

Jorge's Recipe Corner:

Fruit Salsa with Cinnamon Chips

Ingredients

- 2 kiwis, peeled and diced
- 2 apples, peeled and diced
- 8 oz. raspberries
- 1 pound diced strawberries
- 2 TBSP Sugar
- 2 TBSP Brown Sugar
- 3 TBSP Fruit Preserves
- 10 flour tortillas
- Cooking Spray
- 1.5 Cups Sugar
- 1/3 cup Cinnamon

Directions

- In a large bowl, combine fruit, sugars and fruit preserves. Cover and Chill in refrigerator at least 15 minutes.
- Preheat oven to 350 degrees Fahrenheit.
- Coat both sides of each tortilla with cooking spray. Cut into wedges and arrange in single layer on large baking sheet. Sprinkle with cinnamon sugar. Lightly spray again with cooking spray. Bake 8-10 minutes, until golden brown. Allow 15 minutes to cool.

Visit us online at
WWW.ORLANDPT.COM

OTS Now Offers Help for Vertigo!

In Benign Paroxysmal Positional Vertigo (BPPV) dizziness is believed to be due to debris which has collected within a part of the inner ear. This debris can be thought of as "ear rocks", although the formal name is "otoconia". Ear rocks are small crystals of calcium carbonate derived from a structure in the ear called the "utricle." When an otoconia becomes dislodged from its normal resting position, it blocks the flow of fluid within the semicircular canal, which normally detects the heads position in space. Disruption of the movement of this fluid over hair cells can cause the dizziness associated with BPPV.



BPPV is a common cause of dizziness with about 20% of all dizziness being due to BPPV. While BPPV can occur in children, the older you are, the more likely it is that your dizziness is due to BPPV. About 50% of all dizziness in older people is due to BPPV. In a recent study, 9% of a group of urban dwelling elders were found to have undiagnosed BPPV.

The symptoms of BPPV include dizziness or vertigo, lightheadedness, imbalance, and nausea. Activities which bring on symptoms will vary among persons, but symptoms are almost always precipitated by a change of position of the head with respect to gravity. Getting out of bed or rolling over in bed are common problematic motions. Women with BPPV may find that the use of shampoo bowls in beauty parlors brings on symptoms. A Yoga posture called the "down dog", or Pilates are sometimes the trigger. An intermittent pattern is common in that BPPV may be present for a few weeks, then stop, then come back again.

There are several treatment option available for BPPV, with Physical Therapy being one option. In a recent study published in JOSPT, it was determined that there was strong evidence that a manual technique to the head and neck (also called the canalith repositioning procedure) resolved the patient's complaints of dizziness and nausea. Orland Therapy Specialists is now offering services to assist with patients dealing with dizziness associated with BPPV. If you or a friend/family member think you may be living with this condition, please call our office with any questions.

Did You Know?

- The temperature of fresh lava is 2,200 degrees Fahrenheit.
- The temperature at which sand turns to glass—2,800 degrees Fahrenheit.
- The temperature to which lightening can heat the air—60,000 degrees Fahrenheit.
- The temperature of the sun's surface is 10,000 degrees Fahrenheit.
- 136 degrees Fahrenheit is the highest temperature recorded on Earth at El Azizia, Lybia in 1922.
- The hottest pepper on Earth is the Bhut Jolokia, which registers a 1,001,304 on the Scoville Heat Index. A typical green bell pepper registers a 0 on the same index.

Receive
monthly email
updates by
providing us
your email ad-
dress!!

OTS Birthdays:

July:

- **Cara (Tech)**

August:

- **Ashley (Tech)**
- **Rachael (Office)**

September

- **Tala, PT**

The Cost of Managing Low Back Pain is Rising

Richard Deyo MD, the keynote speaker at the *American Academy of Orthopaedic Manual Physical Therapists (AAOMPT)* National Conference in October 2008, has again published data indicting the US approach to chronic back pain dramatically increases costs without improved outcomes. Deyo and colleagues reported in the January 2009 issue of the *Journal of American Board of Family Practice* the following staggering statistics:

- A 629% increase in Medicare expenditures for epidural steroid injections;
- A 423% increase in expenditures for opioids for back pain;
- A 307% increase in the number of lumbar magnetic resonance images among Medicare beneficiaries;
- A 220% increase in spinal fusion surgery rates.



The incidence of chronic and acute Low Back Pain, as documented by office visits, has not changed during the last 12 years. The application of these technologies is not without consequences Deyo et al noted, 'Innovation has often outpaced clinical science, leaving uncertainty about the efficacy and safety of many common treatments. Complications and even deaths related to pain management are increasing.' Indeed, the re-operation rates for low back pain have increased, not improved. The authors conclude that the 'Prescribing yet more imaging, opioids, injections, and operations is not likely to improve outcomes for patients with chronic back pain.' They note that these approaches often are applying an acute care model to chronic pain and not acknowledging the current evidence that chronic pain requires a different approach and that there are 'no magic bullets.' In a "chronic care model" chronic back pain, like diabetes or asthma, 'is a condition we can treat but rarely cure.' Deyo et al suggest the solution that 'chronic back pain may benefit from sustained commitment from health care providers; involvement of patients as partners in their care; education in self-care strategies; coordination of care; and involvement of community resources to promote exercise, provide social support, and facilitate a return to work.'

Tim Flynn, PT, PhD, former president of the AAOMPT states, 'The manual physical therapist is the health care provider uniquely trained to manage individuals with chronic low back pain. We utilize low risk, state-of-the-art care incorporating exercise, manual physical therapy, patient education and the application of the biopsychosocial model in managing this chronic condition. The Academy is dedicated to the application of current models for chronic pain management.' The recent AAOMPT conference in Seattle focused on current theories and practice of chronic pain management with international experts on pain management.