

FAQ How can I protect my knees while gardening? By Gary M. Zartman, M.D.

Knee arthritis and tendonitis are common issues that develop in the spring and summer months due to the various yard work that require kneeling. They can occur if you are putting long periods of pressure on the knee joint, especially after an inactive winter. Patellar tendonitis is an injury that affects the tendon connecting your kneecap (patella) to your shinbone. As tendons age they tolerate less stress, are less elastic, and are easier to tear, mainly because the sheet of the body tissue that covers the tendons has been naturally overused.

One of the biggest mistakes many gardeners make is the failure to stretch before and after gardening. Stretching after a long gardening session will guard against soreness and help prevent loss of flexibility. It is key to stretch the hamstring and the muscles in the back of the thigh. Another way to prevent pain is by visiting your local garden store to purchase a foam kneeling pad, preferably one that includes a handle to help you stand up. Invest in a hoe or other garden tools that will prevent the need to kneel or stoop.



If you do experience pain in your knees after gardening or doing other yard work, try taking Aleve once or twice a day to reduce inflammation and get ample rest to give your knee plenty of time to heal. See your orthopedic knee sub-specialist if symptoms do not improve after several weeks of self-care.

FAQ - How can runners steer clear of injuries this time of year?

By Mark K. Perezous, M.D.

Running and jogging injuries are very common this time of year as people start to become active again and take advantage of the extra hours of daylight. Those that took a break from activity over the winter months often expect to get right back into the swing of things, running at the same level they left off at last fall. Unfortunately for them, this is the time when they are most vulnerable to injury.

Running injuries most often occur when running is resumed after returning from an injury, when increasing running speed, when increasing running distance, and during the initial 4 to 6 months of running. Training errors are very common, as people often don't stretch properly. An increase in running uphill can often cause injury as can running on rough road surfaces and concrete.

You can do a lot to prevent injury simply by following a regular stretching program. Some light stretching before you run and fifteen minutes of stretching afterward will go far. Also be sure that your shoes aren't worn out and that you have the right model. The wrong shoe can actually aggravate existing problems, causing injuries in your feet, legs, knees or hips. The key approach to treating running injuries includes rest or modification of activity to allow healing and reduction of inflammation. A gradual return to running can be allowed after flexibility, strength and endurance has returned. If pain still persists after several weeks of self-care, see your orthopedic sports medicine sub-specialist for a proper diagnosis.

FAQ – What is ITB Syndrome?

By J. Paul Lyet, M.D.

Iliotibial band syndrome, or ITB Syndrome, is a soft tissue condition that commonly occurs this time of year when people take to the outdoors and suddenly increase their level and intensity of activity. The iliotibial band (usually called IT band) is a thick band of fibrous tissue that originates from the pelvic rim (waist) and extends along the side of the thigh terminating just below the knee. Its purpose is to provide protection and support to the hip and thigh. ITB Syndrome is caused by excessive friction between this iliotibial band and your hip bone prominence (greater trochanter), which in turn inflames the bursa (a fluid filled sac) that functions as a cushion between the two. Pain is typically felt on the side of the hip and is exacerbated by movement and often relieved by rest or inactivity. Those who are taking their exercise routine outside after spending more sedentary winter months on indoor equipment are at risk for developing ITB Syndrome because of the challenge of increased hip stresses such as powering a bike harder and running or biking on varying terrain. Another time of increased risk is after periods of relative inactivity or recuperation, times of extended limping (from any cause) or after long bouts of low back pain.

Hip abductor weakness is of paramount importance in Iliotibial Band Syndrome and a good strengthening plan is the key to recovery. Take adequate time off to reduce bursal inflammation and rehabilitate by performing hip abductor (side lifting) exercises. It is also important to keep your knees apart while sitting, and to avoid crossing the knees and ankles as these preventative measures dramatically reduce the IT band pressure on the peritrochanteric bursa.

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FAQ - How can baseball and softball players avoid shoulder injuries?

By Joy L. Long, M.D.

