



The M&M Motion Minute

Melissa Is Back!

I have returned to the work force once again!! I returned to work at the end of September and am working with a full load of patients now. I am working on finding the perfect balance of work and caring for two infants, so hopefully my schedule will work with everyone. Please excuse me though if you catch me yawning during the day – the kids don't always sleep though the night. Speaking of the children, they are doing quite well. Marvin is all

boy and weighs in at 16# 10 oz. and Amber is all girl and weighs in at 15# and 10 oz. Both have grown nicely and are sit-



ting and playing by themselves. They are rolling now and are working on crawling next. Then I am really in trouble. Both are explor-

ing the world of food and eating baby cereal, fruits and vegetables and we are working on meats. So far they have liked all the food they have tried and I haven't had it thrown back at me, yet.

So if you've been waiting for me to return, start the New Year off right and come on in. I work Monday through Friday with my late days on Mondays and Thursdays. I am looking forward to sharing with clients new and old the joys and trials of raising twins!

Spring Appreciation Picnic A special Thanks to our Patients and Physicians

We are happy to announce that we will again be holding our annual spring appreciation picnic. We have scheduled it for *Saturday, May 14th from 11a.m. -2 p.m.* We will be serving lunch with lots of home-made treats and goodies. We will again be holding a drawing for fabulous prizes as well.

So, save the date for an afternoon of fun!

We truly enjoy the opportunity to catch up with all of our past (and current) patients. We encourage everyone to stop by, even if you don't have time to stay for lunch, just to say hello and let us know how you have been.

We would like to offer each of you a personal *thank you* as we now approach our 4th anniversary here in South Milwaukee.



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M&M PT Can Help With:

- Fibromyalgia
- TMJD (tempromandibular joint disease)
- Headaches/ whiplash/ cervical pain
- Rotator cuff and shoulder injuries
- Golf/tennis elbow, carpal tunnel
- Low back pain, sciatica, sacroiliac pain, hip pain
- Knee/ankle injuries and disorders
- And More

The Glycemic Index—Simplified

If you have considered taking part in one of the latest low-carb diet plans to drop a few pounds for a new year's resolution, you have probably heard about the glycemic index (GI). There appears to be mounting evidence that the glycemic index can help us choose foods that will not only lead to weight loss but also improved health in general—on several fronts.

Simply stated, the glycemic index is a measure of how quickly carbohydrates affect the blood sugar. Foods that are low on the GI are broken down more slowly, and thus result in a more stable blood sugar level. High GI foods are broken down quickly, and result in quickly increasing blood sugar levels. These "spikes" in blood sugar stimulate our bodies to release insulin into the blood. Insulin then promotes the storage of this excess sugar as fat.

Eating more low GI foods also helps to decrease the cravings that cause so many diets to fail. It's the spikes and sudden drops in blood sugar levels that cause us to crave high energy foods that

spoil our waistlines. Maintaining a more even, consistent blood sugar level will help eliminate cravings.

In a WebMD article, Simin Liu, MD ScD reported links between high GI foods and risk of colorectal cancer, be-

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cause of the tendency towards insulin release. The study found that women who consumed the most high GI foods were 3-6 times more likely to develop colon cancers.

Getting back to weight loss... A study done by Harvard University researchers performed a fascinating test with rats and mice. They fed two groups identically proportioned diets—the same amounts of carbohydrates, proteins, fats, and fiber. The only difference was the type of carbohydrates. One group was given high GI carbs, the other low. The high GI group was found to have gained more weight with eating an

identical amount of food. They had increases in their blood sugars, lipids, and other disease risk factors according to the study. They doubled their body fat and had a reduction in lean body mass. They had signs of impending diabetes. This study even went on to switch the diets of the two groups, which resulted in a reversal of the adverse changes!

The bottom line is that the so-called "fad diets" over the last 20 years have led to some very good research, resulting in very reproducible and reliable information. It is becoming quite clear that utilizing the glycemic index can help us improve our health and our waistline.

For more information on the glycemic index, you can visit www.prevention.com or www.glycemic.com or www.hsph.harvard.edu/nutritionsource/carbohydrates.html.

Reference:

Gatti, Joanna. The Glycemic Index. Personal Fitness Professional. 24-27. Dec. 2004

Responding to the concerns over Vioxx and Celebrex that have shaken the pharmaceutical world in recent weeks, the Arthritis Foundation also advises arthritis sufferers to engage in a dialogue with their healthcare practitioners.

"This is an opportunity for people taking COX-2 inhibitors to have a discussion with their doctor about medications and other approaches to treat their arthritis," said Dr. John H. Klipfel, president and CEO of the Arthritis Foundation. "In addition, people should pay attention to the importance of exercise or weight loss in the management of arthritis."

In the meantime, the Arthritis Foundation urges caution in the use of COX-2 inhibitors in people at risk for cardiovascular complications. The Arthritis Foundation recommends that people considering or taking COX-2 inhibitors work with their doctor to determine a treatment plan for their arthritis that is best for their individual situation.

If you have been affected by changes in your arthritis medication as a result of the latest controversy, give M&M a call. Larry or Melissa will be happy to work out an individualized program for anyone who may want to try exercise to manage the pain from arthritis.

Exercise of the month: Bridge

If you have back pain, you can benefit from strengthening the muscles that control your spine. Trunk strength and coordination exercises are the "backbone" of lumbar stabilization programs. Here is a simple test to determine if you may have a flexibility or strength imbalance of your trunk musculature. Assuming that you have reasonably healthy knee and hip joints, you should be able to maintain a bridge with alternating knee lifts, with a perfectly level pelvis for 1-2 minutes. You should not feel your low back working or backward bending (extending). If you feel your back musculature working during this exercise, it's a sign that you may have a strength imbalance with your abdominal or other core musculature. If you feel your back extending, it may be a sign that your hip flexor musculature is too tight. A common problem in those of us with desk jobs!



Start by pushing equally through both legs to lift your buttocks. Keep your back from arching by tightening your abs.



Once you feel that your back is straight, and your abs are tight, raise one foot, focusing on preventing your hip from dropping. Continue by alternating sides.



In this picture, her hip has dropped closer to the floor. The difference is subtle, but you must prevent this from occurring.

Repeat the marching for 60 seconds. You should be able to perform this for 60 seconds without back pain. If you have back pain while performing this stop immediately—you need to start a lumbar stabilization and core strength program!

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FROM ANNE'S DESK

What's new in 2005? Effective January 1, 2005, Medicare has raised the annual Part B deductible from \$100 to \$110. Many insurance plans changed their deductibles, co-insurances and co-pays for 2005—please check your plan for possible changes.

The most frequently asked question from our patients is "What is the difference between a deductible, a co-insurance and a co-pay?" A deductible is the dollar amount of covered expenses that must be met and paid by the patient before the insurance plan starts paying for covered benefits. A

co-insurance is a percentage of the cost of a covered service that the patient must pay to the provider. For example, if your medical bill for services is \$200 and you have a 20% co-insurance, your responsibility would be \$40 and your insurance company would pay the remaining \$160. A co-pay is a fixed dollar amount (usually \$10-\$30) paid at each visit to the health-care provider, regardless of the cost of the service. A co-pay is usually paid at the time of service. Please be aware that all insurance plans are not the same, and may have different deductible, co-insurance and co-pays in relation to being in or out of network for a certain provider. Make sure you ask your providers if they are in or out of network before you make your appointment. If you have any questions or concerns regarding your coverage, feel free to contact Anne at (414)571-9146.