

# *Solutions*

*Physical Therapy Solutions Quarterly Newsletter*



**Physical Therapy Solutions**  
*Solutions for an ACTIVE life*

Winter 2025

*Wellness, along with health and safety, are essential components of a worksite culture.*

*Our staff at Physical Therapy Solutions believes that a healthy workforce is a productive workforce! Research has shown that promoting health, wellness, and safety at work can improve employee morale, decrease stress, help reduce absenteeism and employee turnover, lower worker's compensation costs, and enhance employee retention.*

*Our mission is to offer employers programs, resources, and activities to employees to support and encourage a healthy and safe lifestyle. Our team works deliberately at implementing programs that suit your participating employee population's needs and interests. We offer a spectrum of programming options, which are available a la carte and can be customized for your worksite.*

## **How AI is centralizing workplace policy documents**

hrdive.com January 3, 2025

Beyond writing job descriptions or tweaking performance reviews, AI is now helping HR wrangle miscellaneous documents and save time.

Have you ever wondered about your workplace's policy for something and didn't know where to find it? Then you ask your manager, then your manager has to ask their manager and then it gets escalated to HR. Or maybe you are HR, and you're tired of answering the same baseline questions over and over again.

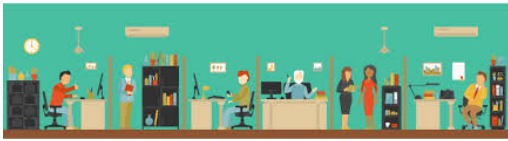
[Click here to see how artificial intelligence can save HR and workers time.](#)

## **A Safer Warehouse Starts with an Engaged Workforce**

*www.ehstoday.com June 2024*

No matter the industry, it seems that technology continues to move ever more swiftly. Each June, on National Forklift Safety Day, as the material handling industry focuses on the importance of forklift safety, attention often turns toward the latest technologies that can help maintain and strengthen a healthy safety culture, giving forklift operators the tools, training, feedback and confidence they need to do their jobs more proficiently.

[Click here to read the article in full.](#)



## **5 Ways to Use Tech to Enhance Total Worker Health**

*www.ehstoday.com August 2024*

Modern workplaces are becoming more complex every day. Workers seek meaningful work and a good work-life balance, while employers juggle organizational needs with employee well-being. It's more crucial than ever to look after your people by prioritizing health and safety.

[Click here to read the article in full.](#)

## **'Unsustainable' cost increases push employers to rethink healthcare benefits**

*www.hrdive.com January 2, 2025*

*"The seemingly never-ending rise in costs poses a constant challenge for employers to take action," an expert said.*

Healthcare costs have been on an upward trajectory for years, with little end in sight. In fact, insurers project a 10.2% increase in the U.S. for 2025, up from 9.3% in 2024, according to WTW survey results from late last year. And most said that will continue for

years.

The reasons behind these increases are varied, but include a rise in new medical technologies and pharmaceuticals, the firm said, as well as increased utilization.

“The seemingly never-ending rise in costs poses a constant challenge for employers to take action in order to mitigate these unsustainable increases,” Linda Pham, global health and risk leader, integrated and global solutions at WTW, said in an analysis of the survey results.

To control costs while boosting benefits value, employers can evaluate vendor and digital health solutions that expand well-being resources and reduce unnecessary utilization, said Courtney Stubblefield, managing director, health and benefits at the firm. They can also review their markets to ensure efficient sourcing of private coverage.

Below are several recent stories on this trend, including news about its effects on employees and ways employers are working to boost value.

**Click [HERE](#) to read the article in full.**

## Know Your Facts

**2.8:** million nonfatal workplace injuries and illnesses were reported in 2021

~U.S. Bureau of Labor Statistics

**30:** MSDs are responsible for over 30% of all workplace injuries, with an estimated 600,000 MSDs occurring annually (National Institute for Occupational Safety and Health).

