FREE BOOK

Reveals the "SECRET" about choosing the right Physical Therapy place.

Learn ways to relieve pain

YOURS FREE!

Will Physical Therapy help me live pain free?

Dr. J Peruvingal DPT
Founder of
Healing Touch PT & Rehabilitation P.C.

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Introduction

Your doctor has referred you for physical therapy, how do you choose which facility to go to? Do you go to the one your doctor recommends, or pick one randomly from the list your doctor's office provides or do you go to the nearest one from your house? Most people do not have the luxury of finding the right one by trial and error due to stringent insurance policies. You should know that if your physical therapist is a true Musculo-skeletal expert then they should be able to demonstrate that you are heading in the direction of recovery immediately. This does not mean that you are cured in one visit. At the least, an understanding and the direction of progress for your condition must be set. The progress should be self-evident to you each time you visit them, you should not waste your time assuming you will see progress in the next session. Such delays can cause the problems to worsen, besides why should you endure unnecessary pain when a more capable person can solve it easily? You are entitled to x amount of P.T visits/year. If they are unused then it goes to waste. It is not as if you can save them so why live in pain while your P.T visits go unused.

Chemicals or a Natural Way to Live a Pain Free Life? Your Choice.

Why are you polluting yourself with unnecessary chemicals when there is a better, all natural option available for treating pain? You know that Opioids are highly addictive yet you continue to take them, why? Is it because it is lot easier to pop a pill and hope the pain goes away? Know that each time you mask the pain with painkillers you are also masking the pathology underlying your pain.

You see, pain exists for a reason and there has to be a sound explanation for it. Instead of finding out why you got the pain, why would you want to just mask it? Rather than hope and pray the pain goes away, let a true musculoskeletal expert find out the true cause of pain.

Yes, it is a lot easier to pop a pill for pain but be fully aware that you are damaging your own body, talk about self-inflicted damages. I am not being arrogant about it but think for a second, you are spending your hard-earned money to cause damages in your own body. Your body is the one that is going to carry you over your lifetime, why would you not take care of it?

Is pain a bad thing?

Dr. J Peruvingal DPT

Pain is not a bad thing in fact it is a good thing! How can pain be a good thing? Allow me to explain it. Think of pain as the warning sign in the car. When the warning sign pops up, you know there is something wrong with the car therefore, you go to the Mechanic to check it out. Similarly, when you have pain the body is trying to tell you there is something wrong and to have a musculo-skeletal expert check it out. Do not try diagnosing and treating yourself, leave that to the experts! After all they went to college and have acquired the specialized knowledge.

Pain is never a bad thing. It is usually a warning sign of an underlying pathology. When the expert perform a thorough assessment and find the true cause of pain rather than provide symptomatic treatment, this can be a blessing. Unless the cause of pain is identified and treated, the pain is guaranteed to come back. Therefore, it is essential to find the cause and treat it rather than provided symptomatic treatment to mask the pain temporarily. The expert has to be patient and methodical in their approach. It is definitely the right approach to take even though it can sometimes take longer than just providing a quick temporary fix.

Treating is the easy part, diagnosing and determining what is the true cause of pain is the hard part. There are two important components to this: 1- Clinical skill 2-People skill. Not only does your therapist need exceptional clinical skills, it is also very important for them to connect with you. For example, you might present with knee pain or elbow pain but if the therapist doesn't do an in depth evaluation, then they will not know that the pain is exacerbated by you playing with your kids and unless they teach you proper body mechanics along with treating the pain you will continue to have pain. For a Therapist to find out the true reason, they have to connect with you at a deeper level, not seen in a typical mill type of P.T practice. They do not have the time and they don't care enough about the outcome you are hoping to achieve with Physical Therapy. The P.T should be able to come down and connect with you at the point where you are and bring you up to where you should be knowledge wise regarding your condition. You and the therapist must connect with each other then only will both of you be on the same page. Being on the same page is so important in coming up with a treatment plan where your concerns are addressed with best the clinical tools. No one tool is better than the other, it depends on your needs. Hammer is not better than scalpel; it really depends on your need. If the Therapist knows what outcome you are hoping to achieve with Physical Therapy, they will be able to choose the best tool for achieving it. This is why it is critical that your Therapist connect with you.

Your difficulties/problems are matter of life and death to you but to your Therapist your case is one among the many in their caseload, this is why it is imperative that you must form a connection with your Therapist. There must be a good rapport with your Therapist in order to achieve the best outcome. Bottom line for any physical therapy practice should be to help you achieve your goal as early as possible rather than collecting as much money as possible from your insurance company with unnecessary visits. This is where ethics and core beliefs of the P.T place you select come to play.

What are their goals, making you better fast or making most money from your insurance company?

Will they allow you to use the clinic for Home Exercise Programs your P.T showed you so you can speed up your recovery?

Unfortunately, most places don't want you to get better faster, how can they make money if you get better fast? Unless the P.T place is a true expert in what they do-they will never offer self-treatment books! How can the P.T place make any money if everyone starts to self-treat? Only practices that are very good in what they do will want you to self-treat certain conditions so they can help you with ones that are more difficult. If practices believe in what they do, then why can't they guarantee the result you can get? Is dealing with the P.T practice a pleasure or a pain? Are they easily approachable or is it difficult? If you have any problems or difficulties, will they be able to solve it immediately or does it take forever? Do they offer complimentary transportation in case you ever need it? Why would you take chances of going to a P.T place hoping your insurance pay? If your insurance does not pay, you are liable for it! Are you okay with that?

A good P.T knows the pain is like an iceberg, there is a much deeper pathology brewing. Why would anyone not get down to the bottom of it and take care of it? The P.T practice probably wants you to come back. If the practice took care of the problem on the initial encounter, chances are you don't need to go back but if they just bandage it then of course you are guaranteed to go back! Unfortunately, many P.T practices focus on how much money they can make out of you and never look out for you. If you are lucky enough to find a place that is looking at the welfare of their patients then keep them! Such places are becoming harder to find. Most places have the goal of making the most money with your insurance regardless of what is best for you. Such places could care less about what outcome you would have with your Therapy. If you have pain and insurance covers Physical Therapy, why wouldn't you take care of it? It is much easier and cheaper to take care of a small problem rather let it get big and deal with a complicated diagnosis. Choose a good reputable place, which places your goal at the center and takes care of It and you will see that you and the practice will have a common goal.

They are trying to solve your problem and not their problem of meeting finances for the next payroll with unnecessary treatment visits. Treatments should be minimized as it reduces the inconvenience for you, for the payer-it reduces the cost and for the P.T practice - they can treat more people in pain but how many places see it that way? Regrettably, most places are looking to make the most money from your insurance!

Your P.T must be a good listener. They should be able to understand all the difficulties you are facing with your condition so they can offer the best solution to your needs. Get connected with your P.T really well so they can identify things you must watch out for in the near future. It's one thing to have great clinical skills but what's the point if your P.T doesn't have any people skill?

Expensive tests can be avoided if you can take care of the problems as soon as they show up. Greater damage could be avoided if you begin treatment immediately. You should have a thorough understanding of what happened, why it happened and how it can be avoided in the future. This is why education/self-treatment is so important- you can avoid going to therapy for every little thing! A good P.T place should always encourage this if they have the wellbeing of you in their mind. Bottom line, find a place that truly cares about your wellbeing. Find a place that you can trust completely with the most important priority: YOUR HEALTH. If you have good health, you can achieve most of things over time. Find a place that you can connect with.

In order for any relationship to last long, it must be mutual based on TRUST. When a couple stands and places their back against the other persons back, you now have eyes behind you! Do you think you would have an advantage over a single person in a competition? Well business relationship is no different than personal relationship; you must have TRUST in the business. Both of you should never have competing agenda's. The end result should be mutual and you should be able to achieve results fairly quickly. Any business transaction should be based on trust and relationship-without those two in place transactions won't last for long, if it takes place at all. Your aim should be to find a place that you can trust for long term and not search for a new company every time a need arises.

