



## Fenton Physical Therapy

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# If Your Shoulders Could Talk

### *Sit Up Straight*



The C5 nerve root exits the spine between two of your lower neck bones, and it is the main communication line to three shoulder muscles. This nerve is respon-

sible for controlling two of the four rotator cuff muscles and also the deltoid. Repeated or sustained neck flexion (forward bending) can put pressure on this nerve. If you compress or irritate the C5 nerve root, you are unable to efficiently control the glenohumeral joint because of muscle weakness. A shoulder with a poor C5 nerve root control is at high risk for injury.

### *Make My Partner, The Thoracic Spine Work*

Your shoulder rests on the rib cage, and it cannot efficiently operate if the main support beam for the rib cage is unable to move. This main support beam is the thoracic spine (upper back). A fair amount of thoracic spine rotation and extension is necessary for efficient overhead shoulder motion. If the thoracic spine does not move, then compensatory stress is placed on the shoulder joint. Maintaining or regaining thoracic spine motion is important for pain free shoulder function. Try the four point torso rotations on the next page.

### *Allow Me To Introduce Your Serratus Anterior and Lower Trapezius*

You are always working on the deltoids and pectoralis muscles—the beach muscles. However, the deeper muscles that provide movement and stability for the scapulas are rarely trained. Many people have a problem called “downwardly rotated scapulas”, and are unable to fully upwardly rotate the shoulder blades sec-

ondary to weakness in the lower trapezius and serratus anterior muscles. These muscles function as the anchors that hold the shoulder girdle tight to the rib cage. Try the physioball “Ys” on the next page.

### *Ignore Me And I Will Bring You To Your Knees*

Pain in the shoulder is never something you should “just work through”. Most shoulder pain resolves with rest, icing, and proper rehabilitation exercises. Do not allow a shoulder pain problem to go untreated for long periods of time. Women especially need to be aware of the warning signs of a developing frozen shoulder (Jan 2010 newsletter). Most shoulder problems are progressive in nature, so do not let a simple impingement problem develop into a full blown rotator cuff tear.

### *My Best Friend Is The Opposite Side Hip*

When you sprint, punch, hop, or swing an implement, the shoulder works together with the opposite side hip to produce movement. If your hip becomes dysfunctional, it forces the shoulder to accept compensatory motion and force. This creates an ideal environment for shoulder overuse injuries. This is especially true if you play a high velocity activity, such as throwing, tennis, or golf. If you notice shoulder pain with your golf swing or tennis serve, very often the cause is a poorly functioning hip.

### *We Are Not All Created The Same*

Shoulder anatomy is highly variable. Some shoulders have high flat ceilings and others have short angled ceilings. Some have loose ligaments and others are very tight. Because of these anatomical variations, not all exercises or activities will be tolerated the same by all shoulders. Exercise selection should be based on an evaluation of shoulder movement mechanics—not a one size fits all prescription.

*Michael S. O'Hara, P.T., O.C.S., C.S.C.S.*

# Shouldering The Load

## *Activities To Keep Your Shoulders Healthy And Strong*

### Four Point Torso Rotation



This exercise will improve rotation in the thoracic spine and stabilization in the shoulder girdle. Use this as a warm up activity prior to strength training. Start by setting up on all fours with the hands under the shoulders, and the knees directly under

the hips. Pull the shoulder blades down the back, and keep the neck long and lengthened. Place the right hand behind the head and rotate open to the right, pushing the right elbow up to the ceiling. Keep the left shoulder tight by pushing down into the floor. Turn as far as comfortable, and then return to the starting position. Perform five to ten repetitions in a row, and then repeat on the other side.

### Physioball "Y's"



Many shoulder pain problems are the result of the inability of the patient to upwardly rotate their scapulas and maintain spine extension. This exercise helps correct

both of those problems. Lay face down on a physioball with the thoracic and cervical spine long and lengthened. Hold the elbows straight with the thumbs turned up toward the ceiling. Pull the shoulder blades down the back, and raise the arms up into a letter Y. Emphasize contracting the muscles between the shoulder blades. Hold for two counts at the top and lower under control. Perform eight to ten repetitions. As it gets easier, try adding resistance from dumbbells.

### Single Leg Stance Opposite Arm Rows



Making the shoulder to opposite side hip neuromuscular connection is important for most athletic activities. It enables efficient transfer of force from the ground to your shoulder. This activity has a learning curve, but with some practice, you can master the balance component. You can use either a cable unit or resistance tubing

set at waist level. Stand on the right leg with the cable in the left hand. Reach forward with the left hand, and bend slightly at the right ankle, knee, and hip. Pull the left arm in a rowing movement as you straighten up the right leg. Perform ten repetitions on each side.

### Dumbbells Instead of A Barbell Or Machine



The joint mobility and strength in your shoulders is probably not the same on both sides. More than likely, one shoulder is more mobile, and one is stronger. The fixed plane of a barbell, and many exercise machines, takes away much of the shoulder's freedom of motion. Dumbbells permit greater movement, and the balance demands help you develop better joint position awareness (proprioception). Dumbbells also eliminate the

stressful "wide grip" position that is often utilized when a barbell is the tool of choice.