~US Bureau of Labor Statistics

**80%:** An estimated 8 out of 10 Americans will experience back pain at some point in their lives. Physical therapy is one of the most common treatments for musculoskeletal injuries such as back pain ~American Physical Therapy Association

**170:** The total annual cost of workplace injuries in the U.S. is estimated to be \$170 billion, which includes medical expenses, lost wages, and lost productivity.

~National Safety Council

**12.5:** As of 2021, 12.5% of adults in the U.S. were current cigarette smokers, which is a notable decrease from 20.9% in 2005

~Centers for Disease Control and Prevention and National Cancer Institute



## **FREE Equipment Loaner Program**

PTS currently loans equipment at all of our locations in Dubuque, Manchester and here in Dyersville that is FREE to anyone in the community. You do NOT have to be a current or past patient to utilize this program...it's available for anyone! We have a large storage room full of crutches, walkers, commodes, ankle boots, ice machines, knee immobilizers, tub benches, shower chairs, wheelchairs, knee scooters and much, much more. We clean and check over the equipment thoroughly to make sure it is in good working condition. So, if there is something you need suddenly, just give our office a call and we will see if we can get it for you. On the same note, if you have any medical equipment at home that is in good condition and want to donate it to our program, just give us a call and we will let you know if we can take it. If you have any questions about this program, call our office in Dyersville at 875-8615.

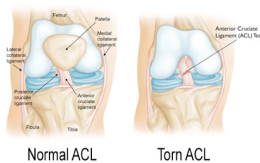
# Solutions

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Winter 2025



## Practice Patterns and Return-to-Sports Timing of National Football League Head Team Physicians for ACL Reconstruction

Justin W. Arner, MD, and James P. Bradley, MD **Orthopedic Journal of Sports Medicine**  
October 4, 2024

### **Background:**

Previous surveys of the practice patterns for anterior cruciate ligament (ACL) reconstruction in collegiate and professional team physicians have shown bone–patellar tendon–bone (BPTB) autograft being the most common graft, with variable return-to-sports timing.

### **Purpose:**

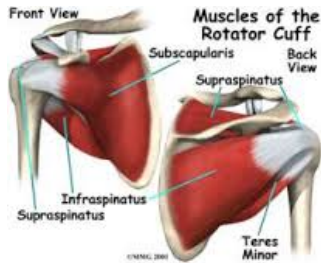
To evaluate the current practice patterns and return-to-sports timing of National Football League (NFL) head team physicians for ACL reconstruction.

### **Conclusion:**

All but 1 of the 32 NFL head team physicians used BPTB autograft in primary ACL reconstruction. The majority preferred contralateral BPTB autograft in revisions, with a few considering extra-articular procedures or suture bracing in addition. On average, head team physicians allowed players to return at 9

months postoperatively, with none allowing return before 7 months. Nearly all utilized functional testing to aid in return-to-play decision-making. These homogenous findings in this high-risk and public athletic cohort aid in patient education and clinical decision-making for best treatment of ACL injuries, particularly in contact athletes.

For a link to his abstract, [CLICK HERE!](#)



## Comparison of Clinical Outcomes Between Arthroscopic Rotator Cuff Repair and Reverse Total Shoulder Arthroplasty in Patients With Massive Rotator Cuff Tears and High-Grade Fatty Atrophy Without Glenohumeral Osteoarthritis

Diego Gonzalez-Morgado, MD <https://orcid.org/0000-0002-1635-8774>, Tammy

R. Hoffman, BS Bio, [...], and Patrick J. Denard, MD

Orthopaedic Journal of Sports Medicine December 6, 2024

### Background:

Despite the effectiveness of reverse total shoulder arthroplasty (RSA) and arthroscopic rotator cuff repair (ARCR) for treating massive rotator cuff tears (MRCTs), controversies remain in patients without glenohumeral osteoarthritis (GHOA).

### Conclusion:

Both ARCR and RSA improved functional outcomes in patients with MRCT without GHOA. While healing was moderate after ARCR, the postoperative ROM was greater after ARCR compared with RSA in appropriately selected patients. Moreover, healed rotator cuffs demonstrated improved postoperative FF compared with unhealed repairs. Click [HERE](#) to read the article in full.