For an organization to thrive, it must be driven by a purpose. Any competent P.T place can treat you for the obvious physical symptom you present with but if an organization has your interest at heart, they will go much deeper. When they start viewing you as a client who is under their care and wellbeing (Jay Abraham), don't they want the best for you to function optimally? They should feel a moral obligation to make you function optimally since you are in their life (Frank Tarkenton). Do they call you to see how you are doing after discharge or if you were attending therapy regularly and you suddenly stop? May be you had a death in the family or there is an auspicious occasion happening in your family,

do they even call you to find out? A business that truly cares about its client cannot leave emotion out of any transaction they conduct. There must be a bond formed between you and the P.T practice you chose, for you to go to them over and over. We hope you are able to find such a place.

TO GET IN TOUCH WITH US, CALL 516 616 0942

Request Your Appointment

Will Physical Therapy help?

Dr. J Peruvingal DPT

One easy way to find out is to see if your pain falls into Mechanical and Mechano-chemical category. Many pains seem to fall into Chemical category but to a true Musculo-skeletal expert it is often Mechanical. Therefore, it is very important that you do not self-diagnose or take the opinions of quasi Musculo-skeletal experts. There are various types of pain such as chronic pain but can the pain be reproduced? If the pain can be reproduced then it will falls into Mechanical and Mechano-chemical category therefore it can be helped.

We classify pain into three categories: Mechanical, Mechano-chemical, and Chemical

1. **Mechanical:** certain movements will decrease the pain, while certain movements will increase the pain, Ex: back pain.
    a. Treatment of choice: physical therapy to achieve mechanical correction. Drugs will only mask the symptoms.

2. Mechano-chemical: mechanical pain coupled with inflammation, Ex: tennis elbow.
    a. Treatment of choice: physical therapy plus anti-inflammatory drugs if needed.

3. Chemical: the type of pain that is always there, Ex: cancer.
    a. Treatment of choice: drugs.

If our P.T's are not be able to reproduce your pain then we will send you to the primary care physician for further testing without any delays.

10 Things to know before selecting a Physical Therapy clinic.

Dr. J Peruvingal DPT

1. Are they using licensed Therapists?

2. Does the office have convenient hours?

3. Is it an insured and reputable place of business? How long have they been in business?

4. What are the past patients saying about them? Does it have plenty of awesome testimonials?

5. Does the office have enough equipment and use the latest one to make you pain free?

6. Is their primary concern about making you better? Or is it about making most money from your insurance?

7. Will they guarantee making you pain free? Or is it a big waste of time for you?

8. Does your insurance cover Physical Therapy at that particular office?

9. Are you financially responsible for medical bills if insurance company does not pay?

10. Will the Physical Therapy office provide complimentary transportation in case you need it?

The Patient's Guide to Understanding Insurance

Dharmangi Shah

Insurance 101 for patients

So, your insurance "covers" physical therapy - that means you will not have to pay anything out-of-pocket for your therapy visits, right? Not quite. The fact that your insurance plan covers PT services or any other services, for that matter doesn't necessarily mean you're off the hook as far as payment goes. In many cases, you will still have to pay a deductible, a co-insurance, or a co-payment. Talk about being tricky.

To better understand the terms of your plan, you must first understand the terminology. Here are a few common questions regarding insurance lingo:

What is a deductible?

This is the total amount you must pay out-of-pocket before your insurance starts to pay. For example, if your deductible is $1,000, then your insurance will not pay anything until you have paid $1,000 for services subject to the deductible (keep in mind that the deductible may not apply to every service you pay for). Furthermore, even after you have met your deductible, you may still owe a co-pay or co-insurance for each visit.

What is co-pay?

This is a fixed amount that you must pay each time for a covered service, as defined by your health plan. Co-pays usually vary for different plans and types of services. Typically, you must pay this amount at the time of service. Again, co-pay amounts are fixed which means you will always pay the same amount, regardless of visit length. In most cases, co-payments go toward your deductible.

What is a coinsurance?

This type of out-of-pocket payment is calculated as a percent of the total allowed amount for a particular service. In other words, it is your share of the total cost. For example, let's say:

- Your insurance plan's allowed amount for an office visit is $100.
- You have already met your deductible.
- You are responsible for a 20% coinsurance.

In this situation, you would pay $20 at the point of service. The insurance company would then pay the rest of the allowed amount for that visit. Keep in mind that the co-insurance amount may vary from visit to visit depending on what services you receive.

What is the coinsurance for Medicare Part B?

Medicare Part B patients are responsible for a 20% co-insurance, which typically amounts to $11-25 per visit. If you have original Medicare as your primary insurance, and you also have a secondary insurance, the secondary payer becomes responsible for the 20%. In some cases, the secondary insurance also charges a co-pay, coinsurance, or deductible. We recommend contacting your secondary insurance carrier to find out.

So, how much will I owe for each visit?

If you have not yet met your deductible, then you will pay $50 per visit. We charge coinsurances as a dollar amount equal to the percentage. Therefore, if you have a 20% coinsurance, you will pay $20; if you have a 10% coinsurance, you will pay $10. You will then owe any applicable coinsurance or deductible balances after we receive the Explanation of Benefits (EOB) from your insurance company. Conversely, if we find that you have overpaid, we will refund you via check as soon as possible. As for co-paysthese amounts rarely vary, so if your co-pay for physical therapy visits is $10, you will owe $10 at each visit.

What if I can't afford to pay these amounts as frequently as I need care?

Your health is our number one priority therefore, we are happy to arrange a payment plan that works with your budget. That way, you can pay for your care over a timeframe that works for you. Simply ask to speak to our office/billing manager.

Tips for Choosing an Insurance Plan

Whether you are shopping for your own insurance or going through the benefits selection process with your employer, choosing the right plan can seem like an overwhelming task. While we cannot tell you which specific plan to choose, the following questions should help you with the selection process.

Questions to Ask Potential Insurance Carriers

1. What is my premium?

a. This is the monthly amount you pay for coverage. The lower it is, the higher your deductible will typically be. Plans with low premiums and high deductibles often are called “catastrophic” plans. Conversely, higher premium plans often feature lower deductibles, co-pays, and coinsurances.

2. What is my deductible, and what does it apply to?

a. This is the total amount you must pay each year before your insurance begins to pay. For example, if your deductible is $4,000, then you must pay $4,000 toward deductible-applicable services before your insurance will pay anything. If your deductible applies to PT services, then you may have to pay anywhere from [100-200] per visit until you meet your deductible. Once you reach your deductible, your co-pay or coinsurance will apply.

3. What is my co-pay?

a. High co-pays are another common drawback of low-premium plans. Remember, the co-pay applies even after you have met your deductible, and the co-pay for specialist visits - including PT visits - can be as high as $80. Therefore, if you anticipate many office visits during this plan year, you will definitely want to factor the co-pay into your decision process.

4. What is my coinsurance?

a. As previously noted in this document, co-insurance is another version of cost sharing. Therefore, you will likely have to pay either a co-insurance or a co-pay. However, while co-pays are fixed amounts - and thus, are more predictable - coinsurances are percentages. Therefore, your financial responsibility varies based on how much your provider charges for the services rendered.

5. Are there any restrictions on the types of providers I can see?

a. Some insurance plans (e.g., PPOs, HMOs, and EPOs) are limited to a certain network of providers. So, make sure you have a good selection of covered providers and facilities in your area. If you travel frequently or live in a rural area, you may want to choose a plan that has no network restrictions.

6. Do I have to get a referral to see a specialist?

a. If your insurance plan requires you to obtain a referral before seeing a specialist (e.g., a physical therapist), and you fail to do so, the insurance company may deny coverage for services rendered. So, if you do not want to go through a primary care provider (e.g., your family physician) each time you want to see a specialist, make sure your plan does not require a referral (a.k.a. prescription) for specialist services.

