

SPOTLIGHT ON: ALLERGIES

Presented by

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FEELING TESTY?

Various tests involving either your skin or blood can determine if you have an allergy. For a skin prick test, a small amount of solution containing the suspected allergen is placed on the skin. Needle pricks or scratches allow the solution to enter. Ultimately, a raised and red, itchy area confirms a positive result, indicating an allergy to the substance. Should the test come back negative, an allergen solution may be injected into the skin to either substantiate or negate the original findings. A skin patch test requires a pad with the allergen solution be taped to the skin for up to 72 hours. Results determine if the skin is sensitive to the allergen (namely, if contact dermatitis exists).

If you have any concerns about an allergy you may be experiencing, seek professional

P.S. Allergy blood tests are often used on those who are unable to undergo a skin test.

help. Call us for an appointment to discuss various treatments and see if a skin or blood test may be appropriate. ALLERGY & ASTHMA CENTER has three convenient locations. We're located near you at 501 Iron Bridge Rd., Freehold, (732) 780-7807, 1 Bethany Rd., Bldg. 1, Suite 11, Hazlet, (732) 739-8787, and 15 South Main St. (Route 79) in Marlboro, (732) 303-8787. We provide you and your family with quality health care in a friendly and relaxed environment. We are a full-service medical center providing diagnosis and treatment of nasal allergies, hay fever, asthma, chronic cough, bee allergies, sinusitis, and food allergies.

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ON STAFF TO HELP YOU IN YOUR RECOVERY

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Dr. Moczerniuk is a 2009 graduate of Doctoral Program in Physical Therapy at UMDM.

Jerry Monaco, PT, OCS
Jerry Monaco, PT, OCS is a 2006 graduate of Quinnipiac University with a Master's degree in Physical Therapy and completed an Orthopedic Residency program at New York University in 2011.

Nicole Sanchez
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Nicole earned a Bachelor of Science in Applied Exercise Science from the University of New England.

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Osteoarthritis of the knee can be treated with physical therapy

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

The term osteoarthritis (OA) and arthritis have become common terms in our daily vocabulary. In my practice I hear patients using the term to describe all kinds of ailments. We seem to blame arthritis for everything including pain in the ankle, back, hips, knees, and even headaches, and at times that is absolutely correct. I do, however, feel that at

times there exists a misunderstanding of what OA is, and how it truly affects our bodies. In this article I will briefly discuss knee osteoarthritis as an example.



Health & Fitness

Arthritis is a term defined simply as inflammation of the joint (the junction joining two adjacent bones). Osteoarthritis typically involves joint inflammation secondary to bony changes/disease. Trauma, genetics, and degenerative processes all play a role in the development and progression of osteoarthritis. OA is common in weight-bearing joints such as the spine, hip and knee. It can, however, occur in any joint of our body.

Our knee joint is composed of three bones — the tibia, femur and patella. The ends of the femur and tibia are coated in a thin, smooth layer of hyaline cartilage (articular cartilage). In between the tibia and femur lay two thicker, crescent-shaped discs called the menisci. The menisci are made of a different kind of cartilage (fibrocartilage), which allows for shock absorption of the knee.

When trauma or degeneration wears away, the menisci there is no longer a shock-absorbing agent in the knee joint. This allows for wearing down of the articular cartilage, and eventually bone will rub against bone. As a result, a person may experience pain, swelling, and even bone spur formation. Presence of osteoarthritis in the knee can also lead to weakening and stiffness of the surrounding musculature, and may affect normal walking pattern.

The severity of osteoarthritis varies depending on the extent of the joint damage. Symptoms can also vary depending on the extent and the location of the damage. In severe osteoarthritis of the knee, there are extensive changes to the surface of the bones. I sometimes describe it a two pieces of sandpaper rubbing against one another. This can be debilitating to patients. And in such instances there may be limited response to conservative care. Mild or moderate arthritis can, however, respond very well to conservative care. Furthermore, mild to

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moderate OA can be managed to slow down or even prevent progression of the arthritic disease process.

Physical therapy has many tools available to help patients with knee osteoarthritis, as well as OA of many other joints. 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 these are important in improving function, and more importantly in improving a patient's quality of life. Many research studies have confirmed effectiveness of physical therapy interventions in the treatment of osteoarthritis of various joints.

Being proactive and seeing a physical therapist early may reduce your need for injections, pain medications, and can significantly improve your quality of life. Remember, in New Jersey you can be evaluated and treated by a physical therapist without a referral from your doctor.



Health & Fitness

Dr. Moczeriuk 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. Moczeriuk can be reached at 732-462-2162 or via e-mail at Jerry@dborthopt.com. For more information, go to www.dborthopt.com.

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