When it comes to your family’s health care, finding a doctor you trust is the first decision, and possibly the most important one you’ll make. If you’re looking for the best medical care available, you don’t need to go very far.

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A QUINTESSENTIAL FOCUS™ SPECIAL ADVERTISING SECTION
Smartphone App Encourages Good Health for Children

**SMARTPHONES TO PLAY KEY ROLE IN NEW EFFORT TO HELP CHILDREN ADOPT HEALTHY LIFESTYLES.**

Supported by a $145,000 grant from the Verizon Foundation, Alexian Brothers Health System (ABHS) is working with a technology company and community partners to develop a smartphone-based program to help 200 low-income children develop healthy lifestyles and avoid diabetes and other chronic diseases.

The yearlong program, which will be known as VAL’S PALS, is expected to launch in January 2015. (VAL’s is an acronym for Verizon, Alexian and Links Technology Solutions, Inc., the Schaumburg, Ill., technology company that is developing a customized smartphone application, or “app,” for the program.) The children who will be participating in the program are weight management patients at the ABHS Pediatric Endocrinology Clinic in Elk Grove Village, Ill. They range in age from 10 to 17 and are at high risk of developing diabetes.

“They are struggling medically and physically and a lot of them emotionally and financially, so they were an excellent population to reach out to,” says Kim Nowak, Outpatient Dietitian for Pediatric and Adolescent Weight Management at the clinic. “It will provide a great incentive for them to make some positive changes in their lives.”

Each VAL’S PALS participant will receive a complimentary Verizon smartphone and data plan. The smartphones will feature the customized app, which will allow participants to track their exercise, other activities and what they eat and drink daily. The app will show their progress toward individual goals based on monthly “healthy habit” objectives, such as limiting screen (TV, computer) time or eating more fruits and vegetables, Nowak says. The app also will include a competitive element, allowing the children to accumulate points and compete against other participants. “There will be a leaderboard,” says John Klein, Links Senior Solutions Manager, who is overseeing the development of the app. “The only way to compete effectively is to be a healthier person.”

Klein is leading a Links team that has been working closely with Nowak, her staff and community partners, such as school districts, park districts and YMCAs, to develop the app. Their mutual goal, he says, is “to promote fitness, get kids to eat healthier and utilize technology to make that more fun and thus engage kids more.”

The app will include a web portal through which Nowak and her team can communicate with participants and manage and track their personal data, such as their height, weight and body mass index. Links is using leading-edge encryption methods to protect patient confidentiality and comply with HIPAA regulations, Klein says.

The app also will include a web portal through which community partners can alert participants about customized activities designed to help them achieve their goals. The activities will focus on fitness, good nutrition and other aspects of a healthy lifestyle. These customized activities within the patients’ own communities set the app apart from other activity-type apps.

Every six weeks, community partners also will host VAL’S PALS “meet-ups,” at which participants can take part in fun activities and visit with Nowak and her staff to discuss their progress and have their weight and other measurements taken.

“We are thrilled and extremely grateful that Verizon Foundation has entered into this new partnership to take on childhood obesity – one of our most serious epidemics,” says Kevin Rath, Executive Director of Alexian Brothers Women and Children’s Hospital in Hoffman Estates, Ill.

ABHS is among “a select group” of Verizon Foundation grant recipients, says Andrea Meyer, a Verizon spokeswoman. VAL’S PALS “maps perfectly” with the Verizon Foundation’s philanthropic focus on healthcare for women, children and seniors, she says, adding, “We will be excited to see the results.”

**CONTACT INFORMATION:**
For more information about Alexian VAL’S PALS or the Alexian Brothers Pediatric Endocrinology Clinic call 847-479-1581.
Tooth wear is the progressive loss of tooth structure over time. Tooth structure can be diminished as teeth contact and rub against each other, through the exposure to acid containing material or foods, or with mechanical means such as tooth brushing. Tooth wear that is slow is thought to be part of the normal aging process. Rapid or pathologic tooth wear, however, is an abnormal process and can be a sign of potentially life threatening conditions.

Pathologic or rapid tooth wear has been often attributed to bruxism. Bruxism is defined as a parafunctional (outside normal function) activity that includes the clenching and grinding of teeth. Bruxism can occur both during normal waking hours and during sleep. When bruxism occurs during sleep, it is referred to as sleep bruxism and evidence today suggests that sleep bruxism is caused by micro-arousals. Micro-arousals occur when there is a change in sleep state from a deeper to a lighter stage of sleep. Sleep disturbed breathing and gastroesophageal reflux disorder (GERD) are both known to cause micro-arousals.