7. How many visits of "X" am I allowed each year?

a. In this case, "X" represents a specific type of service (e.g., physical therapy, occupational therapy, or chiropractic). Some plans place a limit on the number of covered visits per year (e.g., 20 visits), while others allow unlimited visits. If you are athletic, have chronic joint pain, or anticipate needing a joint replacement in the near future, you may not want any restrictions on the number of rehabilitative visits allowed.

8. For Medicare secondary payers: Will this plan cover the entire 20% not covered by Medicare?

a. Medicare only pays 80% of the cost of care so, many Medicare beneficiaries seek secondary insurances to pay the other 20%. However, even those plans often feature deductibles, co-pays, coinsurances, or visit limitations. Thus, we recommend posing all of the above-listed questions to any secondary insurance you are considering.

The Bottom Line

Higher-premium plans are generally better for individuals who expect to receive medical care on a regular basis. Lower-premium plans will save those individuals money monthly, but those savings will not make up for the cost-sharing portion.

The Self-Pay Option

1. If I do not want to use my insurance, can I just pay for services myself?

a. The self-pay rate for all follow-up visits at [Healing Touch PT & Rehab] is $100. Because an insured patient with a deductible may have to pay $100 or more for the same service, many insured patients ask if we can essentially "pretend" they are uninsured. However, if we contract with your insurance company, we are obligated to honor that contract - which means we must bill your insurance for services rendered. Some contracts also prohibit us from providing discounts or waiving patient financial responsibility (e.g., co-pays or coinsurances). That said, if we do not contract with your insurance, or if you have exhausted your benefits for the year, then you may be eligible to receive services on a cash-pay (i.e., self-pay) basis.

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Patient Education and Self-Management

Akriti Yadav PT, MPT

Many of times, we as Physical Therapists come across questions like which magic you possess? What is the secret behind the treatment of neck and back pain? How can someone prevent the recurrence of neck and back pain? As we all are living such a lifestyle that it is very difficult to set aside few hours for Physical Therapy and other treatments for addressing the neck and back pain. I personally have come across many patients who asks for the home exercise program because it is difficult for them to keep up with the PT sessions on a weekly basis. Here, the question arises "Is it possible to educate the patient regarding the origin, cause, and treatment of the neck and back pain so that they can track or treat their own pain?". The answer is YES!

Physical Therapy does not only involve treatment provided by the therapists but it also involves educating the patient regarding the source of pain which plays a major role in their recovery According to American Physical Therapy Association "Physical Therapists (PTs) are highly-educated, licensed health care professionals who can help patients to reduce pain and improve or restore mobility- in many cases without expensive surgery and often reducing the need for long-term use of prescription medications and their side effects." Physical Therapists can teach patients how to prevent or manage their condition and develop fitness- and wellness-oriented individualized programs so that the patient can achieve long-term health benefits.

With the evolution of McKenzie method, it has become easy for PTs to educate the patient regarding the source, treatment, and prevention of their conditions because the method is easy to explain and is understandable for the general population. McKenzie method focuses on the mechanics of the pain, which means it addresses all the activities of daily living and the postural stresses while performing those activities that leads to the pain. Successful outcomes of McKenzie have been observed in the treatment of neck, back, shoulder and knee joint. Personally, as a PT, I have experienced various surprising outcomes and the patients who learned the concept of McKenzie still thank me for making them understand how to manage their own pain.

In practical terms, if a patient gets benefit from PT but his/her pain keeps coming back the next day that means the treatment is ineffective. The lacking factor would be insufficient education and knowledge regarding the source of pain and aggravating factors. This could be arising from performing any activities of daily living like driving, cooking, lifting, deskwork, sleeping position, washing a car, watching TV, playing, etc. Most of the time the cause of pain is due to performing all these activities in a wrong posture and if the P.T. fails to address these aspects, the treatment would be ineffective. So, do not hesitate to talk to your P.T. regarding every aspect of such activities that aggravate your pain.

If the PT successfully determines the cause of the pain, be it any wrong position or posture, then as a patient you do not have to worry about the recurrence of such condition. McKenzie method works with the active participation of the patient in the treatment for successful outcomes, which involves actual demonstration, and correction of provocative activity. This is the best way to teach a patient regarding the source and treatment of their condition. Management of your pain/condition is your responsibility. Self-management is more effective in the long-term management of your condition and to prevent its recurrence. Let us get practical! What is the point of taking Physical Therapy if your pain is coming back repeatedly? Successful treatment is possible only when the patient also carries forward the treatment when he/she gets out of the clinic. In addition, it is the responsibility of the P.T. to educate their patient regarding self-management techniques.

The current world believes in proofs and evidence, and you must all be wondering why there is so much of brag about McKenzie method. Well, I would be surprised if this question does not pop-up in your mind as a reader. Health care professionals follow the evidence-based practice and won't use any treatment that doesn't have any evidence in its support. McKenzie method has numerous evidence in its support and I would love to explore few of those for you.

MRI is used as a standard screening tool for neck and back pain with or without radiating pattern often called as sciatica when in the lumbar spine. Many of you must be wondering if McKenzie method is effective then it should change the MRI findings too. The answer is YES! Researchers have found significant reduction in disc bulge after the application of McKenzie method in the treatment of neck and back pain with or without radiating symptoms. Therefore, most of the P.T.'s who follow the principles of McKenzie method will not ask for MRI reports during the initial examination.

Will it be helpful in the prevention of surgery? Again, the answer is YES! It has been established that a course of epidural injections followed by McKenzie method of treatment may be helpful to avoid surgery for candidates who are eligible for a surgery due to lumbar disc herniation.

What if you as a patient can't perform the exercises due to other comorbidities? There is a solution for this problem too. REPEX treatment table helps to correct the spinal pathology for those who are unable to exercise independently. It has been proved that patients with low back pain, especially those with radiating pain below knee requires fewer PT visits when treated with REPEX. So, remember to ask for the availability REPEX table at the clinic.

If you have any sort of neck or back pain, it is time to act now! Make an appointment with a P.T., get an understanding of the cause of pain and learn how to avoid and manage the pain. It is fairly easy once you learn the concepts of self-management because you can track your own condition and

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Posture

Nisha Benoy, PT

In simple words, posture means the position in which someone holds their body and limbs when standing, sitting or lying down. A good posture is the correct alignment of body parts supported by the right amount of muscle tension against gravity. Good posture helps us to keep our bones and joints in correct alignment, and reduces abnormal stress on the joint surface, ligaments and enables efficient muscle work.

To maintain a good posture you need to have adequate muscle flexibility, strength, normal joint motion, as well as efficient postural muscles that are balanced on both sides of spine.

Many factors such as inherited conditions, injury, and diseases, can cause poor posture but for most people it is a direct result of bad habits like slouching.

Poor posture = neck and back pain

Every day we sit at a desk, drive or spend time looking down as we text on our phone. As per some studies by posture institutions, a common postural distortion pattern in our population is neck positioned further to one side of body than is normal. This adds extra stress to the nerves, muscles, joints, and even blood vessels resulting in neck and back pain. In the beginning stage, symptoms will only be in neck or back but then it begins to radiate down the upper/lower part of back, arms/legs as well as to the head causing headaches and migraines.

Some practical tips to reduce effects of bad posture

- Frequent change of position if it is a static work-(sitting job)
    - Take a 10 sec lap around your desk every 30 minutes, take frequent breaks while texting.
- Use proper support to align the spine:

o Sitting

- Use a lumbar cushion (roll) to keep the arch of your back supported.
- Use of neck cushions while traveling
- Avoid soft couch/sofa which cannot give enough support to spine and which sink in

o Lying

- If you sleep on your back, use a rounded pillow to support the natural curve of your neck. Special pillows with built in neck support are also available.
- If you sleep on your side, keep your spine straight by using a pillow that is higher under your neck than your head.
- Try to avoid sleeping on stomach, as it is tough on your spine because back will be arched and your neck is turned to the side.