## Anterior Cruciate Ligament Reconstruction in Patients Older Than 50 Years: A Descriptive Study With Minimum 10-Year Follow-up

Grégoire Micicoi, MD, PhD, Rayan Fairag, MD, PhD, [...], and Jean-François Gonzalez, MD, PhD

*Orthopaedic Journal of Sports Medicine December 2, 2024*

**Purpose:**

To analyze the functional results, osteoarthritic progression, reoperation rate, and failure rate at minimum 10-year follow-up in patients >50 years old who have undergone primary ACL reconstruction.

**Conclusion:**

In patients over the age of 50 years who underwent primary ACL reconstruction, there was a low long-term failure rate and a high level of patient satisfaction, despite osteoarthritic progression in 88.5% of cases. Concomitant meniscal procedures were associated with more severe osteoarthritic progression.

[Click HERE to read the article in full.](#)

## **Diagnostic Accuracy of Magnetic Resonance Imaging in the 120° Flexed-Knee Position for Detecting and Classifying Meniscal Ramp Lesion**

Satoshi Nonaka, MD <https://orcid.org/0000-0001-7610-9182> raggakyan@gmail.com, Kazuhisa Hatayama, MD, PhD, [...],  
**and** Hirotaka Chikuda, MD, PhD

*American Journal of Sports Medicine November 7, 2024*

**Purpose/Hypothesis:**

The purpose of this study was to assess the accuracy of MRI in detecting the presence of meniscal ramp lesions in the 120° flexed-knee position compared with that in the near-extended-knee position. It was hypothesized that the diagnostic performance of MRI in the 120° flexed-knee position would be better than that in the extended-knee position.

**Conclusion:**

The diagnostic accuracy of MRI in the 120° flexed-knee position for detecting and classifying meniscal ramp lesions was superior to that of MRI in the near-extended-knee position.

[Click HERE to read the article in full.](#)

# Arthroscopic partial meniscectomy versus exercise therapy for degenerative meniscal tears: 10-year follow-up of the OMEX randomised controlled trial

*Bjørnar Berg*<sup>1,2</sup>, <http://orcid.org/0000-0001-5425-2199> *Ewa M Roos*<sup>3</sup>, *Martin Englund*<sup>4</sup>, *Nina Jullum Kise*<sup>5</sup>, <http://orcid.org/0000-0003-2294-921X> *Lars Engebretsen*<sup>1,6</sup>, *Cathrine Nørstad Eftang*<sup>7</sup>, *May Arna Risberg*<sup>1,8</sup>  
British Journal of Sports Medicine 2024

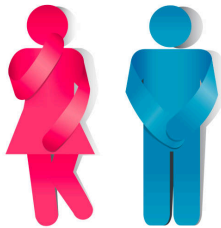
## Objective

To evaluate radiographic knee osteoarthritis (OA) progression, development of knee OA, patient-reported outcomes and knee muscle strength at 10-year follow-up after arthroscopic partial meniscectomy (APM) or exercise therapy for degenerative meniscal tears.

## Conclusion

No differences in radiographic knee OA progression and comparable rates of knee OA development were observed 10 years following APM and exercise therapy for degenerative meniscal tears. Both treatments were associated with improved patient-reported pain and knee function.

[Click HERE](#) to read the article in full.



## Pelvic Health Power

**The Post Partum Athlete: Adapted from a presentation by Dr. Lisa Woodroffe, MD at the University of Iowa Sport Symposium December 2024**

Many new mothers often ask when it is safe for them to return to exercise after having a baby. There are many factors that affect the answer to this question, but the best answer is that it may be different for every new mom. The following are a few guidelines for new moms to consider.

