

PRAIRIE REHAB POST



Introducing two specialized treatment programs from Prairie Rehab's trained therapists

- Women's Health Treatment Program
- Kinesiotaping



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A Message From Our CEO: Lee Glasoe



*Lee Glasoe, OTR/L, CHT
Administrator & CEO*

As we begin a new year, change is everywhere in the health care industry. The Affordable Care Act was implemented at the start of the New Year, and we at Prairie Rehabilitation would like to pause and reflect upon 2013 and remember who Prairie Rehabilitation is.

Prairie Rehabilitation is a group built on consistency. Our business is about people; the people who make up our group and the people we get to serve each day. That consistency carries over to our therapy team as well. Almost every time you visit, you'll notice many of the same faces in our clinics. Our commitment to provide patient centered therapy care remains our focus.

While our therapists have remained committed to staying on top of evolving treatment philosophies and evidence-based treatment guidelines, the current health system does not provide a consistent way of assuring the delivery of and assessing the response to these standards of care within our field. This is paramount as Prairie Rehabilitation moves forward to assure we are maintaining our foremost and progressive approach to rehab.

In our group, we think a lot about the direction of health care. Health care is undergoing the most dramatic change since Medicare became law in 1965. As of January 1, 2014, many parts of the Affordable Care Act have been implemented and we at Prairie Rehabilitation want to position ourselves to be a leader in meeting the needs of our patients and the medical community. As Health Care Reform continues to unfold, providing value to our patients and continuing our history of collaboration with other health care providers will be essential.

Currently, I serve on the board of the National Association of Rehabilitation Agencies and Providers (NARA), based in Washington DC. NARA focuses upon bringing the best practices to the physical rehabilitation industry. NARA has become an influential voice in health care policy as it pertains to physical rehabilitation. Two words will be at the heart of Health Care Reform. The first of these two words is value. In health care, value has many definitions. Michael Porter and Robert Kaplan, professors at Harvard Business School, have written extensively on health care and to them, value is the patient outcome achieved divided by the cost to achieve that outcome. It is a simple yet powerful definition. The other word at the heart of Health Care Reform is collaboration. The Accountable and Coordinated Care of patient, the foundations of Health Care Reform, are predicated on collaboration amongst health care providers.

Therapist Spotlight: Kristin Fox

Kristin Fox, Physical Therapist

Kristin attended Northern State University in Aberdeen for her undergraduate work receiving a Bachelors of Science degree in Biology in 2004. Kristin went on to attend Physical Therapy school at the University of Nebraska Medical Center, graduating with her Doctorate of Physical Therapy in 2007. Kristin's first job out of school was Prairie Rehabilitation. Since that time, she has worked primarily at our Worthington, MN clinic and is now the lead therapist at our new Avera location in Worthington, MN.



"I have a passion for working with patients of all ages and diagnoses and enjoy the variety that working at Prairie Rehab brings on a daily basis." Kristin says she especially enjoys working with lower extremity dysfunction. This includes footwear/orthotics, cancer rehabilitation including lymphedema, and patients with neurologic conditions including spinal cord injuries, multiple sclerosis, and strokes.

When she first became a physical therapist Kristin never saw herself treating lymphedema patients, but she has grown a passion for it through the knowledge and experience she has gained about the condition since starting with Prairie Rehabilitation. She would like to continue to learn and grow in this area as well as the overall rehabilitation of cancer patients.

In Kristin's spare time you can find her, like many of her friends and co-workers, chasing kids. Currently, Kristin resides in Brandon with her husband Troy and their two kids, Ellie (3) and Wyatt (7mo). Kristin cherishes time spent with family and friends and enjoys hunting, fishing, golfing, running, and spending time at Lake Poinsett and the Missouri River. Kristin also enjoys helping her husband succeed with his business, Fox Print.



Women's Health Program

Prairie Rehab offers comprehensive treatment programs exclusive to the needs of women. We have highly specialized physical therapists that help to treat individuals in the areas of pelvic floor muscle dysfunction, including pain and urinary incontinence, and musculoskeletal pain related to pregnancy. Our physical therapists are devoted to promoting healthier lifestyles for women by providing one-on-one care and creating customized treatment programs.