- **Standing**
  - For prolonged standing, use a small step stool/box to rest your one foot on top for few minutes.

- Doing exercise
  - Neck exercises like cervical retraction exercises (chin tucks)
  - Neck side stretches, scapular (shoulder blade) retraction exercises
  - Shoulder exercises like corner wall stretches for pectorals
  - Lumbar extension exercise
  - Sitting keep your core muscles contract and rotate pelvis forward and back ward

An Ideal sitting posture at office Desk

Keep your arms flexed at 75 to 90 degrees at elbow, keep knee level with hips and feet flat on the floor.

In this technological era where all age groups use different kinds of electronic gadgets, people should be educated about the importance of maintaining a good posture. There is even a term called "text neck " which describes neck pain and other posture related symptoms arising from poor posture with prolonged and frequent use of cell phone, computer and other wireless devises.

Kids and youth who spend hours studying and doing other leisure activities using electronics, must be better educated in schools and homes about keeping a good posture.

Advanced Preventative Musculoskeletal Screening (APMS) of Athletes.

Gilles Izeboud PT

In the USA, sports are an important part of growing up. In middle school and high school sports are offered at a competitive level. To make the Basketball, soccer, track, baseball, volleyball, or swim team, athletes have to be better than the other students. It means "everything or nothing" for the athlete when the tryouts for the teams are taking place. Some parents delay the athlete's education so that they will be the older athlete in the group and have a physical and mental advantage than the younger athletes. During high school being 1 or 2 years older than your peers can make a huge difference!

There are no sports without injuries. Often an injury can mean the end of the athlete's high school sport or college sport career.

Finding good advice and management of injuries often proves to be difficult. As a result athletes spend much time on the bench, therefore reducing their chances of a college scholarship and college degree.

Physical Therapy specializes in the mechanical assessment of the musculoskeletal system. There is a systematic approach to classify musculoskeletal abnormalities in athletes. Active Physical therapy is used all over the world and enables patients to take care of their mechanical injuries based on research and evidence.

Prevention

Physical Therapy can also be used to prevent symptoms of mechanical origin even when the athletes are symptom free.

Musculoskeletal abnormalities can cause weakness, stiff joints and pain which will all have a negative effect on the athlete's performance.

In order for the athlete to be in top shape a thorough mechanical assessment of the musculoskeletal system needs to be performed to either prevent injuries and/or increase performance.

How does APMS for athletes work?

The athlete will receive a thorough APMS assessment that can take up to 1.5 hours which includes assessment of:

- Neck
- Shoulders
- Upper back
- Lower back
- Hips
- Knees
- Ankles

A written report will be produced after the initial assessment with a personalized treatment plan that will focus on specific exercises and/or other interventions if needed.

Specific exercises will be prescribed which will have to be performed by the athlete on a daily basis.

PHYSICAL THERAPY FOR KIDS

Dr. Anish Mathew MPT (Neuro), DPT.

Physical therapy (PT), also referred to as physiotherapy, is a rehabilitation field and physical medicine that, by making use of mechanical force and actions, promotes mobility and remediates impairments, purpose, and quality of life over examination, analysis, prognosis, and physical involvement. It is carried out by physical therapists (acknowledged as physiotherapists in several countries).

Along with clinical practice, other activities incorporated in the physical therapy profession consist of education, research, session, and management. Physical therapy services may perhaps be provided together with, or in association with, all other medical services.

Physical therapy tries to deal with the illnesses, or injuries that reduce a person's abilities to move and carry out functional activities in their everyday lives. Physical Therapists make use of an individual's history and physical analysis to reach a diagnosis and determine a management plan and, when required, integrate the results of a research laboratory and imaging reports like CT-scans, X-rays, or MRI results. Electrodiagnostic testing (e.g., electromyograms and nerve conduction velocity testing) may also be used. Physical therapy management usually contains prescription of or assistance with certain exercises, manual therapy and management, mechanical tools like education, traction, physical means which consist of cold, heat, sound waves, electricity, assistive devices, radiation, orthoses, prostheses and other involvements. Furthermore, Physical Therapists work with individuals to stop the loss of mobility prior to its occurrence by creating fitness and wellness-oriented courses for better and more energetic lifestyles, offering services to people and individuals to improve, maintain and bring back full movement and functional ability all through the lifetime. This involves giving therapeutic treatment in conditions where movement and function are threatened by growing old, disease, injury or environmental causes. Functional movement is significant to what it means to be hale and hearty.

Physical therapy (PT) is a professional career which covers several fields including neurology, musculoskeletal, wound care, sports, EMG, geriatrics, cardiopulmonary, orthopedics, pediatrics and women's health. Neurological rehabilitation is specifically a fast developing field. Physical Therapists practice in several settings, such as health and wellness clinics, private-owned physical therapy clinics, rehabilitation hospitals facilities, outpatient clinics or offices, extended care facilities, skilled nursing facilities, private homes, research and educational centers, hospices, schools, workplaces and industrial or other occupational settings, sports training facilities and fitness centers.

Physical therapists also practice in the non-patient care roles such as health insurance, health policy, health care administration and as health care administrators. Physical therapists are involved in the medical-legal field acting as professionals, executing peer assessment and independent medical analyses.

School Based Physical Therapy

Physical therapist and the physical therapy's role or functions in educational settings have grown together with educational developments. More lately therapists, teachers and school administrators are looking for service models related to educational settings and curriculum. Students, parents, and school employees strive for collaboration, joint decision-making, and students' inclusion with their colleagues as much as possible. On the other hand, the education and guidance for physical therapists covers services in several settings like nursing homes, hospitals and schools. Training involves helping people of all ages, making use of different therapy methodologies.

Traditional school-based therapy regularly secluded students having disabilities from their colleagues. Therapists recognized "problems" among students and solved them in a specific therapy room. Teachers and families frequently were not motivated to take part directly in therapy. Interventions were given to students who had been withdrawn from classroom activities. At times the therapy did not relate with students' daily situations, or move freely to the needs of the school setting. The requirement for more appropriate student's education, as well as those having disabilities, prompted legislative amendments in the mid-1970s.

Professional study in physical therapy indicates that a collective service model works best. Instead of just pulling students away from classes for interventions that may possibly not be relevant in classrooms, main professionals and families mutually identify, assess, plan, offer various service delivery models, and reassess the way students can best perform in several educational settings. Services and assessment center on the entire student and the student setting. The whole group involved with the student offers input and tries to offer interventions which encourage and support success in students' educational plans and objectives. Physical therapy objectives support provision for living, learning and working. Physical therapy interventions are efficient when they develop student functioning in contexts in which students take part.

Collaboration with School Nurses and Physicians

In order to achieve effective health care interventions for students, communication among all providers of care within the school setting is vital. Associated services professionals have corresponding areas of expertise and are required to work together in order to deliver professional and successful student services. It is specifically significant that physical therapists design time in their schedules to discuss with the building's school nurse concerning students whom they tend to and to communicate often concerning students with underlying health conditions. This can be achieved through team consultations, the usage of written memos or input sheets, and scheduled conferencing. They as well need to confer and work together with the school medical consultant and students' doctors, as applicable, in planning, delivering and assessing health-related services for students with actual and imaginable health problems.

Trans-disciplinary teaming is centered on the perception that the compound needs of a student are interconnected and at times most effectively provided by more than one or two providers. Such teaming requires cross-disciplinary sharing of expertise and, at times, role release, wherein information and skills of one professional are transmitted to another professional in another field (or "deputized," if the services are not within the scope of the second professional's practice). Trans-disciplinary and interdisciplinary teaming and cooperation, and the usage of the school nurse as the school-based student health care services coordinator, will add to enriched accountability of all associated service personnel and safer, enriched services for students.