- Currently NO peer-reviewed return to sport protocols for postpartum women exist despite the fact that 75% of postpartum runners return to running within 8 weeks of delivery.
- ACOG (American College of Obstetricians and Gynecologists) on Post Partum Exercise: “Exercise routines may be resumed gradually after pregnancy as soon as medically safe, depending on the mode of delivery (vaginal or cesarean birth) and the presence or absence of medical or surgical complications. Some women can resume physical activities within days of delivery.”
- ACOG on Exercise and Lactation: “Regular aerobic exercise in lactating women has been shown to improve maternal cardiovascular fitness without affecting milk production, composition, or infant growth”



# Solutions

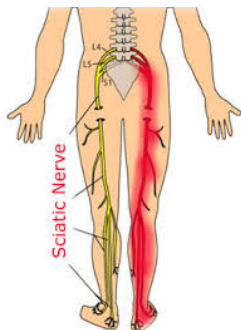
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## Understanding Sciatica and Lumbar Radiculopathy: What You Need to Know

By: Shelly Deutmeyer, PTA

Sciatica and lumbar radiculopathy are terms often used interchangeably to describe pain that radiates from the lower back down one or both legs. These conditions can affect anyone, but they are especially common in adults between 30 and 50 years of age. If you've ever experienced sharp, shooting pain, numbness, or tingling in your lower back or legs, you may be dealing with one of these conditions. Understanding what they are, what causes them, and how to manage symptoms can help you live with and potentially reduce the discomfort.

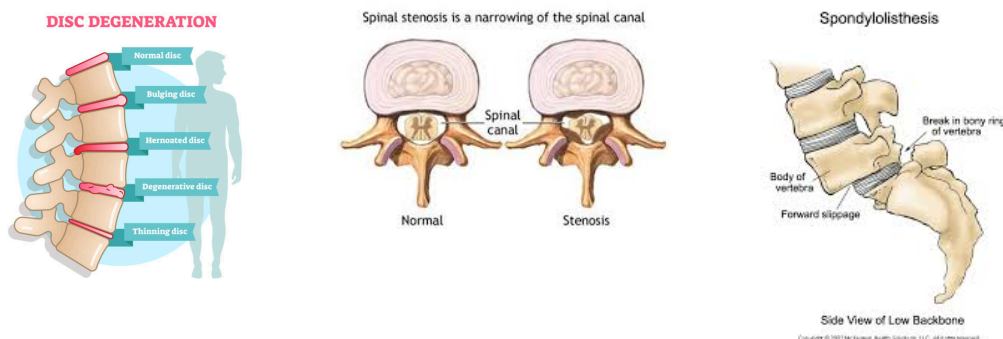
### What Are Sciatica and Lumbar Radiculopathy?

**Sciatica** is a type of pain that radiates along the sciatic nerve, which runs from the lower back, through the hips and buttocks, and down each leg. The term "sciatica" is often used to describe the symptoms associated with irritation or compression of the sciatic nerve, including pain, numbness, or weakness in the lower back, buttocks, and legs.

**Lumbar radiculopathy** is a medical term that refers to any condition where a nerve in the lower back is pinched or irritated. This leads to pain, tingling, numbness, or weakness that can radiate down into the legs, similar to sciatica. The difference is that lumbar radiculopathy can affect several nerves in the lumbar spine (lower back), not just the sciatic nerve.

## Causes of Sciatica and Lumbar Radiculopathy

Both sciatica and lumbar radiculopathy are typically caused by issues with the spine. Here are some common causes:



1. **Herniated Discs:** A herniated or "ruptured" disc occurs when the soft, gel-like center of a spinal disc pushes through a tear in the outer layer. This can put pressure on nearby nerves, including those in the lower back, leading to sciatica or radiculopathy.
2. **Spinal Stenosis:** Spinal stenosis refers to the narrowing of the spinal canal, which can compress the nerves. This narrowing can be caused by arthritis, bone spurs, or thickened ligaments.
3. **Degenerative Disc Disease:** Over time, the discs in the spine can wear down, leading to reduced space between the vertebrae. This can cause the nerves to become pinched, resulting in pain, numbness, or weakness.
4. **Spondylolisthesis:** This occurs when one vertebra in the spine slips out of place, putting pressure on the nerves.
5. **Trauma or Injury:** Accidents or heavy lifting can cause damage to the spine, leading to nerve compression.
6. **Pregnancy:** The weight and changes in posture during pregnancy can sometimes put pressure on the nerves in the lower back, leading to sciatica-like symptoms.

