Myth #1: All physical therapy is the same.

Although the general concept of physical therapy is consistent, this doesn’t mean that you will receive the same treatment from each physical therapist you see. Many times treatments are different and if you have found physical therapy to not be helpful in the past, this doesn’t mean that it will never be beneficial for you to try. Many times we have heard, “I’ve already tried that and it didn’t work for me,” or “They were way too rough on me and asked me to do things that caused greater pain,” or “All they did was put me on exercise equipment or send me home with and exercise program.” While these methods may be helpful for some, they are certainly not the answer for everyone. At PTIS, we understand that in many cases the tissue is inflamed and the pain is at a heightened state making the above scenario difficult to handle. We take the time and care to first get the body to calm down, relax and take time to decrease your pain through modalities, massage/myofascial release, and mechanical traction. Once the pain is under control we then take the next steps in education and strengthening to bring you back to wellness.

Myth #2: Any exercise will do.

This is like telling someone with diabetes that any medicine will do. Rarely is this true in the context of rehabilitation or fitness, with the exception of very general strength and endurance efforts. In a general sense, our bodies tend to take the path of least resistance, whereby areas of weakness become weaker over time, as do areas of tightness. Exercise is a powerful intervention, and therefore is best and most effectively applied with specificity for those with specific weakness, tightness, pain or disability.

Myth #3: Physical therapy is only exercise.

Depending on the source and reason for your pain, physical therapy uses several different types of modalities such as ultrasound, electrical stimulation, massage, and traction. When you are in pain or have an injury, we at PTIS have found that patients respond best when combining a source to relax the musculature as well as strengthen it.

Myth #4: You need a referral or prescription to receive physical therapy care.

Colorado is a direct-access state; meaning you are free to consult with and receive treatment from a licensed physical therapist in Colorado without a physician’s order. We value our professional relationships with physicians in the community, and frequently work with patients on a referral basis. If you tweak your back, wrench your knee, or strain your shoulder, we can be your first stop for evaluation and treatment.

Myth #5: Physical Therapy is a passive process.

This could not be further from the truth. Pain-free, independent mobility and return to routine activities is our goal for physical therapy intervention. While physical therapy care often includes measures to reduce pain and restore movement, ultimately we need full participation by you, the patient, to maximize our effectiveness. The active part of physical therapy begins with your commitment to a therapeutic partnership, and continues in the form of exercise in the clinic during a visit and ultimately home activities that include exercises and specific therapeutic movements. Your active participation empowers you to control much of the recovery process, with our guidance.
Myth #6: Physical Therapy can be delivered by anyone who knows about exercise.
Physical therapists have specific education and training that includes an undergraduate degree in biology, athletic training, movement science, kinesiology, psychology, or related fields that qualify them for graduate education. Professional graduate programs in Physical Therapy education prepare students in anatomy, neuroscience, physiology, movement science, therapeutic exercise, manual therapy techniques, developmental disorders, pharmacology, human development, discharge and care planning. All of these lead new graduates to a Doctoral Degree in Physical Therapy, after which graduates sit for a National Physical Therapy Board Exam. Ask your therapist about their education and training.

Myth #7: Static stretching is bad for your body.
I frequently hear from concerned patients, coaches, certain fitness experts, and the media that static stretching is bad for and/or hard on your joints. As a result, there has been a significant shift in stretching and warm-up routines in the sports and fitness industries. I believe more than anything it is a matter of context. According to the American College of Sports Medicine guidelines, a combination of static (think slow hold stretch) and dynamic (think leg kicks, arm swings, long strides) stretching is recommended for a comprehensive fitness program. Static stretching is frequently used to lengthen tissue shortened by injury, disease, disuse, or habitual posturing, and has been shown to be most effective after a gentle warm-up of the tissue. The process of moving a joint or limb to the end point of motion and holding for 30-60 seconds has been shown to be effective in lengthening tight or shortened tissue, particularly when repeated 3-5 times.

Of course, for individuals who are active in explosive sports (e.g., sprinting, soccer, football, boot camp, crossfit, tennis, etc.), adding dynamic stretching is necessary and appropriate. In my opinion, a certain amount of static stretching will always be beneficial for those with tightness or shortness of tissue, and can be performed without risk of injury. Static stretching creates movement, while dynamic stretching makes it more immediately accessible. It takes more time and precision than dynamic stretching, but is necessary.

Myth #8: Physical therapy is only needed after you have surgery.
Physical therapy treats most musculoskeletal conditions, pain or injury, in addition to post surgical care. Many times, physical therapy can keep you from having to have surgery.

Myth #9: I need an MRI to before I begin therapy.
It is common for patients and physicians alike to want to perform advanced imaging to screen for the presence of tissue damage or disease. However, several recent studies have concluded that in the vast majority of cases obtaining an MRI prior to beginning therapy is unnecessary, and doing so frequently delays the beginning of appropriate therapy. A more prudent use of advanced imaging occurs if symptoms are moderate to severe, not improving or worsening, and if your therapist and physician feel that your condition is not making sufficient progress.

Myth #10: No pain, no gain.
Our objective is always to maximize your progress while minimizing the discomfort involved. Occasionally restoring mobility will be painful, but we are never cavalier about your pain. If physical therapy is done correctly, you should feel better for the experience, understand your pain, and learn how to work around rather than through the discomfort.

Myth #11: Physical Therapy is only for sporty people.
This is a statement we frequently hear which is entirely false! Everyone can benefit from physical therapy. Whether you are young or elderly, play for a sports team or prefer to watch it on the television, physical therapy is perfect for your aches and pains as well as specific injuries. Our therapists assess and treat all musculoskeletal conditions ranging from joint pain in the spine, limbs or jaw to sports specific related injuries or strains to balance disorders to arthritis and to muscle/tendon pain.

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