

# Apple

## THERAPY SERVICES

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We anticipate when the warmer weather finally comes, many people will get out there and start running. Some may add mileage at a good pace and buy new sneakers. Others may ramp up too fast and cause injury. We address two common diagnoses of ITBS and proximal hamstring tendinopathy in this month's issue. Cheers! - Karin Biskovich, MPT and Laura Jackson, DPT ATC

### WHAT'S NEW AT APPLE THERAPY

#### DRY NEEDLING AND GRASTON TECHNIQUE NOW OFFERED AT ALL APPLE THERAPY CLINICS

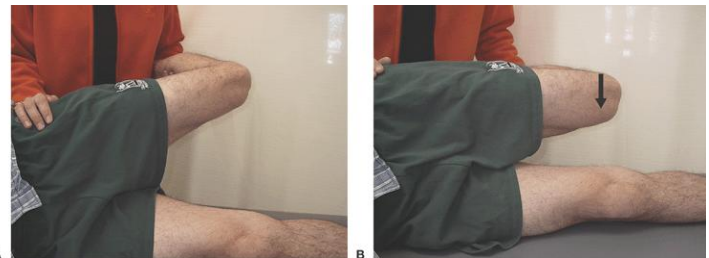
We are pleased to report that in Apple's commitment to continuing education and the latest treatment techniques we now offer Functional Dry Needling® and the Graston® Technique in all clinics. In March, Laura Jackson, DPT, ATC of the Amherst clinic was certified in Functional Dry Needling® and Christine Shaw, DPT of the Manchester clinic as well as Blair MacDonald, DPT of the Londonderry clinic were certified in the Graston® Technique. These treatment options provide our clinicians with several tools to treat soft tissue disorders and musculoskeletal dysfunction.



### THIS MONTH IN PHYSICAL THERAPY

#### ASSESSMENT OF STRENGTH, FLEXIBILITY AND RUNNING MECHANICS IN MEN WITH ILIOTIBIAL BAND SYNDROME

Many male runners come to our clinics with iliotibial band syndrome. There has been much research in patellofemoral syndrome in females which provides us with evidence-based practice guidelines for treating PFS and ITBS in females. This month in the *Journal of Orthopedics & Sports Physical Therapy*, Brian Noehren et al. assessed multiple factors and their relation to development of ITBS in the male population. They looked at hip strength, hip and knee kinematics, and ITB length in men with ITBS and matched controls. In their findings, men with ITBS had significantly greater knee adduction and greater hip internal rotation at the early stance phase of running gait. They also found that the ITBS group has weaker hip external rotators and decreased ITB length compared to control group.



#### FURTHER EVIDENCE TO SUPPORT DRY NEEDLING

A case report in the *Journal of Orthopaedic & Sports Physical Therapy* this month by Dhinu Jayaseelan et al. supports dry needling, this time for tendon overuse injuries. This case study looked at two cases of proximal hamstring tendonitis. These patients were diagnosed by symptom report without MRI. They were unable to run or sit without symptoms. These were initially treated with eccentric strengthening and lumbopelvic stabilization exercises. Trigger point dry needling was added to the program to decrease pain, increase ROM, and decrease stress to tendon by increasing muscle length. In the 2 cases, they returned to symptom free running and sitting after 8-9 visits.