## Symptoms of Sciatica and Lumbar Radiculopathy

The symptoms of sciatica and lumbar radiculopathy can vary depending on the location and severity of the nerve compression. Common symptoms include:

- **Pain:** The hallmark of sciatica is a sharp, shooting pain that radiates from the lower back down one leg. It can also be described as a burning or stabbing sensation.
- **Numbness or Tingling:** Many people experience a "pins and needles" sensation or numbness in the lower back, buttocks, or legs.
- **Weakness:** Muscle weakness in the affected leg or foot can make it difficult to walk or perform everyday tasks.
- **Worsening Pain with Certain Movements:** The pain may worsen with activities like bending, lifting, sitting, or standing for long periods.
- **Radiating Pain:** The pain often radiates down the leg and can extend all the way to the foot, following the path of the affected nerve.

## Diagnosis

To diagnose sciatica or lumbar radiculopathy, a healthcare provider will begin with a physical exam and may ask about your medical history and symptoms. Diagnostic tests might include:

- **X-rays:** To rule out bone problems, like fractures or arthritis.
- **MRI (Magnetic Resonance Imaging):** To look for herniated discs, spinal stenosis, or other soft tissue issues.
- **CT scan:** To provide a detailed image of the spine.
- **Electromyography (EMG):** This test measures electrical activity in the muscles to determine if nerve damage is present.

## Treatment Options

In many cases, sciatica and lumbar radiculopathy improve with conservative treatments. Here are some common approaches:

### 1. Physical Therapy

Physical therapy is one of the most effective treatments for treating low back pain. Multiple research studies have supported this over the years. A recent study from September 2024 from the Clinical Rehabilitation Journal showed that patients who received care from a PT first vs. a physician showed better outcomes clinically as well as being more cost and time effective. A trained therapist can guide you through specific exercises to find the right direction of movement to alleviate nerve pressure.

### 2. Pain Management

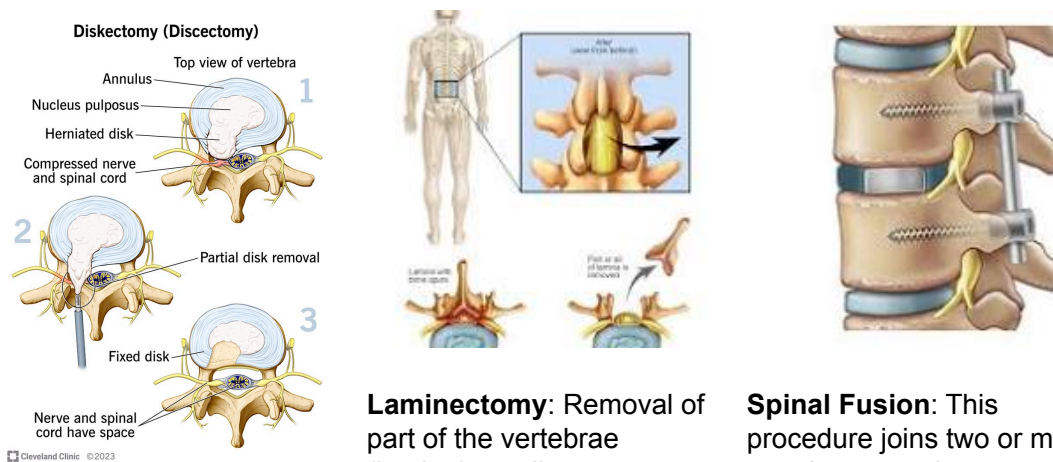
- **Nonsteroidal Anti-Inflammatory Drugs (NSAIDs):** Over-the-counter medications like ibuprofen or naproxen can reduce inflammation and relieve pain.
- **Hot and Cold Therapy:** Applying ice packs or heat pads to the affected area can help reduce inflammation and relax the muscles.
- **Steroid Injections:** For more severe pain, corticosteroid injections into the spine can help reduce inflammation around the compressed nerve.