Throwing in baseball and softball puts tremendous stress on the shoulder, regardless of the age of the athlete or the frequency of play. Although they are at higher risk, pitchers are not the only ones who suffer from shoulder pain after a practice or a game. Repetitive overhead throwing from the outfield or the catcher's position can lead to chronic or acute injury, or even a progressive structural change. A common condition in which throwing athletes develop stiffness and pain is glenohumeral internal rotation deficit (GIRD), which involves restricted shoulder range of motion due to muscular and capsular tightness. Excessive GIRD is associated with overhead throwing and can predispose to injury.



To prevent loss of internal rotation in the throwing arm, it is important to stretch before every practice and game, regardless of whether you are a high school athlete or an older adult playing in a church softball league. If you are a high school athlete, see your athletic trainer to learn specific stretches to prevent stiffness from occurring. If you already suffer from shoulder pain, non-operative treatment is usually effective with a good physical therapy program. These programs work by halting and possibly reversing any damage to the affected shoulder. It is important not to let shoulder pain and stiffness persist as stiffness can lead to other issues such as bursitis and tendonitis.

FAQ - What is tennis elbow?

By David G. Kuntz, Jr., M.D.

Tennis elbow (lateral epicondylitis) is one of several overuse injuries that can affect your elbow. It is the result of repeated contraction of the forearm muscles that you use to straighten and raise your hand and wrist. The repeated motions and stress to the tissue may result in inflammation or a series of tiny tears in the tendons that attach the forearm muscles to the bone at the outside of your elbow.

As the name tennis elbow indicates, playing tennis — particularly, repeated use of the backhand stroke with poor technique — is one possible cause of the condition. However, any activity that involves repetitive twisting of the wrist, including painting, raking, or weight lifting, can lead to this condition.

At the early stages of tennis elbow, you will feel a bit of soreness and dull ache whenever you move or twist your joint. Many people experience this soreness and tend to ignore this pain thinking that it will simply come to pass. However, the more you ignore the pain and still continuously use your already injured arm, the worse it is going to get. The pain of tennis elbow occurs primarily where the tendons of your forearm muscles attach to the bony prominence on the outside of your elbow. Pain can also spread into your forearm and wrist. Uncommonly, surgery is needed for this condition. Non-surgical treatments should include plenty of rest, physical therapy and nonsteroidal anti-inflammatory medications to relieve pain and swelling. A tennis elbow brace should be worn to protect the tendon while it is healing, especially when returning to activity. Steroid injections should be avoided. Left untreated, tennis elbow can result in chronic pain — especially when lifting or gripping objects. Always see your orthopedic upper extremity sub-specialist if the pain still persists after self-care measures.

(continued from front)

FAQ – What is IT Band Syndrome?

Sleep on the unaffected side of your body with a thick pillow between the knees to minimize internal pressure on the bursa by the ITB. Return to your activity very gradually, otherwise ITB Syndrome may become chronic and recurring. Over time, chronic bursitis may cause irreparable damage to the hip abductor muscles and overlying ITB. Physical therapy and ITB stretch rehab combined with the use of anti-inflammatory medication for 2-4 weeks may help to reduce the bursal irritation and should be considered supplemental to the measures noted above. When indicated, a cortisone injection into the bursa may be required to reduce bursal inflammation in selected difficult cases. In severe cases, surgical bursectomy and repair of damaged tissues may be helpful. As with most medical conditions, early identification and treatment is key for a speedy recovery.



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FAQ - How can I minimize arthritis flare-ups in the spring?

By Wayne R. Conrad, M.D.

During this time of the year it is common for arthritic knees to flare up as people start to increase their activity. With yard work and other household chores comes twisting and turning; often, too much strain is on the knees. Even taking a walk outdoors can cause pain if you are walking on rough, uneven terrain. It is important to be aware of how much stress you are putting on your knees and whether or not you are overusing them.

Regular exercise (especially during those inactive winter months) can improve flexibility and range of motion in people who have knee pain due to osteoarthritis, and it may lead to a reduction in discomfort. Knee exercises strengthen leg muscles that support the damaged joints. Exercises that work the quadriceps muscles are critical because this is the muscle group that moves and straightens the knee. Try taking ibuprofen before or after activities to prevent flare ups and ice the knee if you are experiencing any discomfort. If pain persists, make an appointment with your orthopedic knee sub-specialist to discuss whether or not a cortisone injection may be helpful in your case.