When it is either expected by licensure of the interrelated service professional or proper to meet the students' needs, physical therapists and other related services specialists must discuss with the proper student's medical providers. This ought to be done, as much as possible, in partnership with the school nurse and other school health specialists who are helping the student.

Physical Therapy Role in Educational Settings

Physical therapy as an educational support service can be pretty different from physical therapy in a hospital or clinic. School-based therapist center on getting rid of barriers from students' ability to learn, assisting students in developing skills which improve their self-reliance in the school setting, and educating school personnel regarding the different thoughts needed for students having disabilities. The whole thing the therapist does with students in the school have to be educationally relevant. Therapists study and get involved to develop students' functional abilities in school hallways, classrooms and other areas that may possibly be part of their educational system (i.e., occupational settings and public facilities).

The therapist works along with teachers to assist students in acquiring functional abilities needed to access educational tools and move round the school. To assist students in functioning well in classrooms, the restrooms, or lunchroom, therapists may work together with them or with school staffs on getting used to or adjusting their materials/equipment. Other support includes assisting students to participate in events outside of the school via mobility on sports events, field trips, playgrounds and within the neighborhood.

Special education students encounter a challenging situation at school. Presentation techniques for educational materials have to be adjusted to meet the students' disabilities challenges, such as their ability to examine and handle educational tools, communicate, keep postures, and move round the school. Therapists work directly with teachers to encourage the highest level of function potential for students following educational goals.

Physical therapists can assist students having disabilities resulting from birth trauma, prenatal causes, injury or illness. Intervention can:

- avert secondary problems;
- lessen the functional control of the disability;
- reduce or avert functional limitations, impairments and disabilities which slow down involvement in educational activities;
- regulate postural deviations;
- improve and develop motor function required in school;
- ease pain which may possibly happen during educational activities;
- maintain/establish educationally related functioning within students' physical competences.

Within educational setting, physical therapy services allow students to profit from distinct and/or consistent education in the least obstructive environment. PT services improve and uphold the students' physical ability for independence in every educationally interrelated activity. Physical therapist also work together with physical education teachers, consistent and special education teachers, maintenance staffs and others to adjust and get used to the student's physical environment, authorizing involvement in the educational activity to the fullest degree possible. The practice act under some schools or institutions requires physical therapists to acquire a verbal or written referral from a registered physician before starting open interventions. Based on APTA regulations, intervention in every setting includes three key elements:

1. communication, coordination and documentation;
2. client/patient-related instruction; and
3. direct/open intervention.

Physical therapy modalities vary in school settings against clinics/hospitals. In hospital and clinical facilities, physical therapists may well make use of electrical stimulation, paraffin baths, ultrasound, whirlpool and hot packs, along with therapeutic exercise and functional work out. School therapy put emphasis on cooperative styles of assessing, preventing and tackling motor impairments, which has influence upon students' practical movement in school. Exercise and training to develop students' gross motor function, setting and movement all through educational events, as well as instruction to personnel who support the students, are regular approaches.

School-based physical therapy interventions may perhaps comprise of motor skill training and getting used to or adjusting curriculum, tools or hopes for students. For instance, a PT might assist the physical education teacher adjust warm-up events and tools in a weight working out class. Or the PT may concentrate on primary factors of movements such as improving flexibility of trunk, pelvic and shoulder parts to improve stair-climbing ability.

Preventive treatment may perhaps be utilized to explain joint protection abilities to students having juvenile rheumatoid arthritis. Students having muscular dystrophy may well need series of motion workouts or positioning programs to uphold physical position and movement ability. Prevention lays emphasis on long-term profits over short-term accessibility. For instance the students having hyper-extended knees may desire to rest at a lab table. On the other hand, if this could mar joint structure, an adjusted table is better.

School physical therapists:

- record students' functional level at school;
- record impairments and their gravity;
- adjust the environment to reward for or adapt existing impairments;
- adjust students' positioning, functional routine methods, and movement;
- counsel teachers on the way they can include tools, positioning and workout to encourage students' educational functioning;
- educate students, parents, and teachers regarding precautions students having disabilities have to take at school;
- counsel parents on the way they can make use of tools, positioning and workout to promote or uphold their students' educational functioning; and
- create communication lines with therapists and physicians who are taking care of students in the broader health care arena where students obtain health and medical services.

Physical therapists propose cooperative, student-related services comprising:

- open service independently or in small groups;
- family education and personnel training regarding activities and plans to assist in achieving individualized education program (IEP) objectives;
- intermittent consultation to students, parents and staff regarding IEP objectives;
- observing progress with PT-related IEP objectives;
- increasing safe and effective movement and access in school settings.

Direct and Indirect Services

Using ***direct and indirect services***, physical therapists make use of prevention, remediation and reward. Using direct therapy, physical therapists work together directly with students in small groups or individually. The most effective way to promote the least obstructive environment is through ***direct*** physical therapy, which cultivates a certain skill, phasing therapy out when students can integrate it into every day routines. Direct therapies have to be considered when:

- the physical therapist is the only individual who can safely deliver a needed intervention;
- the physical therapist has certain skills or judgment needed for ongoing intervention and evaluation;
- the physical therapist team resolves that alternatives to direct therapy would be risky or unproductive.

Indirect physical therapy, mostly referred to as consultation, take places when PTs make use of their knowledge and skills to assist students without direct communication between the two. Over partnership with educational professionals or paraprofessionals, physical therapists allow someone other than themselves to execute certain activities. On the other hand, since the physical therapist had greatest responsibility for the children's physical therapy programs, there is constantly a component of direct connection with the children in an indirect service pattern.

Using indirect intervention, physical therapist work in partnership with teachers or other school personnel to assist students:

- integrate positioning and movement methods into classroom routines;
- practice and incorporate newly learned skills;
- make use of adaptive tools with staff and family support; and
- make use of transportation safely to and away from school and on school associated trips.

Physical therapists train staff about certain motor diagnoses and their effect upon school activities. The practice act under some schools or institution demands physical therapists to get verbal or written referral from a registered physician before starting direct interventions.

Physical therapists may offer direct service which allows students to contribute fully in school, such as:

- accelerating sensorimotor and movement skills development;
- training students in compensatory approaches;
- designing exercises or activities to remediate motoric deficits;
- offering a chance for skill acquisition and motor learning; and
- evaluating for adaptive tools.

Performance Areas

School based physical therapists have key responsibility to students having disabilities in three universal service fields.

A. Developing Gross Motor Function. Guessing students' mobility in school is a collective decision involving health care providers, parents and the physical therapists, taking into account the:

- safety issues, particularly in crowded hallways;
- medical analysis. For instance, students having spinal bifida and spinal cord injuries differ by the injury level; mobile ability reduces over time for students having muscular dystrophy;
- energy needed vs. spent for academic events;
- time open to move between school locations/activities;
- situation such as distance between stairs and classes;
- collective pain to joints and other forms which walking may possibly cause;
- age relevance;
- the way options (e.g. walking vs. wheelchair) assist or limit student contribution.

B. Accelerating and Positioning Movement are proper for students incapable to move or safely calm their body all through educational activities. Short-term physical involvements may possibly be caused by a change in medical condition such as post-operative management of students having disabilities. After setting up good methods of positioning, the physical therapist works in partnership with educational personnel, training them to:

- ensure a collection of position preferences for students to avert joint movement inadequacy and skin breakdown; encourage postural steadiness;
- expedite accomplishment of educational goals by improving movement, providing required assistance or steadiness for movement, or placing students;
- inspire students to take part in transfers, positioning, and movement between environments.

C. Health and Safety goals may perhaps include interventions to:

- develop physical survival while taking part in school activities;
- reduce deformities and contractures;
- uphold skin and skeletal integrity;
- offer postural drainage through placement;
- develop respiratory function through placement;
- reduce current and future musculoskeletal pain suffered during educational training;
- encourage safe entry to and away from school buildings and class rooms;
- support entry into school transport means (van, bus).

