

Peaking Interests

The quarterly newsletter
of Apex Physical Therapy

Fall 2007 Volume three Issue one

Tilt-a-whirling *Diagnosis and treatment of BPPV*

By John Vercher, MPT

"I feel like I am whirling or tilting when I lie back from an upright position."

"I get the sensation that my surroundings are moving when I sit up in the morning."

"I feel lightheaded and unsteady when I look up quickly."

Sound familiar? If so, you may be one of numerous individuals who suffer from benign paroxysmal positional vertigo, otherwise known as BPPV.

BPPV is the most common cause of vertigo, particularly in individuals over 40. In fact, about 50 percent of people age 70 or older will experience an attack at least once.

Most often, vertigo is a result of problems with the balance mechanism in your inner ear known as the vestibular labyrinth. The vestibular labyrinth (*see page 2*) is comprised of fluid-filled semi-circular canals and small hair-like sensors. Attached to these sensors are tiny crystals of calcium carbonate that help regulate balance

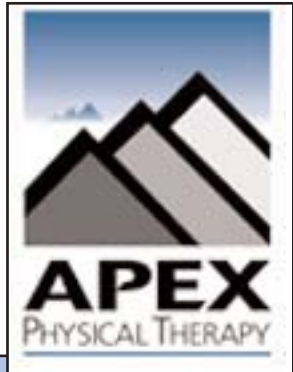
by detecting gravity and back-and-forth motion of the head.

BPPV occurs when the calcium carbonate crystals dislodge and move into the fluid in the semicircular canals. In certain positions, these crystals stimulate the hair-like sensors associated with balance, thus giving a false signal of movement and causing a brief sensation of spinning.

The key symptom of BPPV is sudden and intense spells of vertigo that are short in duration and associated with certain movements of the head. Vertigo is different from basic dizziness in that it can significantly affect your ability to walk or stand. More intense vertigo may also be accompanied by sweating and vomiting. With BPPV, the sensation usually lasts less than a minute and may become less noticeable each time you repeat the same head movement.

Generally, BPPV is simply a result of aging. However, head trauma, ear surgery or an infection of the vestibular labyrinth may increase one's susceptibility. BPPV can last weeks to months. It can, at times, go away without treat-

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Now serving Five locations

Royersford
341 10th Avenue
Suite 101
Royersford, PA 19468
610-792-8100

Blue Bell
676 DeKalb Pike
Suites 105-106
Blue Bell, PA 19422
610-270-0300

Chalfont
1500 Horizon Drive
Suite 102E
Chalfont, PA 18914
215-712-0300

Pottstown-Coventry
10 Glocker Way
Pottstown, PA 19465
610-323-4300

Lafayette Hill
466 Germantown Pike
Suite 200
Lafayette Hill, PA 19444
610-832-7510

Hours of operation

Mon-Thurs: 8 a.m. - 8 p.m.
Fri: 8 a.m. - 5 p.m.
Sat: 8 a.m. - 12 p.m.

Check out our Web site

www.apex-pt.com

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Living with BPPV: treatment techniques and therapy

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ment. However, it can also stop for a period of months or years and then suddenly return.

While BPPV is not often serious, it can be extremely debilitating, forcing those who suffer from it to significantly modify their activities of daily living in order to avoid attacks. This can include developing new patterns of movement – like swiveling the entire body rather than just the head to look at something – which can result in headaches, neck aches, muscle stiffness and general fatigue.

The good news is BPPV is highly treatable. It can be resolved, for example, through one or two 15-minute sessions of particle-repositioning maneuvers at a doctor's or therapist's office.

Particle-repositioning techniques are designed to move the calcium carbonate crystals out of the semicircular canals to a tiny bag-like structure at the end of the vestibular labyrinth, called the utricle, where they can't cause any trouble. There are several repositioning techniques that can be implemented, as there are dif-

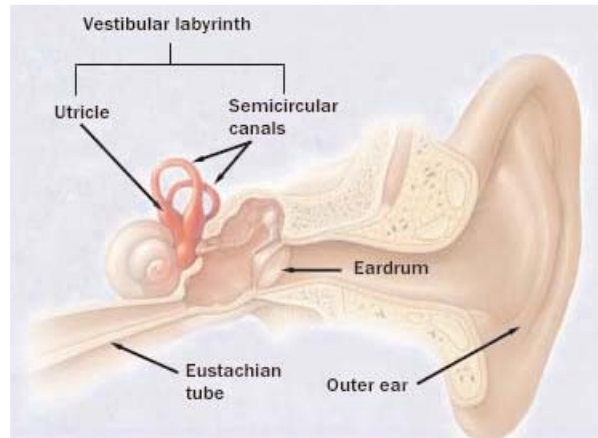
ferent types of BPPV and varying orthopedic conditions that favor one technique over another. The success rate for this procedure can be as high as 90 to 95 percent.