### 3. Lifestyle Modifications

- **Posture:** Maintaining good posture while sitting, standing, and lifting can help reduce the strain on your lower back.
- **Weight Management:** Carrying excess weight, especially around the abdomen, can increase pressure on the spine. Maintaining a healthy weight can help reduce symptoms.

### 4. Surgical Treatment

If symptoms don't improve with conservative treatments and the pain is severe or disabling, surgery may be considered. Common procedures include:



- **Discectomy:** Removal of part of a herniated disc that is pressing on a nerve.

**Laminectomy:** Removal of part of the vertebrae (lamina) to relieve pressure on the nerve.

**Spinal Fusion:** This procedure joins two or more vertebrae together to stabilize the spine.

### Prevention Tips

While some risk factors like age or genetics are beyond our control, there are steps you can take to reduce your risk of developing sciatica or lumbar radiculopathy:

- **Stay Active:** Regular physical activity, including stretching, yoga, or low-impact exercises, helps maintain flexibility and strength in the back and core muscles.
- **Lift Properly:** When lifting heavy objects, always use your legs, not your back. Keep your back straight and avoid twisting.
- **Maintain a Healthy Weight:** Extra weight can place added stress on your spine.
- **Practice Good Posture:** Avoid slouching when sitting or standing. Use a chair with good lumbar support, especially if you spend long hours at a desk.

### When to See a Doctor

If you're experiencing persistent pain, numbness, or weakness that doesn't improve with rest or over-the-counter treatments, it's important to see a healthcare provider. You should also seek medical attention if you experience:

- Loss of bowel or bladder control
- Severe weakness in the legs
- Difficulty walking or standing

Early diagnosis and treatment can prevent the condition from worsening and help you avoid long-term complications.

### **Conclusion**

Sciatica and lumbar radiculopathy are common conditions that can cause significant discomfort and interfere with daily life. Understanding the underlying causes, recognizing the symptoms early, and exploring treatment options can help you manage the condition effectively. Whether you opt for physical therapy, medications, or lifestyle changes, there are many ways to find relief and get back to your regular activities. If symptoms persist or worsen, don't hesitate to consult a healthcare professional to determine the best course of action for your recovery.



### **Q & A Corner**

Q: Does PTS loan out crutches, walkers, etc, for free to anyone?

A: YES! PTS currently loans equipment at all of our locations in Dubuque, Manchester and here in Dyersville that is FREE to anyone in the community. You do NOT have to be a current or past patient to utilize this program...it's available for anyone! We have a large storage room full of crutches, walkers, commodes, ankle boots, ice machines, knee immobilizers, tub benches,

shower chairs, wheelchairs, knee scooters and much, much more. We clean and check over the equipment thoroughly to make sure it is in good working condition. So, if there is something you need suddenly, just give our office a call and we will see if we can get it for you. On the same note, if you have any medical equipment at home that is in good condition and want to donate it to our program, just give us a call and we will let you know if we can take it.

*Wedding Bliss at PTS*

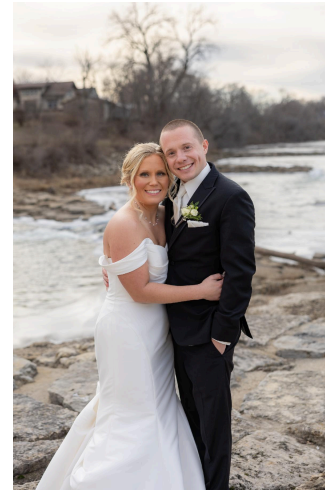


Wedding bells were ringing all fall for a few of our PTS clinicians!

First off, we congratulate Lucas Fangmann and Miranda Cox who recently married on October 12! Lucas is a Physical Therapist at our Manchester clinic!



Congrats goes out as well to Colin Connely and Morgan Alexis. They were recently married on August 3. Colin is a Physical Therapist at the Dubuque Barn location.



Last but not least, wedding bells rang on December 7 for Ashley Heims and Bryan Rau. Ashley is a Physical Therapist Assistant at our Manchester clinic.