# Fenton Physical Therapy Welcomes New Therapist

## *Sean Duffey, DPT Joins Fenton Physical Therapy*

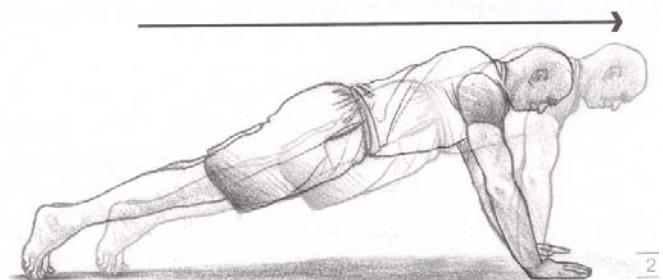
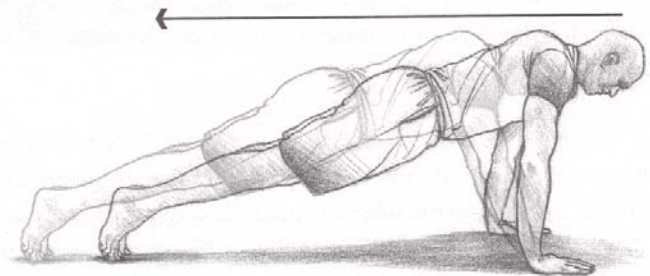


Sean Duffey, DPT has recently joined the staff of Fenton Physical Therapy. Sean graduated from Hope College in 2003, with a degree in Exercise Science. He then attended Central Michigan University where he received his Doctorate in Physical Therapy in 2006. During his first three years after graduating, Sean was a traveling physical therapist, moving around the country every few months, working in various clinical settings. Outside of work, Sean enjoys staying active, spending time with his family, and traveling.

## The Long Stretch

A great Pilates movement that is appropriate in both the rehab and general fitness populations is the *Long Stretch*. It bridges the gap from the isometric front plank or hover to the full push up. It will improve function in the entire kinetic chain, from the neck to the ankles. As a core stabilization activity, it is considered an anti-spinal extension exercise progression from a simple front plank or hover. It is particularly beneficial for restoring scapula on rib cage posture. If you sit slumped over, have weak shoulders, or difficulty progressing to ball or wheel roll outs, try this exercise.

Assume a push up position with the feet on two sliders. Tighten the abdominal muscles, and pull the shoulder blades down the back. Contract the gluteal muscles, and hold the knees straight. Lengthen out your neck—do not allow the head to fall forward. Keep your body rigid, inhale, and push your body back while the feet slide across the floor. Pause, exhale, and then pull back up to the starting positions. The distance you will travel is about ten to sixteen inches. Repeat for five to ten repetitions.



## Join Our Email List

This newsletter, published monthly, is available by email. If you would like to be added to our email list, simply give your email address to any staff member or send your request to [bohara430@earthlink.net](mailto:bohara430@earthlink.net). You will receive the newsletter, as well as updates on events at our physical therapy clinics and fitness center.

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Hours  
Mon-Thur: 5:30am-10pm  
Friday: 5:30am-9:00pm  
Saturday 8am-5pm  
Sunday 8am-2pm

## Moving Mood

### *Exercise As Treatment For Depression*

Since 2003, a growing body of medical research has demonstrated that exercise is effective at combating depression. In study after study, exercise has been shown to produce results as good or better than other depression treatments, such as medication or cognitive behavior therapy.

Depression is the primary cause of suicide in the United States. It is second only to heart disease in the amount of money Americans spend on pharmaceutical treatment. It is estimated that 30% of depression patients do not respond to medication as a form of treatment. The drugs used for depression treatment have numerous side effects, and can interfere with other aspects of physical function.

The Web site of the American Psychological Association has a full page on the use of exercise to treat depression. The Mayo Clinic Web site has a section devoted to using exercise to manage depression. More recent studies have shown that exercise activity combined with better sleep and medications produces good control of depression symptoms.

Exercise as a method of controlling mood and improving mental health has not received the attention it deserves for several reasons. Unlike medications, a workout program requires much more in the way of active participation to produce good results. It is difficult to monitor patient's exercise compliance, and patients are frequently unaware of how to exercise properly. Depressed patients with other orthopedic or medical issues require special instruction on safe fitness activities. Many health care providers are unaware of the significant benefits of exercise to elevate mood and control depression.

So what amount of exercise is recommended to control depression? Recommended optimal exercise duration and frequency is thirty to forty minutes a

day seven days a week, or a minimum of three hours a week. The type of exercise performed was not as important as consistent attendance. All of the studies revealed that the greater the number of training sessions per week, the greater the decrease in depression symptoms.

At Fenton Fitness, we make it easy to get started in a program of exercise. Our staff of Physical Therapists, Personal Trainers, and Group Exercise Instructors can help you get started and keep you motivated. As always, we offer a thirty day trial program with the assistance of a Personal Trainer to allow prospective members a chance to use the facility before joining.

*Michael S. O'Hara, P.T., O.C.S., C.S.C.S.*