Breathing disturbances during sleep fall into three categories: snoring, upper airway resistance syndrome (UARS), and sleep apnea (SA). Snoring is produced in the upper airway from soft tissue vibration induced by air turbulence. UARS is characterized by airway resistance to breathing during sleep. During sleep, the muscles of the airway become relaxed and in doing so reduce the diameter of the airway. Ultimately, breathing becomes labored, and it is likened to breathing through a straw. SA is the repetitive cessation of breathing for greater than 10 seconds with a greater than 4 percent drop in blood oxygen saturation. SA is most commonly the result of an obstruction in the airway and therefore is referred to as obstructive sleep apnea (OSA).

Research has confirmed that OSA has been linked to serious medical problems such as cardiovascular disease, heart attack, stroke, diabetes, weight gain, cancer, depression, and dementia to name a few. As breathing effort increases in UARS and actually ceases in SA, the number of micro-arousals also increase leading to sleep bruxism. Sleep bruxism in UARS and SA are related to one’s attempt to develop a clear airway during a desaturation episode.

GERD is a medical condition where the acid in the stomach leaks into the esophagus. Some of the acid may then reach the oral cavity. This is an extremely destructive acid with a pH of 1 to 2. In comparison, dietary acids are greater than pH of 3. The stomach acid in contact with the tooth will literally dissolve or wear away the surface of the tooth. Typical symptoms of GERD are heartburn and regurgitation. When gastro-esophageal reflux occurs, the discomfort from heartburn and the sensation of regurgitation stimulate a swallowing reflex, which leads a micro- arousals. Again, this micro- arousal leads to sleep bruxism.

If left untreated, GERD can result in serious complications. Esophagitis can occur as a result of too much stomach acid in the esophagus. Esophagitis may cause esophageal bleeding or ulcers. In addition, a narrowing or stricture of the esophagus may occur from chronic scarring. Some people develop a condition known as Barrett’s esophagus. This condition can increase the risk of esophageal cancer.

Sleep disturbed breathing, sleep-related GERD, and sleep bruxism comprise a triad of related disorders known as the bruxism triad. Research suggests that there is a strong correlation between people with severe or pathologic tooth wear and the presence of the bruxism triad. So if you have tooth wear – beware. It may be that the bruxism triad exists, and you are at risk for the serious medical conditions that accompany it.

THOMAS JACKSON, D.D.S.
PERIODONTICS

Thomas Jackson, D.D.S., is advanced-trained in periodontics and periodontal prosthesis. Dr. Jackson is a board-certified periodontist and founder of the Chicago Center for Cosmetic & Implant Dentistry. He lectures national and internationally on issues relating to dental implants and cosmetics. Dr. Jackson is an associate professor at Northwestern University’s Feinberg School of Medicine. He may be reached at 847-842-6900.

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Vein Disease Is Not Just a Disease of the Elderly and Actually Is Inherited

My understanding of vein disease, and that of my physician peers, was about the same as the general public’s when I first began to practice medicine. It was essentially that varicose veins and venous hypertension were an older person’s disease and in the decade before someone retired, they would begin to experience varicose veins and then have them for the rest of their life. Much of what I believed about varicose veins was predicated on that long ago misunderstanding.

Now that the science of veins and vein disease has become a Board Certified medical specialty (Phlebology), the facts of the matter are known to be quite different. Vein disease is predominantly genetically inherited and actually begins to manifest, although not always visibly, in the mid – to late-teen years.

It is important to know this for several reasons. Early evaluation of venous flow in the legs of young adults, whose parents have vein disease or varicose veins, can prevent decades of suffering. The genetic chance of inheriting varicose vein disease from one parent with known disease is about 40 percent; if both parents have the problem, it can jump to almost 90 percent!

I have successfully treated 15- to 20-year-olds in my practice, who already had advanced vein disease. When treated proactively, even before varicose veins develop, almost a lifetime of pain, fatigue, swelling, cramping, and poor blood flow can be avoided, not to mention the prevention of cosmetic issues. Moreover, younger women can also avoid the sometimes debilitating pain and complications of blood clots during pregnancy via the same proactive screening.

THE MODERN TREATMENT OF VEIN DISEASE

In previous generations having to live with chronic vein disease was almost taken for granted. That’s because in those days treatments for varicose veins required anesthesia, a two-hour surgical intervention in a hospital, significant post-operative discomfort and were only successful about 50 percent of the time. And there was often a recurrence. No wonder many chose to live with the pain instead of having the surgery.

Modern treatment methods, however, are safer, almost pain free, far more successful--at a rate approaching 100 percent, and performed in a doctor’s office with virtually no recurrence.

