



SPOTLIGHT ON: ALLERGIES

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'TIS THE SEASON

When spring arrives, runny noses, sneezing, and watery eyes are sure to follow. Pollen is a "major player" when it comes to allergy triggers in the spring. In addition to maple, oak, and other tree pollens, there is grass pollen, and mold spores. Climate change has caused higher carbon dioxide levels and stimulated the amount of pollen that is produced by trees. This resulting condition causes more pronounced allergic symptoms during springtime. Since the highest pollen count occurs in the early morning, chronic sufferers may find relief by staying indoors during that time. Allergy medications may have to be taken on a daily basis during this season. If you have a difficult time with allergies during the spring, consult with your allergist. One best practice during "pollen season" includes avoiding using window fans. Use air-conditioning to cool your home. Keep your

windows closed and roll up your car windows when driving using the air-conditioning, if you need it. Dry clothing and bedding in the dryer and don't hang them outside.

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P.S. An allergy can turn into a sinus infection if untreated.



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Meniscus tear: a pain in the knee

By Jerry Moczerniuk, P.T., D.P.T.

In my previous article I wrote about one of the most common causes of knee pain and disability, knee osteoarthritis. In this article I wanted to discuss another common knee injury, a torn meniscus. Research has shown that MRI findings reveal a meniscal tear in 35 percent of people over the age of 50.

To understand the injury, you must understand basic knee anatomy. Our knee joint is composed of three bones, the tibia (shin bone), femur (thigh bone) and patella (knee cap). In between the tibia and femur lay two crescent shaped, wedged discs called the menisci. The menisci are made of cartilage (fibrocartilage), which allows for shock absorption of the knee.

A meniscus tear is defined as disruption or tearing of any portion of the meniscus. The anatomy of the meniscus is such that the outside third of the cartilage has a very good blood supply, whereas the inside two-thirds lacks blood supply. This is important to know because the outside portion of the meniscus has good chances of healing, whereas the inside part does not. Meniscal tears can be traumatic (sport/activity related), or degenerative (wear and tear over



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time). Tears in the menisci also vary in size, location, and in how much they impact the knee joint. Therefore, every meniscus tear can present differently and respond to different treatments. It is also important to consider that meniscal injuries will likely result in an inflammatory response, which in itself can cause pain and knee motion limitations.

A torn meniscus is commonly treated with arthroscopic surgery. In fact, more than 450,000 partial menisectomies are performed annually in the United States. Often times patients come into my office not knowing the difference between a meniscectomy and a meniscal repair. A meniscectomy is when a surgeon removes a part or whole meniscus, which may be causing pain and inflammation in the knee joint. A meniscal repair is different however. This procedure involves stitching the meniscal tissue in order to facilitate healing. Typically, with a true meniscal repair a patient will have weight-bearing limitations after surgery, may be asked to wear a brace and/or use crutches, and may have activity limitations for a longer period of time. The major difference between the two procedures is that meniscal repair preserves the carti-

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lage in the knee, however the recovery is typically longer.

When meniscus is worn away or surgically removed there is no longer a shock absorbing agent in that particular part of the knee joint. This allows for wearing down of the articular cartilage, and leads to early arthritic changes. Even though there are some consequences to a meniscectomy, the procedure may be necessary to ease the knee pain.

Physical therapy should be considered a great initial option for treatment of meniscal tears. In 2013, the New England Journal of Medicine published an article on physical therapy versus meniscectomy surgery for meniscal tears. Authors concluded that both physical therapy and surgery resulted in similar significant relief of knee pain and functional scores after six months. Physical therapy intervention consisted of modalities for pain and edema management, manual techniques, stretching, strengthening and stabilization exercises.



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Your physical therapist has many tools available to help patients with such knee injuries. After a thorough evaluation, a physical therapist can implement a plan of care to reduce pain, improve strength and stability, improve flexibility, and even facilitate healing of the joint, all of which are important in improving function, and more importantly improving a patient's quality of life.

Physical therapy intervention may reduce the need for injections, pain medications and surgery. Remember, in New Jersey you can be evaluated and treated by a physical therapist without a referral from your doctor.

Dr. Moczerniuk is a doctor of physical therapy, a member of American Physical Therapy Association, and a clinical director at db Orthopedic Physical Therapy of Manalapan LLC, located at 120 Craig Road, Suite 2. Dr. Moczerniuk can be reached at 732-462-2162 or via e-mail at Jerry@dborthopt.com. You can also find out more about the practice at www.dborthopt.com.



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