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We won the Readers' Choice award last month, this month we hope to win the Best of Souhegan Region Award so take a few minutes to vote for Apple Therapy! In August, we sponsored the Friends of Aine Kids Try-athlon. It is wonderful event that we were happy to be a part of with over 300 kids participating. Cheers! - Karin Biskovich, MPT and Laura Jackson, DPT



WORK CONDITIONING PROGRAM UPDATE

I've found a lot of confusion between the terms "work conditioning" and "work hardening" over the last 15 years. A true work hardening program doesn't really exist anymore. It is 4-8 hours/day, 5 days/week in the actual work place or simulated work environment. It is very expensive and it's been years since worker's comp carriers have been willing to pay for these programs. At Apple Therapy, we have been providing a successful work conditioning program for years. This has typically been 2-4 hours/day, 3-5 days/week with a lot of physical conditioning and functional work specific activities with no hands on treatment or modalities. We have very good success with this program, historically resulting in a 70-75% return to full work capacity.

The fact is, not all work conditioning patients come in with the same "motivation", shall we say? Some need our old, hands off, more heavy-handed approach. However, I've seen patients come into the program with significant lower back muscle spasms that have literally never been touched by their therapist. The occasional manual therapy we provide to help facilitate the work conditioning program has resulted in a lower cancellation rate and improved return to work percentage. Regardless of what you call it, please trust us to get your patients back to work in a safe, caring and timely manner. -Ben Biskovich, MPT, @The Executive Health Club

PATELLA VS. HAMSTRING AUTOGRAFT: WHAT'S THE APPEAL?

As fall quickly approaches, the return of students and athletes to the playing field is not far behind. However, this also means that an influx of sports related injuries, such as ACL tears, are around the corner as well. In face of an ACL tear, orthopedic surgeons are left with the decision: to make the repair with a hamstring tendon (HT) autograft, or with a bone – patella tendon – bone (BPTB) autograft. In the end, is one method preferred over the other? Anderson et al. conducted and published a systematic review in 2016 on all topics involving the ACL, including the HT vs. BPTB autograft debate. Their findings suggested that orthopedic surgeons might prefer the BPTB autograft due to its success with knee stability in comparison with the HT autograft. In addition, studies have found HT autografts to be slower healing than the BPTB autograft. However, in terms of clinical values and measurements, there are no differences in the rate of failure or clinical knee scores between the two autograft methods. One study also found an increase in anterior knee pain associated with BPTB autograft when compared to the HT autograft. Ultimately, the route the orthopedic surgeon will take will be based on a multitude of medical and personal factors, and the decision of HT vs. BPTB autograft will be centered around the patient's best rehabilitation chances.

Anderson, M.J., Browning III, W.M., Urband, C.E., Kluczynski, M.A., and Bisson, L.J. (2016). A Systematic Summary of Systematic Reviews on the Topic of the Anterior Cruciate Ligament. *The Orthopedic Journal of Sports Medicine*, 4, 3, 1-23.



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