

NEWSLETTER

September 2025 Volume 5 / Issue 9

OUR STAFF

Clinic Manager:

Kari Mullaney, MSPT

Our Therapists:

Tara Albright, DPT

Brad Fenter, DPT

Karen Hayter, DPT

Chris Moore, OTR

Laurel Sampson, MPT

Mariah Sis, PTA

Front Office:

Stephanie Bertroch, Front Office Supervisor

Nina Campos, Front Office Coordinator

Jasmine Erwin, Front Office Coordinator

Michelle Morales, Front Office Coordinator

Ariana Stassen, Authorization Specialist

Back Office:

Jeremy Allgood, PT Tech Butch Cassidy, PT Tech

ARE YOU A VICTIM OF THE SITTING DISEASE?

Have you ever heard of something called the "Sitting Disease"? Unfortunately, due to many of our jobs requiring long hours of sitting and little activity, the "sitting disease" has become an epidemic in our country. 80% of occupations require long periods of sitting and little activity. This can lead to many health issues, as well as aches and pains from too much sitting. Check out this month's blog regarding the sitting disease, what it is, and how you can help get out of sitting disease. If you are currently struggling with pain due to too much sitting, or any other injury give us a call and see how we can help!

AROUND THE CLINIC:

September is food safety month and national fruits and veggies month. If you have been paying attention to the FDA and food safety happenings since January, you may have discovered there have been a lot of practices taking place in food production here in the United States that are potentially less than "safe". Food dyes are being found in just about everything, including pickles (yes, they add yellow 5 to many pickles)! If this is shocking to you, welcome to the club. Luckily, there are changes coming our way, with a decreased use of food dyes across the board. There is also going to be better labeling, so that these things are easier to see and make the choices that are right for you and your family. The best thing to do now is become an avid label reader and educate yourselves on what are the healthiest options for you and your family. Have a safe and happy September!







Spotlight Diagnosis of the Month

Diagnosis: Disc Herniation

What is it?

Our spine is made up of vertebral bones which are separated by soft cushions known as intervertebral discs. A disc is made up of a tough fibrous outer layer, with a soft, jelly-like center. These discs have multiple purposes which include a cushion for shock absorption, mobility, structural support and stability, weight

This section is to provide details about commonly seen diagnoses or injuries in our clinic and how Therapy may help.

distribution, and they provide a pathway for nutritional support and waste products between the vertebra and spinal cord. Sometimes, the tough outer layer of our disc can weaken or have small tears around it. This causes a weak spot in the disc which leads to the soft inner material bulging out and pressing on nearby spinal nerves. When this happens, there is an inflammatory response and extreme pain.

Common Symptoms

Symptoms of a disc bulge vary depending on the location of the herniation and the severity of nerve compression. However, the most common symptoms are as follows:

- Pain: This can be localized to the area of the herniation such as the neck or back, or it can send radiating pain to other areas such as across the shoulders or glutes, down the arms or legs, or even into the hands or feet. Pain symptoms can have a wide range of feeling like a dull ache to feeling sharp, shooting pains.
- **Numbness and Tingling:** Due to the various locations of disc herniations, numbness and tingling will also vary in its location. This feeling will often follow the path of the nerves most affected by the bulge. For example, if a disc is herniated in the lower back and the path of this nerve goes to the back of the thigh and down the leg. This is where you may start to feel numbness and tingling symptoms.
- Muscle weakness: This symptom is very similar to numbness and tingling as muscle weakness will
 also follow the path of the nerve most affected by the bulge. However, instead of numbness and
 tingling, you may have difficulty lifting objects, lifting your toes and legs to walk, or losing grip strength.
- **Bowel or bladder dysfunction:** This last symptom is rare and happens with worst case scenarios. However, sometimes, a herniated disc can compress the nerves that control bowel and bladder function which can lead to incontinence or difficulties urinating.

How Physical Therapy Can Help: A physical therapist will start by assessing the level at which the bulge happened and how severe that nerve compression is. Physical therapists will then customize exercise programs that are tailored to each specific patient and their needs. This typically includes pain management techniques, posture and body mechanics training and education, core and spinal strengthening, and mobility exercises. Initially the physical therapist's goal will be to decrease patients' pain levels. This can be done with multiple different techniques such as soft tissue work, heat or cold therapy, electrical stimulation, or even spinal traction to help take pressure off the nerves which will in turn decrease pressure and pain levels. Once pain levels are under control, this is typically when strengthening and mobility exercises begin to help restore functional mobility and allow the patient to return to their prior level of function and a better quality of life.

Please confirm your appointments electronically so we know you are coming, and please continue to call our office if you need to reschedule. We have a \$50 no show/less than 24 hour cancelation fee.