Through activities such as motor planning, walk training, bus seating training and wheelchair mobility, physical therapists assist by ensuring safe movement all over school surroundings. Physical therapists ought to also offer input regarding fire drill measures and other emergency circumstances to guarantee safe, appropriate exit from buildings.

PT Services' Focus to Develop Educational Performance

Positioning and Posture: functional usage of hands; body alignment; steady postural base

Range of Motion (ROM): avert deformities having an effect on usage of the extremities

Development of Motor Experiences: includes muscle tone; defensive and equilibrium reactions; bilateral coordination; motor development; motor skills which assist in organizing attention and behavior; integration of visual, tactile, proprioceptive, auditory, kinesthetic and vestibular input,

Eye/Hand Coordination and Manipulative Skills: making use of modified tools for hand-eye coordination; raising speed, accuracy and power in manipulative skills

Mobility: transfer skills, ambulation, wheelchair training and assessment

Cardiopulmonary Systems: increase survival and forbearance through energy saving and body system techniques

Assessment of Situation and Supports: assess skin care, bracing, splints; assess and get used to devices, tools, resources and seating; assess architectural hindrances and suggest modifications

Training/Educating: educate and guide students, school staff, and families regarding disability and its educational effect; organize students for optimal freedom in school and future ability; operate as contact between educational and medical specialists; educate school staff in body system and management techniques

Communication

Communication is a vital school physical therapist role. In the cooperative spirit, physical therapist, assist in bridging connections between medical and educational societies, giving details of the school's services, environment, and legal obligation to deliver educationally helpful physical therapy services. The physical therapist explains medical information for the school, integrating medical references related to the IEP, and communicates adjustments in students' physical condition, which may possibly involve medical intervention. Often physical therapists work in partnership with school nursing staffs accountable for meeting special health care needs of the students.

To assist in instilling self-advocacy skills, physical therapists educate students on how to talk to community therapists, physicians and vendors regarding equipment. Physical therapists can as well guide students on ways to talk to peers regarding disabilities, sponsor, and resolve for themselves how much assistance they need.

It is very important to seriously listen and highlight needs in partnership with parents and school staffs, being accessible to amending IEP goals. Communication with parents ought to receive high-level priority; regular communication improves parent contentment with services. Effective communication is specifically helpful for students who are in need of physical therapy at an early age because of a natural disability that may possibly result in developmental limitations at some point along the field. Since the students' emotional and social growth and freedom are as valuable as motor function, physical therapists need to assist family members with their vital supportive role. It is hard emotionally for students who attained a developmental stage to center on freedom rather than on developmental growth.

Doctors regularly suggest physical therapy (PT) for kids who have movement difficulties from a disease, illness, or disability or kids who have been injured.

Subsequent to an injury, physical therapists work to reduce pain, develop movement, and assist kids in returning to everyday activities. They teach kids workouts drawn up to assist them in regaining strength and range of motion, and as well show kids and families ways to avoid future injuries.

Physical therapy may perhaps be needed any time a difficulty with movement limits someone's day-to-day activities.

Within direct and indirect services, school physical therapists develop educational success of the students. Physical therapists center interventions on both their professional evaluations along with the team's findings. IEP benchmarks and goals offer the framework for interventions, which also have to meet state licensing criteria and professional practice criteria. Interventions are self-motivated, acting in response to students, family and staff, communication needs, and teaching plans going on in classrooms, in the community and on field trips.

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Reliable Health Information from the Internet - How do I get it?

Tushar Bhatt PT, MPT

"The Internet changes everything" - Bill Gates

The quote in itself can sum up the enormous effect Internet has had and continues to have on our day-to-day lives. It has allowed us access to vast information being available at our fingertips with a click of a button. The field of Health Care is no exception to that impact. Answers to all the patient's queries about their medical conditions being just a click away have altered the traditional Doctor - Patient relationship.

With more and more patients tempted to look up their symptoms by browsing the internet before the doctor's visit, the medical practitioner is no longer the first informant to the patient about a medical condition. These new interactions between medical practitioners and their 'Google specialists' have sometimes created comical scenarios in the doctor's office. Most medical practitioners have faced situations when patients have self-diagnosed the condition and visited the doctor's office to confirm that diagnosis or at times even confronted the doctor about their diagnosis/treatment, which conflicts with their last night's Google search. This excess trust on the internet rather than the specialist has created a new hurdle for medical practitioners and lead to the internet being somewhat of a bane than a boon in medical practice.

Not to take credit away from the internet, which has made medical information available to laymen by empowering them and helping them use it for educating and improving their 'Health Literacy'. A Patient's Health literacy is defined as the "capacity to obtain, interpret, and understand basic health information and services and the competence to use such information and services to enhance health. Individuals with high health literacy tend to have a better health status compared to people with poor health literacy and it is considered the single best predictable factor of their health status. Therefore, with the right and accurate information at the patient's disposal they themselves can take appropriate measures to safeguard their health.

However, while using the Internet as the primary source for medical information patients tend to forget that the internet is an open and unregulated source where experts for content accuracy scrutinize not all web pages, blogs and social media posts. This allows an individual to publish information on the internet without it being peer reviewed and still be accessible to anyone and everyone on the internet. This leads to the patient being exposed to unscientific, outdated or even biased commercial content as medical information. Influence from such inadequate and inappropriate data leads to patients making poor medical decisions towards treatments, which may or may not be optimal for them. The misinformed patient bring a new problem to the medical

practitioner as he has to now re-educate them and guide them towards the right information leading to loss of his valuable time. This makes it extrmely important that patients are lead to information that are of high quality and evidence based.

So how would you as a patient screen any information on the internet? What factors would make you help analyze the quality of that information that you are reading

Here are some guidelines:

- The best way to evaluate the data on the internet is evaluating the 'Core Indicators' of reliability i.e. Content, its accuracy and its completeness but due to the vastness of the Internet and the requirement of experts for this process it is virtually impossible to evaluate these Core Indicators. As a solution to that problem the reliability is gauged by other indirect methods like information presented about the author's qualification, citation of source, last updated date etc. called 'Proxy Indicators'.

- The Health on the Internet Foundation (HON) is a Non-Government Organization (NGO) whose primary role is to evaluate medical and heath related webpages for their reliability and credibility. The Organization evaluates the websites based on their set standard code of conduct. The Health on the Net Foundation Code of Conduct (HONcode) logo on medical or Health related website establishes that the website is compliant with the organizations standards. Various studies have shown that HONcode certification led to improved quality of information and increased reliability. Whenever you are reading any medial content check for the presence of the HONcode logo.

- If the HONcode logo is absent the reader can decide on the quality of the content by checking various criteria's like the name and qualifications of the author (whether the author is qualified to write the given information), The date when the information was last updated (to check how up-to-date is the information as recent advances in science adds to the present knowledge of the condition bringing better understanding of the condition followed by efficient diagnosing and treatment options), citation of the source of information (whether the claims are justified by evidence based research), conflict of interest disclosure by the author (Whether the author has any commercial or non-commercial interests which could influence his opinion while writing the content). All these are covered in the HON foundations code of conduct but if the website is not HONcode certified then the reader can rely on these criteria to judge the quality of the contents.

- A simple Google search leads to multiple websites arranged in an ascending order based on their popularity. This order may make the reader come under the illusion that the search result arranged in order from the top to bottom is based on their accuracy and quality. Based on reading behaviour it has been observed that most readers visit the top 10 web searches and form their opinion. It is important to note that Google results are based on popularity and not accuracy so having a higher ranking in a Google search may not necessarily mean that they are of superior quality. This means that a higher ranking search result should not skip the reader's scrutiny of that article / webpage.