In cases where balance is a problem, BPPV can also be treated by a therapist trained in VRT, or vestibular rehabilitation therapy. After evaluating your posture, balance,

movement and compensatory strategies, the therapist will develop an individualized treatment plan comprised of head and body movements and eye exercises. These movements and exercises may cause an increase in symptoms at first. However, if they are correctly and faithfully performed, they will ultimately help retrain the balance systems, thereby diminishing many of the symptoms of BPPV.

If you believe you are suffering from BPPV, contact your primary care physician. They can run a number of tests to determine whether you are experienc-

ing BPPV or another, more serious, condition. If necessary, your doctor can refer you to a physical therapist certified in the aforementioned techniques. With proper treatments, you can regain your active lifestyle and normal way of life.



This illustration, courtesy of the Mayo Clinic, shows the position of the vestibular labyrinth and its components. The vestibular labyrinth is one of the body's key mechanisms for regulating balance. Wear and dysfunction of this mechanism can lead to the development of BPPV.

News from the Top

What's happened and happening at and around our clinics

Welcome new staff members

Apex would like to welcome and introduce some of our newest staff members. They include:

- Kathleen Helgesen, certified hand therapist in Blue Bell and Royersford
- Barbara Geiger, receptionist in Lafayette Hill
- Sharon Yohn, receptionist in Pottstown-Coventry

Bundle of joy

Congratulations to Tina Lipsky, PT, and her husband Ray, who welcomed daughter Vivian Ray Lipsky into the world on Thursday, October 11, 2007. Vivian Ray weighed 7 lbs, 6 oz and was 20 inches long. Everyone in the family is doing great!

Vestibular rehabilitation

John Vercher, MPT, of our Royersford office recently received his certification in vestibular rehabilitation from the American Institute of Balance. Please see our feature article for more information on benign paroxysmal positional disorder, a condition treated through vestibular rehabilitation.

Hand therapy

Apex is pleased to announce that Kathleen Helgesen, PT, CHT, has joined the Royersford and Blue Bell offices. Kathy is a certified hand therapist with over 20 years of experience. Hand therapists specialize in rehabilitating patients with upper extremity conditions, including: cumulative trauma disorders, like tennis elbow or carpal tunnel syndrome; chronic problems, like arthritis or neurological conditions; and accidents leaving the patient with wounds, scars, burns, injured tendons or nerves, fractures, or even amputation of the finger, hand, or arm.

Referral Rewards

In order to thank our patients for recommending our services to others, we have created the Referral Rewards Program. All you have to do is refer your friends or family members to Apex Physical Therapy and you automatically become a member. Just remember to tell the individuals you refer to mention your name when our administrative staff asks, "How did you hear about us?" We'll take care of the rest.

The Referral Rewards are as follows:

- Refer 2 patients: receive a T-shirt specially designed for our Referral Rewards participants
- Refer 3 patients: receive an Apex hooded sweatshirt
- Refer 4 patients: receive an Apex fleece
- Refer 8 patients: receive a \$150 Kravco-Simon gift card, which can be used at a variety of shopping centers
- Refer 10 patients: receive a \$250 Kravco-Simon gift card

DO IT RIGHT:

SNOW SHOVELING TECHNIQUES

One of the most common causes of back injuries during the winter months is snow removal. Using the wrong body mechanics when shoveling snow can put undue stress on the spine and lead to muscle strains, falls or more serious back injuries. The following snow shoveling tips, courtesy of spine-health.com, can help you to avoid low back injuries during the time of year when we'd all much rather be experiencing peace than pain.

1. Pick the right snow shovel

Choose a shovel with a curved or adjustable handle to allow you to bend your knees and arch your back only slightly while keeping the shovel blade on the ground. Also, choose a lightweight plastic blade to reduce the amount of weight you're lifting.

2. Warm up thoroughly

Cold, tight muscles are more prone to injury than warmed up, flexible muscles. Start with a brisk walk for five to ten minutes. Then, gently stretch your low back and hamstrings, and limber up your arms and shoulders with a body hug.

3. Pace yourself during snow removal

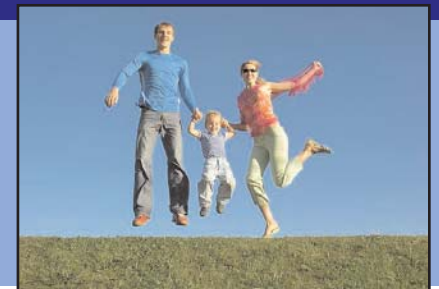
If possible, try to remove snow in sessions spread out over a period of days. In deep snow, remove a few inches at a time, rather than the

full depth at once. And take breaks for one to two minutes every 10 to 15 minutes, using this time to stretch your arms, shoulders and back.

