthotics is to decrease abnormal foot pronation (flat foot) which may increase the stress on the plantar fascia. Night splints, which keeps the plantar fascia stretched throughout the night, should be considered for people with plantar fasciitis symptoms for greater than six months.

Plantar fasciitis should be treated promptly to allow for quick recovery and earlier return to activity. Please consult your doctor if you have experienced this plantar foot pain to see if physical therapy would be helpful for you.

The highest compliment a patient can give is the referral of friends and family.