

VIENNA CHIROPRACTIC ASSOCIATES NEWS

January-April 2014

407C Church St NE, Vienna VA 22180

www.neurologicalfitness.com

703-938-6441

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HOURS:

MWF: 10AM-1PM & 3PM-7PM

T: 10AM-1PM

Sat: 9AM-12 Noon

CALENDAR:

**Jan 3: Office Reopens...Happy New Year!
4, 18: Saturdays Open
27: Chiropractic Independence Day**

**Feb 1, 15: Saturdays Open
24: Chiropractic Independence Day**

**March 1, 15, 29: Saturdays Open
17: Chiropractic Independence Day**

**April 12, 26: Saturdays Open
28: Chiropractic Independence Day**

**May 17, 31: Saturdays Open
19: Chiropractic Independence Day
26: Memorial Day, office closed**

**June 14, 28: Saturdays Open
16: Chiropractic Independence Day**

CONCUSSION FACTS

You Don't Have to Hit Your Head to Hurt Your Brain. Many people think you have to get knocked out by a direct blow to the head to suffer from a concussion (also known as minimal traumatic brain injury, or mTBI). In fact, there is now widespread scientific consensus that an injury to another part of the body can transmit enough force to the head to cause concussion. Therefore, all sorts of trauma, including sports injuries, assaults, slip-and-fall incidents and whiplash can all cause concussion.

What Are the Symptoms of Concussion? Concussion can disturb many different parts of the brain at once, so the list of related symptoms can be very long. The most frequent symptoms are headache, balance and coordination problems, visual disturbances, deficits in attention and memory and slow reaction time.

If Someone Has a Concussion, Should They Go to the Emergency Room? If severe symptoms are present, an emergency room visit is advisable. This would include headaches that become worse, seizures, an inability to wake up, repeated vomiting, slurred speech, failure to recognize familiar people or places, or increasing confusion and/or irritability.

If the concussion victim lives with a responsible adult, they should be observed for any of the above red flags for a 48-hour period, because not all concussion symptoms occur

immediately. If there is no responsible adult at home, hospital observation for this 48-hour period is wise.

What Is the Treatment? For the first few days, the most important thing is rest. This means not only physical rest, but also cognitive rest (resting your mind). Difficult school or work assignments, reading, computer games, and all other information-intensive activity should be avoided until the concussion symptoms begin to calm down.

After that, special accommodations may be required in terms of work, school, sports, driving, and other activities. Your health care provider should play a key role in arranging these accommodations.

If symptoms last more than 10 days in adults or 4 weeks in children or adolescents, an in-depth evaluation by a specialist may be required. This may include a vision examination by an optometrist or ophthalmologist, a battery of cognitive tests by a neuropsychologist, or other types of assessment, depending on the nature of the symptoms.

What Does Any of This Have to Do With Chiropractic Care? Almost every concussion involves spinal trauma as well, whether from the original injury or from the body trying to adapt and heal. These trauma cause spinal misalignments/restrictions with nerve irritation, also known as vertebral subluxations. Clinical research indicates that chiropractic correction of subluxation can help people with headache, balance and coordination problems, attention deficit, and slow reaction time. Our post-injury evaluation will take both concussion and spinal subluxation into account.

Doctors of chiropractic can certainly work with cooperative coaches, school officials and work supervisors to set up accommodations relevant to the individual's situation. If symptoms last longer than expected, we can refer you to a specialist for in-depth evaluation and co-management.

Is There Anything I Can Do Before a Concussion Occurs? Yes, it would be very useful to have annual baseline measurements of reaction time, balance, attention, and visual function. Should you have a concussion, these baseline measurements will enable us to compare your post-injury examination results to your baseline, rather than some "average" or "normal" value that may be very different from your "personal normal".

The value of an annual baseline examination should be obvious for participants in competitive contact sports and members of law enforcement and military units. More generally, any one of us can experience a slip-and-fall injury or a whiplash accident.

As we are writing this article, we are in the process of developing a baseline examination. It should be available in February, 2014. Please let us know if you are interested in this service.

How Do I Find Out More? Dr. Masarsky offers lectures and workshops on health-related topics through the Northern Virginia Community College's Speaker's Bureau. He would be happy to set up a class on concussion for your business, congregation, or community organization. For further information on this service, see the article, "Need a Speaker?" in our previous newsletter, available at this link:

<http://www.neurologicalfitness.com/newsletr/Oct-Dec2013.pdf>

SNOW AT 407C CHURCH STREET NE

In most cases, we'll be open! Obviously, in the case of 7 or 8 inches, we might be a little hard to find in person, but most of the time we'll be here. We do make sure that in the event of heavy snow or ice overnight we are in a position to call everyone scheduled for the next day to let them know we will either be closed for the day or will open later than usual. We can reschedule your appointment at that time. Please make sure we have both a current phone number and email address for you so we can reach you. If snow gets heavy during the day and we decide it makes sense to shut down early, we'll let you know as long as we can reach you.

What can you do to help? If you decide to leave work early or stay warm under the covers and this decision means giving up your appointment, please let us in on your change of plans. This way, we can find you an appointment at another time so your care isn't totally disrupted and you avoid the missed appointment fee. It may also keep us from waiting for you long after it's safe to get on the road. If you're planning on coming and want to make sure we're open so you don't make an unnecessary trip in bad weather, call us at: 703-938-6441 to check. We'll all be safer and happier.