4. Use ergonomic lifting techniques

- Always face toward the object (i.e. snow) you intend to lift.
- Bend at the hips, not the low back, and push your chest out, pointing forward. Then, bend your knees and lift with your leg muscles, keeping your back straight.
- Keep your loads light enough to avoid any straining.
- Grip the shovel by placing one hand as close to the blade as comfortably possible and the other hand on the handle.
- Avoid twisting the back to move your shovel once you've scooped. Always pivot the whole body.
- Walk to the new location to deposit your snow, rather than trying to reach or toss it.

Apex Physical Therapy is proud to announce that we have been awarded a Certificate of Outcomes Excellence from Focus On Therapeutic Outcomes, Inc. (FOTO), a nationwide outcomes database and reporting service for healthcare providers. These certificates are presented to a select group of providers across the country to recognize the excellence achieved in effectiveness of treatment. During the past twelve months, Apex Physical Therapy has demonstrated a greater increase in function for our patients than the national aggregate average.



Meet our Apex Staff



Chip Cofone, MPT
Lafayette Hill

Chip Cofone joined the Apex Physical Therapy team as Managing Director of the Lafayette Hill office in May 2007. He has been practicing in outpatient orthopedics for more than eight years, with a strong focus on post-operative rehabilitation, and shoulder and knee rehabilitation.

After receiving his master's degree in Physical Therapy from Duquesne University in 1999, he

spent four years practicing in the surrounding Pittsburgh area.

He relocated to the Philadelphia area in 2003 to work directly with two prominent orthopedic surgeons, thus playing a vital role in helping people return to work or play after orthopedic surgery. As part of this team, he developed post-operative physical therapy treatment protocols and conducted strength and agility tests. In addition, Chip had the unique opportunity to be a part of the treatment team for the Philadelphia Soul Arena Football team.

Outside the clinic, Chip spent 12 years as an avid ice hockey player. He was a member of the Philadelphia Little Flyers and Duquesne University team. In 1992, however, an unfortunate knee injury on the ice ultimately opened the door to a career as a Physical Therapist.

Currently, Chip enjoys golfing, moonlighting as a singer/songwriter and dabbles in construction.

Treat_(ment) for your Tummy



Kansas Corn Scallop

This recipe has been pleasing tummies during the cold winter months for decades. It's a hearty fare that can be enjoyed as either a main dish or a hefty side to a Holiday supper.

Ingredients

- 1 can (12-16 oz) whole kernel corn
- 1 can (1 lb) cream style corn
- 2/3 cup evaporated milk
- 2 eggs
- 4 tbsp butter or margerine, melted
- 2 tbsp dry minced onion
- 1/2 tsp salt
- 1/4 tsp coarse ground black pepper
- 2 cups soda crackers, crushed
- 1 pkg (12 oz) Swiss cheese, diced

Prep/cook time: 1 hr, 20 min
Makes: 8 large servings

1. Preheat oven to 325 degrees.
2. Drain liquid from whole kernel corn; reserve 1/4 cup of liquid.
3. Beat eggs slightly in a large bowl.
4. Stir in corn, 1/4 cup of corn liquid, cream-style corn, evaporated milk, melted butter or margarine, onion, salt and pepper.
5. Fold in crackers and diced cheese.
6. Spoon mixture into an 8-cup greased baking dish.
7. Bake in oven for one hour or until set.
8. Let stand for 5 minutes before serving.

Note: This recipe can be prepared ahead of time and refrigerated until ready to bake. Let sit for 1/2 hour after removal from refrigerator before baking.

Achieving the Apex

What patients are saying about their successes at our clinics

"Apex did a great job in helping me recover from my back and neck injury from an auto accident as quickly as possible. My therapist was extremely thorough in evaluating my condition and in explaining the recommended course of therapy. He also utilized my feedback throughout my sessions to make the necessary adjustments to my program. I cannot say enough good things about my therapist and Apex."

- Joe J.

"I came into Apex with very severe pain in my hand, forearm and shoulder. This pain would wake me up from a sound sleep. It would also break my concentration at work. This pain is now completely gone, with the exception of [minor pain] once in a while, which can be eliminated with the exercises I have been instructed to perform [at home]."

- Jim M.

"Bilateral knee replacement surgery was very traumatic for me. The pain was unbearable and my function was minimal. With a sense of humor and great professionalism, the Apex team nudged me down the road to success. Thanks to all this good work, I am feeling stronger, almost pain free and walking around like a chick again."

- Ruth B.



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