Brostrom Physical Therapy

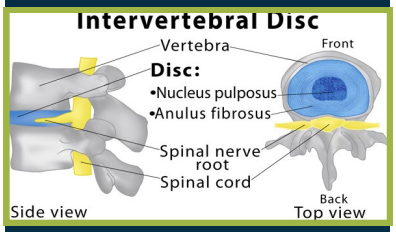
"Hands-on treatment you need with the care you deserve."

Monthly Newsletter
July 2017

Quote of the Month:

"Don't worry about knowing people; just make yourself worth knowing."

-Unknown



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Reference:
[1]Beattie P. The relationship between symptoms and abnormal magnetic resonance images of lumbar interverte-bral disks. Phys Ther. 1996; 76:601-608.

Relationship Between MRI Results and Symptoms of Low Back Pain

From the desk of: Adam Rezmer, PT, DPT

What does your MRI mean in regards to your lower back pain, or that sometime severe pain that travels down the back part of your leg? Let's start with the components of your intervertebral discs. The intervertebral discs are made up of two parts, the annulus fibrosus (outer ring) and nucleus pulposus (center). Most people who have experienced some lower back pain have heard the "jelly donut" analogy with the annulus fibrosus acting as the outer ring of dough, and the nucleus pulposus being the jelly filling. This analogy is correct when describing the general anatomy of the intervertebral disc. When degeneration occurs at the annulus fibrosus (outer ring), a tear may occur causing some degree of the nucleus pulposus to extrude out into the vertebral foramen. The vertebral foramen is a term used to describe several small openings located along the side of your spine. Nerves running from your spinal cord exit through these small holes and extend out into the legs (or arms at the neck).

In the past, some questions have been raised about the specificity of MRI's when it comes to diagnosing the cause of lower back pain, (specificity is a term used to describe the ability of a measurement tool to rule out a certain diagnosis in any individual). Studies have noted that there can be a high rate of individuals with lumbar disc herniation who do not complain of lower back pain: "…evaluating the data from these studies, it becomes apparent that some form of single or multilevel degeneration or disk bulge is visible on the MRI's taken of between 28-85% of the adult male and female population who do not have activity-limiting lower back pain."[1]

Distinguishing the extent of disc injury and its effects on surrounding structures is important. What if you have a disc herniation but it is not in contact with the nerve root? What if there is imaging confirming that the herniation is compressing a nerve root? Both situations are possible, and yet both can be seen in patients with and without complaints of functionally limiting lower back pain. In fact, up to 17% of individuals studied without complaints of back pain have been found to have at least minor neural compromise.[1]

What are some of the clinical implications of being diagnosed with a disc herniation? Most all disc herniations, except for the most severe, are not 100% reliable in predicting the exact cause of someone's lower back pain. But what may happen to the patient when they are informed that they have a disc herniation? This may lead to the patient believing that their spine is permanently damaged and that he or she may end up being permanently limited by their problem in the lower back. The truth is that there are several other soft tissue structures surrounding the spinal column that may be causing that pain for any number of reasons. As physical therapists, we do our best to think critically about the patient's symptoms, past medical history, physical assessment, radiographic imaging, etc. to develop a picture in our minds about all the potential structures involved that may be causing you pain.

If you have any questions about your MRI results or if physical therapy is right for your condition, we encourage you to consult with a medical doctor. If physical therapy is recommended, myself and the team of therapists here at Brostrom Physical Therapy would be happy to treat you! We have knowledge and experience to develop a treatment plan consisting of manual therapy and gentle exercises designed to stretch and strengthen the core and back muscles. Additionally, we can provide an array of pain-relieving modalities.

Please help us welcome ~ Ann Bishop, PT ~ to our family!

Ann joined our practice in June 2017 and has been a part of the surrounding community for over 30 years; she is excited to offer her therapy services at Brostrom Physical Therapy! Ann graduated from Wayne State University with a Bachelor's Degree in Physical Therapy in 1987 and has over 29 years of physical therapy experience in a variety of settings (including hospital, sub-acute, private practice, and outpatient orthopedics).

Ann's clinical interests include orthopedics, geriatrics, and sports medicine; she has attended several continuing education events and conferences to further her knowledge in these areas. At Brostrom Physical Therapy, Ann plans to utilize her experience as a hands-on physical therapist to restore patient's function and ability.

Recipe of the Month: *All American Trifle*

Prep Time: 30 Minutes Ready In: 40 minutes

Ingredients:

- 3 pounds fresh strawberries, hulled and sliced
- 1/4 cup white sugar
- 1 quart heavy cream
- 1 (3.3) ounce package instant white chocolate pudding mix
- 1 (6 ounce) container lemon yogurt
- 2 Tablespoons coconut-flavored rum, or to taste (optional)
- 2 (16) ounce prepared pound cakes, cubed
- 2 pints fresh blueberries, or as needed

Directions:

- In a bowl, sprinkle the strawberries with sugar; stir to distribute the sugar, and set aside. Chill a large metal mixing bowl and beaters from an electric mixer.
- Pour the cream into the chilled mixing bowl, and add white chocolate pudding mix, lemon yogurt, and about 1 tablespoon of coconut rum, if desired; beat until fluffy with an electric mixer set on Medium speed.
- Spread a layer of pound cake cubes into the bottom of a glass 10x15-inch baking dish, and sprinkle the cubes with another tablespoon of coconut rum. Cover the pound cake with a layer of strawberries; sprinkle blueberries over the strawberries. Spread a thick layer of whipped cream over the berries. Repeat the layers several times, ending with a layer of strawberries sprinkled with blueberries and reserving about 1 cup of whipped cream; top the trifle with dollops of whipped cream to serve. Refrigerate leftovers.

Reference: http://allrecipes.com/recipe/218361/all-american-trifle