(Re)Discovered! A New Ligament

If you think we've discovered everything there is to know about human anatomy and physiology, guess again. Every few years, whether through new dissection techniques, a reconsideration of an old hypothesis or just plain curiosity and research design, we come up with something new. The newest discovery (at the time of this writing) is a new ligament in the human knee. In June 2013, a microlayer in the human cornea was discovered, making many eye surgeries simpler and safer. Now, we're pleased to tell you about the (re)discovery of the anterolateral ligament (ALL) by Drs. Steven Claes and Johann Bellemans of the University Hospital Leuven (Belgium). Originally hypothesized to exist by Dr. Paul Segond (France) in 1879, the ALL stabilizes the anterior cruciate ligament (ACL) in the knee. Its existence helps to explain why many people who have had their ACL surgically repaired often exhibit instability and pivot shifts during activities that involve certain knee rotations.

The ALL goes from the outer/lower side of the femur (thigh bone) to the front of the tibia (the larger of the two bones in your lower leg).

The rediscovery of this ligament is a great start. Now, science gets to search for the answers to such questions as "How likely is this ligament to suffer injury and when?" "Can it be repaired once damaged?" "Can it heal properly with conservative care?" "Knowing, at least in part, the function of this ligament, what can be done to support and strengthen it to avoid injury?"

ANATOMY LESSON: What's a Ligament?

A true ligament is a fibrous band of tissue that runs from one bone to another, forming a joint. (There are folds of tissue that support structures that are named as ligaments, but they lack the fibrous texture and joint forming presentation that would define a true ligament.) It is a mechanical reinforcement for that joint. A ligament can shrink or contract under tension and return to its normal form when that tension is gone.

However, they can only return to normal if the period of contraction is not too long. For this reason, it's important to correct dislocations and subluxations as soon as possible after they occur to give the ligament its best chance to return to its normal, healthy form. Lack of correction can cause the body to start laying down calcium in the ligament in an effort to strengthen it. This is called arthritis since joint inflammation is causing the body to deposit that calcium.

NO PRICE INCREASE THIS YEAR (AGAIN)!

Our fees for chiropractic adjustments have not increased since 2009. We plan no increase in the New Year. (One exception: If you are a Medicare patient, your fee for chiropractic adjustments may increase by a few cents, as mandated by federal law.)

This is one way we keep chiropractic health care affordable. If you are not familiar with our Chiropractic Independence Day and our program for returning war veterans, please visit our Oct-Dec 2013 newsletter:

<http://www.neurologicalfitness.com/newsletr/Oct-Dec2013.pdf>

THE ART OF SHOVELING

As we sit watching rain, not snow and being glad the last round of wintery weather has missed us, we acknowledge we may still be in for a healthy amount of shoveling this year. Should that happen, here are a few good things to remember:

PURPOSE: The final purpose of your exercise in the white stuff is to remove it from your (whole) car, sidewalk and steps without destroying yourself and anyone/thing else. If you find you're getting tired, stop for a few moments. The world will not end, and only your nearest and dearest would dream of calling you a wimp. It's even within the rules of the game to go inside and warm up a little if necessary. Strain and exhaustion are not necessary to this mission.

EQUIPMENT: The right tool always makes the job easier and more efficient. If you don't have a snow shovel, go get one right now. The newsletter and we will wait. You don't need to be playing Black Friday on the Plain to try to buy the last existing shovel in the hardware store next time there's enough snow to have to shovel it. Get one with the bend in the handle if possible, your spine will say "Thanks!". Your garbage can cover is not any better than your 10th next best choice. By the way, if you clean off the car right after it finishes snowing or even when it drops in its fury, your job will be much lighter than if you need to hack off globs of ice. If you can't get out there early on, give it awhile so it forms an icy crust over snow. This will also be easier to break up and slide off the car.

Cut the environment a break and pick up a few bags of ice melt, not salt, while you're at it.

CLOTHING: You lose heat through your head and extremities, so wear a hat, dry gloves and good socks. Flats with treads will round things out nicely. We understand there are people who can excavate an entire minivan wearing a chiffon dress and 6 inch heels, but we don't recommend it. If your shoes or gloves get wet, go inside and dry them or put on others before trying again. You don't need to fall off a spike heel and you don't need frostbite!

BODY USAGE: Try not to twist your back! Do lift with your legs. These two suggestions should save you a world of pain, even if you're digging out of a head-on parking lot space. Throw – or better yet, push – the snow ahead of you unless you are in your own driveway, in which case, without twisting, you will be throwing away the extra snow without putting it somewhere from which it'll have to be removed anyway.

COURTESY: Please don't throw the shovelfuls of snow into the street if you can possibly avoid it. The plows will just shove it into your parking space, making an extra high ridge. If it gets a chance to harden during the day while you and your neighbors are at work, you and everyone you live near will have a much harder time getting down the street and home. Another good place not to put the snow is on the sidewalk, creating mini ranges to climb even if the sidewalk's been cleared once.

Many of us live in places where all parking is head-on and the next car is parked, of necessity, very close to you. It's not easy, but try not to pile the snow you've just dug up against your neighbor's car or into the next space. Try to throw it onto the lawn or, if necessary, onto the curb strip. Hopefully, there will be places you can walk through to get onto dry ground. Without this bit of consideration, most of us will just find fewer usable spaces to go into when we get home. Someone may even be in the space you spent an hour clearing.

We can't guarantee that anyone else on your street cares about snow courtesy, but we do know that the snow doesn't necessarily bring out the best in folks. We figure any little thing we can do to protect that last nerve may go a long way in preventing neighborhood bad feelings or road rage, including people not worrying quite so much about how they are going to manage when they finally get home. This might even be a better health tip than "Lift with your legs and keep your feet dry."!

**VIENNA CHIROPRACTIC ASSOCIATES, PC
407-C Church Street, NE
Vienna, VA 22180**

Address correction requested