- Another popular source of medical information is Wikipedia. It is a free content web based encyclopaedia, which allows users to edit and modify content. Again, this is a non-peer reviewed page allowing anyone to edit and modify content without being an expert in that field. However, some Wikipedia pages like SurgWiki (www.surgwiki.com) and the Cancer Guidelines Wiki produced by Cancer Council Australia (wiki.cancer.org.au) are only edited by experts and tend to be of high quality.

In Conclusion, by following these simple guidelines the patient is able to filter in only the necessary and high quality health information from the 'information commotion', which is the Internet. Patients who are able to do so will greatly enhance their Health Literacy rate and thus make the Internet an aid in enhancing their quality of life and achieving their Health goals.

Is sitting the new Smoking?

Sneha Shaji RN

Well, may be yes! But, what if this smoking is your only source of living & your income to your livelihood. In today's corporate world, most of us have a full time sedentary job. Little do we realize, we go from driver's seat to the office chair and then to the couch or bed, we spend more than 12 hours seated; which is wreaking havoc in our body, especially our vertebral column.

Here, I want to show you "how to smoke healthy," Interesting, right? What I meant by this idiom was, how do you create a healthy ergonomic workspace which can work wonders on your own body, keep you comfortable, injury-free and save your body from deteriorating day by day even if you have to work for a prolonged periods. In addition, how do you sit with a correct and healthy posture so that it does not adversely affect the normal curvature of your spine and cause unbearable pain?

As Benjamin Franklin rightly said, "An ounce of prevention is worth a pound of cure."

Some of you may not have realized how unfriendly your workspace is to your body, while others may have already started experiencing Repetitive Strain Injury (RSI) from an improperly set up chair & desk. A number of different factors can cause injuries (yes, even sitting at a desk), and they may not always be obvious). For example, slouching and keeping your shoulders tense can not only cause pinched nerves in your shoulders, but can also injure your wrists. If you haven't given a lot of thought to the comfort of your workspace, it's probably time to give it an ergonomic makeover. Here are the most important things you will want to go through and changeboth in your office hardware and in what you do when you're sitting and working for a prolonged period.

Your Chair must include:-

A comfortable seat: One of the most basic and obvious things you need is a comfortable place to sit. A hard chair isn't going to do you any good; a proper office chair is going to keep you much more comfortable. After all, you are spending hours at a time on this chair.

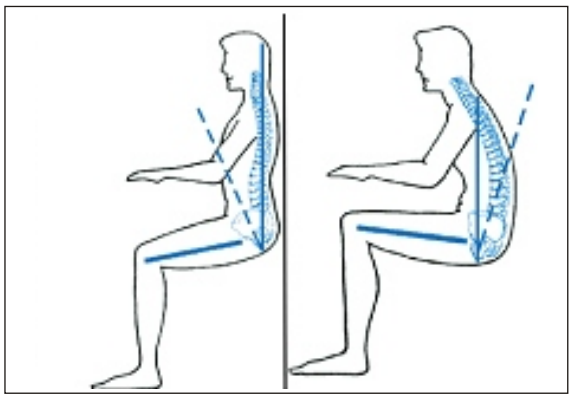
Armrests: To rest your arms when you aren't actively typing. They should be low enough that your shoulders stay relaxed and your elbow bends at around a 90 degree angle.

Adjustable seat height: Adjust your seat so that your thighs are parallel to the floor and your feet are flat on the floor.

Adjustable backrest: You should be able to adjust the angle of your chair's backrest. Generally, you want the angle to be around 90 degrees to keep your posture upright, the further back you go, the more likely you'll be tempted to slouch. You'll also want the backrest of your chair to have a lumbar Support to maintain the normal arch in the lower back.

Lumbar Support: You may have probably heard this term a lot, but may not know about its amazing purposes. The graphic below illustrates the idea well. On the left is a chair with no lumbar support and the right half has a lumbar support added on which perfectly supports the natural curve of our vertebral column and also keeps us from slouching and causing hunched back. Our spine is slightly curved inward, meaning the back rest of our chair should not be directly vertical. Instead, they should support our lower back by coming forward. You need that support if you don't want to mess up your spine.

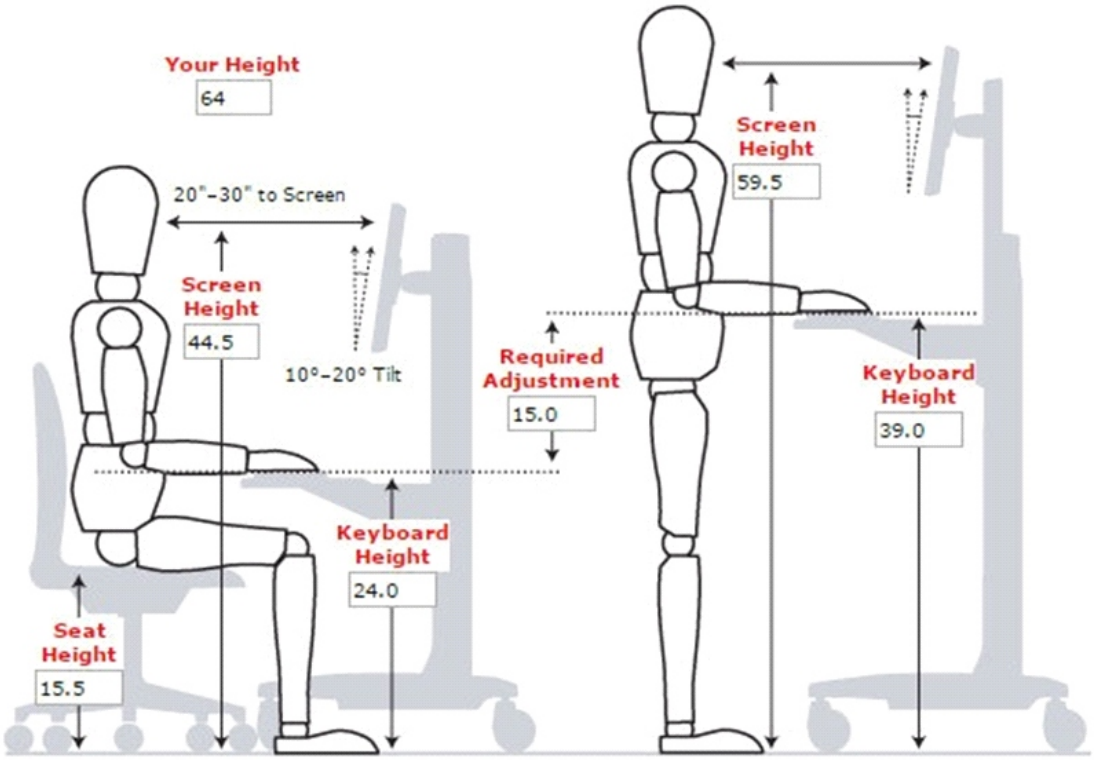
This invaluable lumbar roll with right density and size are treasured and sold at healing touch physical therapy. Just ask our front desk staff and we will provide you with further details.



The ability to swivel and/or roll around: A chair with wheels and the ability to swivel is actually more of a necessary feature than you may think. When you need to reach for items on your desk, you can put strain on your body by twisting and turning your back and neck. The ability to turn your whole body can do wonders as you can easily reach and see things without overly twisting your spine or head.

Your Desk: Just dropping your mouse, keyboard and monitor on your desk is not going to give you a healthy work setup. Here's how to make sure everything is set up in the right position.

Keyboard, Mouse and Monitor Placement: You want your mouse and keyboard to be close to you so that you can reach both comfortably without leaning forward.



If you've done everything right up until now, you're in a fairly good position: your keyboard should be directly in front of you and the right height is a 90 degree bend in your elbows, and your monitor should be at eye level.

