



MARCH 2024



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IS STRESS THE REASON FOR YOUR ACHING NECK PAIN?

ProClinix Chiropractor Dr Stefanie Tropea utilizing Active Release Techniques

ALSO INSIDE

- Understanding Nicole's Neck Pain
- Pelvic Float PT Article



PROCLINIX
SPORTS PHYSICAL THERAPY
CHIROPRACTIC

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IS STRESS THE REASON FOR YOUR ACHING NECK PAIN?

Does stress cause neck pain? The short answer is no! At ProClinix Sports Physical Therapy & Chiropractic, we like to say “contributes to” instead of “cause.” The casual way healthcare professionals throw around terms can lead to confusion and, worse still, ineffective treatment.

Fortunately, our highly skilled team of physical therapists, chiropractors, massage therapists, and acupuncturists know how to dig deep and find the root cause of your neck pain—then use this information to help you find relief!

Let’s discuss a 40-something-year-old working mother of three whom we’ll call “Nicole.” Nicole was used to being very active, balancing her work schedule with getting her kids to all the various activities and school functions that come with being a mom nowadays.

Her neck pain first started as a crick in the neck when she woke up one morning. As the day progressed from driving her kids around to sitting at her desk, she noticed turning her head became more difficult and painful, making focusing on work nearly impossible.

Nicole struggled to figure out why her neck started hurting and came to the conclusion that stress “must be” the culprit. The more pain and difficulty moving she had, the more convinced she was that stress was to blame.

UNDERSTANDING NICOLE’S NECK PAIN

One of the most common things we hear from our patients is that their pain started for “no apparent reason.” Like Nicole, people will wake up with a crick in their neck or notice a stiffness turning when driving in the car. It is also common for people to notice tightness in their upper back and neck after a long day.

So, what is actually the source of the pain? In most cases, there is an issue with the neck joints or the neck muscles due to prolonged positions. Our neck joints don’t like remaining in any position for extended periods. In Nicole’s case, she first noticed her pain in the morning, which may have been related to her neck position while sleeping. It is also important to note that in Nicole’s case, the first sign of any issue was in the morning when she woke up, unrelated to stress.

As Nicole’s day progressed, her pain got worse. But this also was more likely related to how she held her neck while driving or sitting at her computer. In both cases, her posture, specifically how she held her neck, seems to have contributed to her pain. Prolonged sitting can lead to a forward head position, resulting in tension to soft tissue (i.e., muscles, tendons, and ligaments) or negative changes to our blood flow.

The muscles of our neck function best when we move them. So, holding her head in one position likely led to irritation of the muscles and affected her ability to move her neck, which in turn caused stress.

Continued inside >>

ARE YOU LETTING YOUR PAIN HOLD YOU BACK? CALL TO SCHEDULE YOUR APPOINTMENT TODAY!



Continued from outside >>

Stress "contributes" to neck pain because, when we experience stress, our bodies naturally respond by tensing up as a protective measure. This tension can lead to discomfort, particularly in the neck and upper back region. Research studies have found that individuals with higher stress levels reported increased neck pain as compared to those with lower stress levels. This is why we say "contributes" to, but not the cause of, neck pain.

HOW OUR MULTIDISCIPLINARY APPROACH CAN HELP ALLEVIATE NECK PAIN

We will target the source of your pain by performing a thorough examination, starting with your medical history and details about how, when, and where your symptoms began. As we saw with Nicole, determining how, when, and why the pain started helps us eliminate possibilities and get to the actual root cause(s).

We will also analyze your posture and movement to identify any limitations or restrictions contributing to your condition. We'll use this information to design a program that addresses your specific needs.

Our treatment plans focus on relieving your pain and improving your posture, mobility, strength, etc., educating you about managing your symptoms. Your program may include the following:

- Manual therapy (i.e., soft tissue work and/or joint mobilizations)
- Spinal adjustments, especially in the cervical spine
- Massage therapy or acupuncture for pain relief
- Targeted stretches and exercises
- Activity modification
- Posture recommendations.

We'll listen to your unique situation and specific issues and then work to help you find relief and get back to your normal routine.

BOOK YOUR APPOINTMENT TODAY!

If you're dealing with neck pain or looking for someone to help you figure out what is causing your issues, call us today and set up a consultation!



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RACHEL WRIGHT PELVIC FLOOR SPECIALIST



Dr. Rachel Wright earned her Doctorate of Physical Therapy from New York University. Dr. Wright has extensive experience in Orthopedics and Sports physical therapy and obtained a specialization in pelvic floor dysfunction and obstetrics through the APTA.

Dr. Wright also treats conditions including urinary incontinence or frequency, interstitial cystitis, dyspareunia (pain with intercourse), diastasis recti, coccyx pain/dysfunction, constipation, pubic symphysis pain, and pelvic organ prolapse.



PELVIC FLOOR PT

**Pelvic Floor Physical Therapy
The Provider You Should See at Six Weeks Postpartum**

By: Rachel Wright, PT, DPT, CSCS

After birth, it is customary to see an OB/GYN 4-8 weeks postpartum. At this visit, individuals who gave birth are cleared to return to all activities including intercourse and all forms of exercise. Yet, the postpartum body is not necessarily ready for all these activities at this time, which is where the pelvic floor PT comes in.