The pelvic floor muscles are a group of muscles that attach and run from the pubic bone to the tailbone. This group of muscles form a bowl-like structure that helps to support the internal organs, such as the bladder and uterus. They also help to control sphincter muscles to aid with bowel and bladder control, help to stabilize the pelvic bones, help in strengthening back muscles, and help with sexual function. Weakness of or damage/injury to the pelvic floor muscles can contribute to pelvic pain and problems with urinary incontinence.

Pelvic Floor Muscle Pain

Pelvic floor muscle pain is described as pain in the lower abdomen, pelvis, or perineum. Most patients will describe this pain as aching or burning in these areas. Some patients may also experience pain in the hips, buttocks or tailbone. Patients with pelvic floor pain may also experience a lowered tolerance for sitting, pain with sexual intercourse, and reduced range of motion in the hips and/or lower back. Some patients will experience urinary incontinence along with pelvic floor pain.

Our physical therapists will use their specialized training to pinpoint the cause and create a custom treatment program for each patient which begins with the therapist determining the cause of the pain. The cause of the pain can be any of the following: tightness or spasms of the pelvic floor muscles; imbalance in the pelvic floor muscles; tender points in the muscles; increased pressure on a pelvic nerve; or weakness in the muscles. In some patients, the pain may also be caused by scar tissue that developed after surgery on the abdomen or pelvic region. Therapists will use hands-on techniques and create exercise programs to help with muscle tightness and to help patients increase the strength of their pelvic floor muscles. In some cases, therapists may also work on retraining muscles to improve strength, work on poor posture habits, and work on strengthening the abdominal core muscles.

Urinary Incontinence

Urinary incontinence is, in general, defined as leakage at inappropriate times. The most common types of urinary incontinence are stress, urge, mixed, and functional incontinence. Stress incontinence is caused by an increase in pressure on the bladder and usually results in small leakages. This type is most commonly experienced when exercising, coughing, sneezing, lifting, and other similar activities. Urge incontinence is caused when there is a sudden, strong urge to urinate and often results in medium to large amounts of urine. Mixed incontinence has symptoms of both stress and urge incontinence. Functional incontinence is defined as leakage when a person is not able to make it to the toilet in time. All four types of urinary incontinence are most often caused by weakness or lack of support of the pelvic floor muscles. Patients with stress incontinence are often found to have 'under active' pelvic floor muscles that are usually caused by one of the



Women's Health Program



following: pregnancy and childbirth including having an episiotomy; injury or trauma to the muscles; surgery; or lack of exercise/use of muscles. Urge incontinence patients usually have weak, 'over active' pelvic floor muscles and patients with symptoms of mixed incontinence will have causes related to both stress and urge incontinence. Functional incontinence in patients usually tends to be caused by one or more of the following: joint pain and weakness, difficulty with mobility, other health problems such as dementia, confusion, depression, and anger; and environmental barriers that make it hard to get to the toilet in time.

Our physical therapists will educate patients with urinary incontinence on proper diet and nutrition to follow and which food and drinks to avoid as they may be 'bladder irritants'. They will give advice on changing behaviors that worsen the symptoms of incontinence. Therapists will develop exercise programs that will help to strengthen the pelvic floor muscles and

help stretch and strengthen other muscles that are important to control incontinence. In some cases, electrical stimulation will be used to help patients improve awareness and strengthen the muscles that are weak.

Musculoskeletal Pain Related to Pregnancy

Pregnant women will go through many changes during their pregnancy with most of them related to the changes to their bodies. Our therapists are trained in helping to relieve some of these aches and pains that come with these changes to the musculoskeletal system.

Many pregnant women will experience changes to their musculoskeletal system as the fetus grows and even into the postpartum phase. Some symptoms that come with these changes are: pain in the joints of the pelvis; pain in the spine, most often the lower back; muscular pain in the hips, legs, and back; and weakness in many of the core stabilization muscles and pelvic floor muscles, that will result in pain when moving or lifting and, most commonly in the postpartum phase, urinary incontinence. The main cause of pain during pregnancy comes from the postural changes experienced throughout the pregnancy. As the fetus grows, a women's body will adapt and change to accommodate. This will cause some muscles to become shortened and tight and some others to become stretched and weak which results in muscle imbalances and the possibility of decreased muscle stabilization in the abdominal core muscles and pelvic floor muscles. Spinal mobility can also be affected as the body changes to accommodate for the fetus which can cause low back pain and pain in the hips.