## It's a Boy!!

Whitley Joseph Moore  
12-24-24  
3:15am  
8lbs 6oz  
20 in long

*Welcome to the world*  
Whitley Joseph Moore

Proud parents Abby and Nick and big sis Lainey!



## EMPLOYEE SPOTLIGHT

### 2. What is the best place you have ever traveled to?

Traveling is something I really enjoy, and I have visited so many beautiful places. (I have been to 42/50 states!) My all-time favorite is Arizona – my grandparents wintered in Scottsdale, and I lived out in the valley one summer for a clinical rotation during PT school. Horseshoe Bend (east rim of the Grand Canyon) outside of Page, is my favorite. Absolutely breathtaking!

### 3. Name one destination that is on your bucket list.

**Morgan Dunahoo, DPT**  
**Physical Therapist Dubuque Clinic**

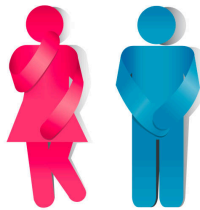
**1. Tell us a little bit about yourself and what you do.**

I am a physical therapist at our Downtown Dubuque clinic. I graduated with my DPT from Clarke in 2022 and am a licensed athletic trainer as well. Earlier this year, I passed the orthopaedic clinical specialist examination and excited to have further training/skills in orthopedics. I enjoy working with a wide variety of diagnoses, but thoroughly enjoy sports medicine and shoulder/knee conditions.

Banff National Park in Alberta, Canada is at the top of my traveling bucket list.

**4. What is your favorite way to spend a day off work?**

Anything outdoors! I enjoy hiking and exploring. Also, cannot beat a day back home in Central Iowa helping my parents on the farm with different chores – field work, cutting the grass, working in flower beds, etc.



## Pelvic Health Power

**The Post Partum Athlete: adapted from a presentation by Dr. Lisa Woodroffe, MD at the University of Iowa Sport Symposium December 2024**

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- ACOG (American College of Obstetricians and Gynecologists) on Post Partum Exercise: “Exercise routines may be resumed gradually after pregnancy as soon as medically safe, depending on the mode of delivery (vaginal or cesarean birth) and the presence or absence of medical or surgical complications. Some women can resume physical activities within days of delivery.”
- ACOG on Exercise and Lactation: “Regular aerobic exercise in lactating women has been shown to improve maternal cardiovascular fitness without affecting milk production, composition, or infant growth”

Due to the overall lack of guidance, the University of Iowa Hospitals and Clinics have recently developed a Return to Run Paradigm for post-partum mothers:



Points of Interest:

1. Phase 1 above typically takes 6-12 weeks to return to full pelvic floor and core strengthening through supine, sitting, standing and functional positions. Running/lifting prior to completing those steps risk pelvic organ prolapse or worsening rectus diastasis.
2. It is recommended being able to walk for 30 minutes without rest and without pain prior to beginning an interval based return to running program

## *Meet Our Staff!*



**Jason Putz, PT**  
Owner



**Ted Kruse, DPT**  
Dyersville

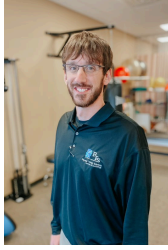


**Nick Steger, DPT**  
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**Barb Kluesner**

**Shelly Deutmeyer,**  
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**Josiah, Polito, DPT**  
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**Michelle Connor, PTA**  
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**Wes Wedewer, DPT**  
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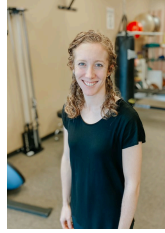


**Morgan Dunahoo,**  
DPT Dubuque



**Amber Cooksley, DPT**  
Dubuque

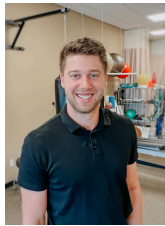
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**Alison Winn**  
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**Colin Connelly, DPT**  
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**Ashley Rau, PTA**  
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**Brad Mensen, DPT**  
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**Justina Templeton, PTA**  
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**Katie Jarosz, PTA**  
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**Alden Aaberg**  
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