First, we want to think about what has happened to the pregnant individual's body during pregnancy itself. Relaxin, the hormone that allows for laxity in the ligaments to allow for the baby to travel down the birth canal, causes ligamentous laxity throughout the entire body. Relaxin is still released while women are breastfeeding causing continued laxity throughout the joints of the body in the postpartum phase. Due to relaxin pelvic ligaments loosen and the sacroiliac locking mechanism becomes less effective causing strain on the SI joints. The ribs flare laterally to allow more room for the baby. With a growing belly, the center of mass is translated forward causing increased lumbar lordosis and increased stretch on the abdominals. Increased lumbar lordosis results in increased shearing forces through the lumbar spine as well as increased work of the lumbar extensors. The linea alba stretches causing a separation of the rectus abdominis and by full term, 100% of pregnancies result in diastasis recti abdominis (DRA.) The pelvic floor muscles themselves must work harder than usual to support the weight of the growing baby, setting the stage for pelvic floor dysfunction postpartum.

Many symptoms can indicate pelvic floor dysfunction during, after, and even years after pregnancy. Urinary leakage, or incontinence, is not normal postpartum, or at any time in life. Due to increased pressure on the pelvic floor during pregnancy, individuals often have decreased strength of the pelvic floor postpartum which can lead to urinary incontinence. Additionally, instrument assistance or tearing of tissue can cause trauma or damage to the pelvic floor muscles also resulting in urinary incontinence or leakage. It is important to remember it takes a full 6 months for connective tissue

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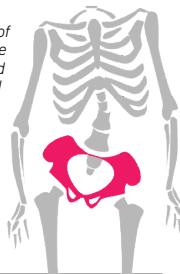
to restore completely postpartum, which is why it is pertinent that individuals do not rush back into high-impact activities too quickly. In the bigger picture, incontinence is an issue because it impacts an individual's quality of life and is seen by many as a barrier to returning to exercise postpartum. With proper muscle training (under the guidance and supervision of a pelvic floor PT,) whether it is learning how to contract the pelvic floor properly, or even learning how to relax the pelvic floor muscles, symptoms of incontinence can significantly improve, and individuals can get back to all types of exercise.

Pelvic organ prolapse (POP) is a downward displacement of the pelvic organs into or through the vaginal or anal canal causing a full, heavy sensation through the vagina or rectum, or even back pain. POP can happen immediately postpartum or several years after childbirth. Compromise to the levator ani muscle complex and collagen weakness increases the risk for pelvic organ prolapse. Pelvic floor muscle training has shown to be an effective way to reduce symptoms of pelvic organ prolapse as well as decrease the stage of pelvic organ prolapse in middle-aged women as they go through menopause when there is an intrinsic weakening of the pelvic floor muscles. Additionally, POP can be caused by muscular tightness and therefore applying myofascial release (by a pelvic PT) to taut tissue has been observed in various studies to improve tissue elasticity and reduce downward pull on the pelvic tissue allowing the pelvic organs to move to their natural position through the course of treatment.

Dyspareunia or painful intercourse is one of the most common, and least talked about, postpartum symptoms, with many potential causes. At 18 months postpartum 24% of individuals reported dyspareunia. Physically there can be scar tissue, poor anatomical reconstruction following perineal trauma, and vaginal dryness due to increased prolactin and decreased estrogen when breastfeeding. Psychological causes include traumatic birth experiences, anxiety, and postpartum depression. Surprisingly, there is an increased risk for dyspareunia following Cesarean birth as compared to vaginal birth. A pelvic floor PT can help address this by working on the coordination of the pelvic floor muscles and the diaphragm to help relax the pelvic floor. Internal manual therapy can be used in conjunction to pinpoint the exact muscle that has increased tension. Pelvic PTs also have various tools such as wands and dilators that they can educate patients on, to assist their treatment while at home.

While these are just a few of the pelvic floor conditions that an individual can present with postpartum, or even if they are not postpartum, it is beneficial to see a pelvic floor physical therapist to assess the pelvic floor postpartum. If you have any of the symptoms discussed above or want to return to exercise and your pre-baby activities, you should consider booking an appointment with a pelvic floor PT.

Dr. Rachel Wright, PT, DPT, CSCS earned her Doctorate of Physical Therapy from New York University. She has extensive experience in Orthopedics and Sports Physical Therapy and obtained a specialization in Pelvic Floor Dysfunction and Obstetrics through the APTA. Dr. Wright also treats conditions including urinary incontinence or frequency, interstitial cystitis, dyspareunia (pain with intercourse), diastasis recti, coccyx pain/dysfunction, constipation, pubic symphysis pain, and pelvic organ prolapse. For more information about this article or services, she can be reached at rwright@proclinix.com. Visit our website www.proclinix.com.



WHATEVER YOUR NEEDS, PROCLINIX CAN HELP!

At ProClinix Sports Physical Therapy & Chiropractic, we offer a wide range of services to be sure that your needs are met!

Our services include:

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- Graston Techniques
- Acupuncture
- Trigger Point Injection
- Chiropractic services
- Massage Therapy
- And More!

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