Our physical therapists are trained to help resolve these issues as they directly relate to pregnant women, both in prenatal and postpartum phases. They will provide hands-on treatment to help address joint dysfunctions of the pelvis and spine and instructions on exercises that will help strengthen muscles and relieve pain. Therapists will also be able to provide patients with ways to modify their daily routines to better help relieve pain and allow the patient to complete their daily activities.



Kinesiotaping



This brightly colored tape is becoming wildly popular amongst athletes but is also a well-known technique used by many physical and occupational therapists. This tape is known as Kinesiotape or KT Tape. KT Tape is used for many sports related injuries including: shin splints, lower back pain, shoulder pain, knee pain, and tennis elbow but it can also be used to tone muscles, better your posture, move lymphatic fluids and help in correcting incorrect body movements. KT tape can also be used a preventative measure versus support after an injury. The tape can help tone already



weakened muscles and add extra support to these muscles. The tape can also help reduce inflammation which can in turn prevent swelling and cramping of over used muscles.



KT tape is different from traditional athletic tape in the ways of movement and durability. Regular athletic tape is applied tightly to the area to prevent movement of injured muscles. It is usually applied right before intended use of that muscles and removed immediately after use. This tape usually causes irritation after a prolonged period of time and can restrict the range of motion where KT tape provides the same type of muscle support but allows free motion and breathability for a longer period of comfort. KT tape is applied along the soft tissues of the affected area to provide lightweight support. It eliminates the bulk of wraps and braces. The tape can last through heat, sweat, water and strain for 24 hour relief for days at a time. It is made of 100% reinforced cotton sheaths or specially engineered synthetic fabric.

Prairie Rehab Luverne



Prairie Rehabilitation is proud to announce the opening of their new outpatient clinic in Luverne, MN. The clinic opened in late November of 2013. It is conveniently located at 106 North Cedar Street next to Luverne Power Fitness. As in our other outpatient clinics, the Luverne clinic will provide physical, occupational, speech, and hand therapy services. Our experienced therapists are trained to work with patients that experience low back pain, neck pain, headaches, shoulder pain, knee pain and tendonitis along with a range of other problems.



Michelle Schuman PT, is the lead therapist at the Luverne clinic. Michelle is an experienced Physical Therapist with a long history of treating patients with orthopedic and neurological issues along with Women's Health issues including pelvic floor pain, urinary incontinence, back pain during pregnancy, and cancer rehabilitation including lymphedema.



Prairie Rehabilitation continues to provide home health services in the area, but we are very excited to extend our outpatient services to the growing community of Luverne.



Welcome To Our New Staff

1720 S. Cliff Ave.
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Outpatient Clinics:

- Sioux Falls SD
- Brandon SD
- Harrisburg SD
- Hartford SD
- Tea SD
- Fulda MN
- Jackson MN
- Lakefield MN
- Sherburn MN
- Worthington MN
- Luverne MN

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Ashley Schmit is a Certified Occupational Therapist Assistant working in our Jackson, Minnesota area. Originally from Jackson, Ashley attended DSU and received her Bachelors degree in Exercise Science in 2011. She then attended Lake Area Technical Institute and graduated with her associates in May 2013. Ashley started with us here in July 2013, after getting married. Her hobbies include spending time with family and friends, going for walks, reading and spoiling her niece. "I believe that every person you work with teaches you something new every day." Ashley is looking forward to many learning opportunities with Prairie Rehab.

Nikki Fischer is a Certified Occupational Therapist Assistant working in our Marion, South Dakota skilled nursing facility. She started with us in June, 2013. Nikki obtained her associates degree from Lake Area Technical Institute in Watertown. Originally from Moberg, SD she now lives in Sioux Falls. What she likes best about the field is helping people better themselves. Nikki looks forward to learning as much as she can and becoming more independent as a therapist. In her spare time she enjoys going to movies, concerts, playing with her Chihuahua Zoey and playing games on her Ipad.



Katie Dale is a physical therapist in the Worthington and Winndom, Minnesota areas. She joined Prairie Rehab in July, 2013. She attended the University of Wisconsin-LaCrosse physical therapy program and has prior experience in acute care, skilled nursing, and home health. Her professional interests include vestibular treatment and focus on balance/falls. She looks forward to obtaining more experience in the orthopedic setting. Katie and her family recently moved to Worthington from Alexandria, Minnesota. In her free time she enjoys spending time with her husband and their daughter, running, and reading.