The last thing you'll want to make sure is that the most important objects at your desk are easily reachable. You shouldn't have to reach for anything often, so use the space you have to store the things you need access often. Everything else can go in drawers or other parts of the office. The swiveling and/or rolling chair helps with this: if your chair swivels, you have a larger space for which things are in direct reach.

You Need to Make an Effort

It doesn't matter how "ergonomic" your hardware may be, you still need to be pretty mindful of your body when you work or you'll never reap the benefits of your properly set up workspace. Here are the things you'll want to pay attention to every day to make sure you're being good to your body and not messing it up.

A good posture can go a long way in avoiding chronic backache, headache, chest pain as well as shoulder, elbow and wrist pain. This is especially true for computer users like most of us who slouch in front of the computers for hours at a time.

When we talk about posture generally people thing about standing posture, a person standing up straight has a good posture and one with a slump has a poor one. But what people don't realize is that your posture is not just limited to the way you stand.

Good posture involves training your body to stand, walk, sit and lie in positions where the least strain is placed on supporting muscles and ligaments especially during movement or weight-bearing activities.

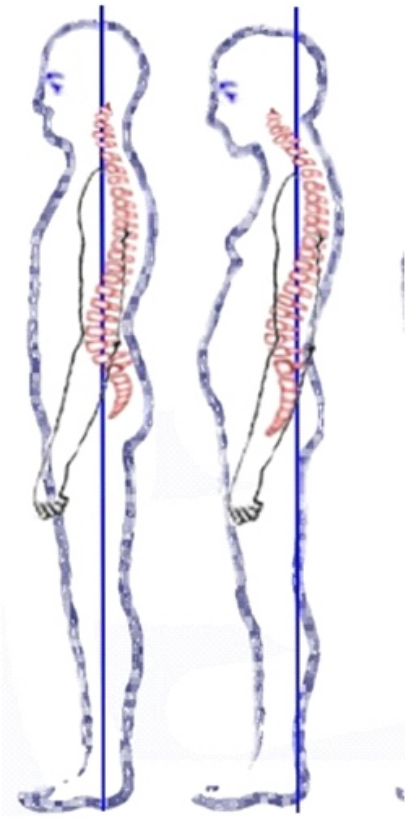
The Gradual Deterioration of Your Posture

How your posture looks today is a result of years of activity. Over time, the stress of poor posture can change the anatomical characteristics of the spine, and cause problems with muscles, discs, and joints, as well as leading to the possibility of constricted blood vessels and nerves.

If you are a tall person, you might a have slouched posture to avoid attention when in a group or while sitting in a class. In an exactly opposite situation a shorter person could have overstretched himself to look taller, resulting in a poor posture. And of course, most of us spend hours every day sitting at a desk where it's all too easy to let your posture slip. Over a period of time such habits have a long lasting impact on how our posture shapes out. Inculcating the correct habits can go a long way in avoiding chronic pain associated with poor posture.

Understanding Your Posture

The very first step in improving your posture is getting to know what exactly you might be doing wrong while you stand, sit, or walk. The best approach towards understanding whether your posture is healthy, is to observe yourself while you walk. Focus on the body movements from the head to toe.

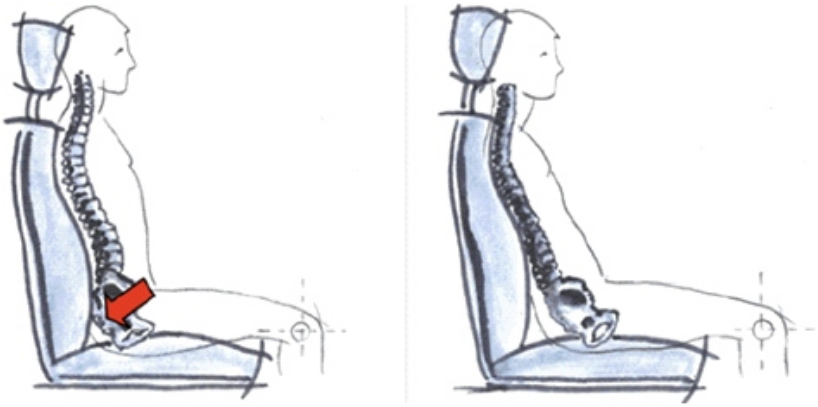


Make a mental note of posture and back support. This will help you identify the time and locations that tend to result in poor posture. A healthy posture is denoted by easy grace of walking while an unhealthy posture would look labored and disconnected. For some people, asking others to observe them while walking or sitting helps. Another way to check your posture is standing sideways in front of a mirror like you normally do, this will reveal a lot about your posture.

The Do's and Don'ts of Maintaining a Good Posture

While Sitting - For people whose work involves sitting at a computer for several hours, it is imperative to cultivate healthy sitting habits.

The spine is not designed to bear prolonged loads of weight in a static position, and this can cause complications to develop on the spinal column in the future.



When you sit on a chair, your lower back or the lumbar region of your spinal cord should get optimum support. A lumbar roll helps with this & will help maintain a good posture and avoid lower back ache in the long run.

While Standing - A lot of people have the habit of keeping their hands in their pocket while standing. Gradually this leads to slouching of the shoulders. While standing the proper way to maintain a good posture is to keep the hands by the side of the body. Keep a wide base of support so that your feet align with your shoulder.

To get an idea about how you are doing, stand against a wall. For most people everything except the head would touch the wall. This means you have room for improvement. Try and inculcate the habit of standing with your shoulders upright, which would help the head line up with the spinal column.

In addition, you should always make sure that you:

Don't slouch: this is an obvious one, but is pretty hard for some of us to remember. It can be a problem, if your back rest is too far reclined. You want to be sitting upright, with your back at about a 90- 100 degree angle to your legs. By setting your backrest at the above angle and making sure you sit back against it will make it easier to avoid slouching.

Keep your elbows close to your body and keep your wrists straight. This means you shouldn't be leaning to reach the mouse or keyboard. As mentioned before, if you experience pain in your wrists or elbows, it's probably because your mouse or keyboard is in the wrong position.

Keep your shoulders and back relaxed: tense shoulder and back muscles will cause all sorts of problems. Make sure they're relaxed, which is probably going to require you to not use the armrests when you're typing. Your keyboard should already be at the right level where you don't need to use the armrests even if it goes against your instincts.

While sleeping - Using a relatively firm mattress is a good idea, since it provides a better support to the body while sleeping. Sleeping on the back, instead of side can help improve your posture. When sleeping on your back, the spinal column gets complete support from the bed and the shoulders line up perfectly with the body.

what kind of pillow you use is an individual preference, but a flat pillow is better if you sleep on back most of the time and the opposite is true of you sleep on the side. You can also place one or more pillows below your knees when sleeping on the back to reduce strain on lower lumbar region.

Exercising - Getting up regularly from your chair or stretching in regular intervals can help relive the muscle fatigue. People who exercise regularly generally have a better posture than the ones who prefer sitting in one place for long period of time. So try and include an exercise schedule of 15-30 minutes in your daily schedule. Exercising your back and abs will yield great results eventually.

Take Breaks

It's no secret that sitting in one place staring at the same screen all day is bad for you. You want to generally take at least a five minute break from your screen every half to one hour. Taking those breaks will not only help mobilize your joints and your muscles, but also help relieve some of the eye strain you get staring at your computer all day.

Reduce computer caused eye strain with the 20-20-20 rule

Repetitive stress injury (RSI) and eye strain are common ailments among computer users. Follow the 20-20-20 rule to avoid eye strain - that is, every 20 minutes, take 20 seconds to look away from your screen, at something 20 feet away from you. Also, minimizing the glare with correct monitor placement helps avoid eye irritation.

These are a few, but most important tips for creating a healthy, comfortable workspace. They may seem simple or insignificant, but they'll make a world of difference.

As rightly said - Laziness Fuels more Laziness and Activity Fuels more Activity. So let us not sit ourselves to death; but be Active, Healthy and Wise.