

Jorge's Recipe Corner:
Southwestern Layered Bean Dip

One 16-ounce can nonfat refried beans
One 15-ounce can black beans, rinsed
4 scallions, sliced
1/2 cup prepared salsa
1/2 teaspoon ground cumin
1/2 teaspoon chili powder
1/4 cup Chopped jalapeño slices,
1 cup shredded Monterey Jack or Cheddar cheese
1/2 cup reduced-fat sour cream
1 1/2 cups chopped romaine lettuce
1 medium tomato, chopped
1 medium avocado, chopped
1/4 cup canned sliced black olives (optional)

1. Combine refried beans, black beans, scallions, salsa, cumin, chili powder and jalapeños in a medium bowl. Transfer to a shallow 2-quart microwave-safe dish; sprinkle with cheese.
2. Microwave on High until the cheese is melted and the beans are hot, 3 to 5 minutes.
3. Spread sour cream evenly over the hot bean mixture, then scatter with lettuce, tomato, avocado and olives

OTS celebrates its 19th year of serving the community on March 16, 2009!

OTS Birthdays:
February

- Kim (Reception)
- Teresa (Reception)

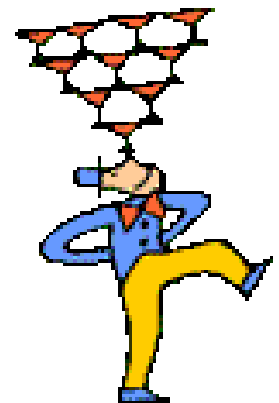
JULIE SWAN REJOINS OUR TEAM

Physical Therapist Julie Swan has rejoined the staff at Orland Therapy Specialists! Julie was employed with us previously until 2005 when she moved to Phoenix, AZ. She graduated from Marquette University with a Masters in Physical Therapy in 2003. We are again pleased to have Julie as a member of our professional staff. Please welcome Julie back to Orland Therapy Specialists.

FALL PREVENTION AND BALANCE

As we draw upon another cold and icy winter in the Chicago land area, we need to consider the fall risk for ourselves and our loved ones. Falls have many different causes, with the elderly population being at greater risk for the predisposing factors. Some of these risk factors include, but are not limited to: poor vision, orthostatic hypotension (low blood pressure), cognitive impairment, gait/balance disturbances, muscular weakness, degenerative joint disease of hips/knees/feet, peripheral neuropathy, bladder dysfunction, and polypharmacy (being on multiple medications).

The relative contribution of each risk factor differs according to the individual's underlying medical condition, functional level, and environmental circumstances (the presence of hazardous conditions such as poor lighting, slippery floor surfaces, cluttered pathways, throw rugs, and bathrooms without hand rail support). The more risk factors an individual has, the higher his/her risk of falling will be. Certain gait and balance abnormalities are good predictors of recurrent falls and include: difficulty with rising or sitting down, loss of balance immediately after standing, staggering on turns, and walking with short, discontinuous steps.



Goals of fall prevention are to maximize mobility, reduce the threat of falls and their complications, and maintain functional independence. Potential interventions are based on known risk factors and consist of medical, rehabilitative, environmental and behavioral approaches.

Medical risk factors can be assisted by assessing elders for a history of falls, regardless of whether injury results from a fall. Because alterations in balance may be the main complaint of many disease processes, it is important to identify and treat any new occurrences of lost balance. Because the risk of falling increases with the number of risk factors, modifying even a few factors may substantially reduce risk of falls.

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Did You Know?

- Every three days a human stomach gets a new lining
- Humans are born with 300 bones in their body, however when a person reaches adulthood they only have 206 bones. This occurs because many of them join together to make a single bone
- 37% of the American population have a herniated disc and are without symptoms.
- More people are killed by donkeys annually than are killed in plane crashes
- Serving ice cream on cherry pie was once illegal in Kansas
- The letter J does not appear anywhere on the periodic table of the elements
- The typical lead pencil can draw a line that is thirty five miles long
- The fear of peanut butter sticking to the roof of the mouth is called Arachibutyrophobia

PT CAN HELP WITH TMJ

Over ten million people in the United States suffer from temporomandibular disorders (TMD). Temporomandibular disorders are classified as a musculoskeletal condition resulting in craniofacial pain, functional limitations and disability surrounding the mouth and jaw. People with forward head posture are at an increased risk for developing TMD because of the muscular imbalances that develop from the improper resting position of the head on the neck. The muscles become overused, fatigued and painful during simple tasks such as eating and talking. Trauma, motor vehicle accidents and stress are also causes of TMD. Symptoms associated with TMD can include temporomandibular joint (TMJ) pain, decreased jaw mobility, joint clicking, headaches, neck pain, ringing in the ears, and mouth pain. Temporomandibular disorders may be the result of arthritic changes, disk dislocation, or guarding of the jaw muscles of mastication. The debate surrounding the effectiveness of surgical intervention for TMD has led many patients to seek conservative care for the management of their pain and associated loss of function. Conservative treatment options for TMD include occlusion correction with the use of intraoral appliances, orthodontics, and joint manipulation. Manual therapy directed at the TMJ combined with exercise has been shown to be superior to treatment with soft repositioning splint therapy from a dentist in the management of individuals with TMD. Physical therapy management of TMD often consists of manual therapy including TMJ and cervical/thoracic spine mobilization/manipulation, soft tissue mobilization, postural education/ergonomics, therapeutic exercises for neuromuscular stabilization of the TMJ, and physical modalities. With physical therapy treatments, you will experience normal mobility and function of the TMJ and neck. The ability to eat and enjoy larger morsels of food, chew gum, and talk for long periods of time will be restored. Your therapist will also instruct you on independent postural awareness techniques that will help you take control of your TMD for the future. The Physical Therapy staff at Orland Therapy Specialists has been trained in the evaluation and treatment of this painful condition and is prepared to assist with your rehabilitation.



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It is also important to review and adjust medications on a regular basis. It is recommended to consult your physician if new medications lead to confusion, sedation, and/or balance instability. Occasionally new medications may facilitate negative balance related side effects when combined with other existing medications. Contact your health professional if balance related issues are the result of a new medication.

Physical Therapy can assist with balance related limitations by providing exercises targeted to the patient's specific gait and balance impairments to improve balance and reduce risk of falls. Canes or walkers can also support ambulation and improve stability and provide reassurance to individuals who are afraid of falling. A Physical Therapist can also conduct a home safety assessment, can help eliminate hazardous conditions; especially in those elders with chronic mobility problems.