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Stephen Rivard, MD, RPhS, FACEP
is the Founder and Medical Director of Illinois Vein Specialists, SC, a Center of Excellence in the Diagnosis and Treatment of Vein Disease™, located in Lake Barrington, IL.

Dr. Rivard holds double Board Certification in Phlebology (the study of vein disease) and Emergency Medicine and he is also Certified in Ultrasonography, the key diagnostic technology employed in both diagnosing and treating vein disease.

As a member of the first group of physicians to be Board Certified in Phlebology, he has pioneered in the development of this new field of medicine and has treated thousands of patients. That’s why he is a much sought after trainer of new phlebologists and, as the implications of vein disease have become better understood by the medical profession, Dr. Rivard has also become the region’s go to diagnostician for anomalous medical findings.

His education and training include: B.S., Loyola University, Cum Laude with honors; M.D., Loyola University; Residency, Emergency Medicine, Butterworth Hospital, MI. Dr. Rivard carries the following Board Certifications: Diplomate, American Board of Phlebology; Diplomate, American Board of Emergency Medicine; and Fellow, American College of Emergency Medicine. He is also certified in Vascular Ultrasonography – the key diagnostic tool in diagnosing and treating varicose and spider veins.

Dr. Rivard’s Philosophy: I can’t think of a better career than medicine for someone, like myself, who’s been intellectually curious as long as I can remember. The complexity of the human body that ages and changes over time and acts in an environment that may contain dangers like disease and accidents – what a wonder! What could be more challenging than puzzling out what’s going on when a patient presents? The diagnosis we make is based on knowledge and experience, the information they provide and the testing that we do. What fun! And then I get to live a life of service to others by intervening and making the patient healthier than they were when we first met. If there is a better way to live, I don’t know of it.
team back at the facility to make sure the transfer is as smooth and seamless as possible. Transitional care encompasses both the sending and receiving of patients. Even before a patient is transferred, the team at Alden Estates of Barrington has a plan in place for that patient that takes into account their medical condition, physical history, logistical arrangements, preferences and more. When an individual comes to the facility, I attend meetings related to his/her care and work with Advanced Practice Nurses (APNs), physicians, therapists, nurses, dietitians and all care team members to make sure they receive the care and services they need.

**It's All in the Numbers**

At Alden Estates of Barrington, our Average Length of Stay is 17.1 days and our Return to Hospital rate is 12.7%. The national averages are 23 days for Average Length of Stay and 19.6% for Return to Hospital. These achievements are the result of delivering the right care, meeting the unique needs of every patient and ensuring patients have access to the health care and services they need. Sometimes it is a complex task to meet with patients, social workers, physicians, all of the facility’s multi-disciplinary team members and be up-to-date on a patient’s past and current condition but it is necessary to achieve excellent patient outcomes, continuity of care, increase patient safety and reduce re-hospitalizations.

**Being the Head Coach**

I know from personal and professional experience that patients often feel like they get lost between all of the doctors, nurses and specialists. They arrive at any hour of the day at the hospital or transitional/post-acute care center and hear staff using terms that are hard to understand, all while not feeling well. It’s very confusing. My job is to be their assistant coach and alleviate this confusion as well as help them be the head coach of their plan of care. When I played basketball as a kid, everyone had a position and knew what they should do to help the team score. With the right Post-Acute/Transitional Care Model, like that at Alden Estates of Barrington, patients can be assured they are on a winning team.
Exercise is Medicine

What if you were told there’s a prescription that could lower your risk of suffering from cardiovascular related issues, Diabetes, Stroke, Alzheimer’s, Dementia, Osteoporosis, muscular and joint pain, and could improve your balance? What if that daily prescription was not a pill, but a small amount of physical activity? Would you still be interested?

When starting an exercise program you should consider your exercise goals, how many days per week you can commit to exercise, and how much time you have for each exercise session. After you have set your parameters, each workout should be broken down further into three basic categories: cardiovascular, strength, and flexibility. Once you have created your exercise plan you will want to review it, to make sure it meets the requirements needed to reach your goal.

Cardiovascular exercise should be done three to five days per week for 25-60 minutes per day. The varying number of days and time recommended for cardiovascular exercise is based on your exercise intensity. The more intense the exercise the more rest time your body will need to recover. To be considered cardiovascular exercise, you need to complete a minimum of 10 continuous minutes of exercise that elevates your heart rate and keeps it elevated to the point where it is difficult to talk. Cardiovascular exercise can be done during one continuous session, or it can be broken up into shorter sessions throughout the day.

With regular cardiovascular exercise, your body will become better at taking in more oxygen, your heart will pump more oxygen carrying blood to your working muscles, and your blood vessels will widen allowing blood to flow with less resistance to utilize oxygen better. This will cause your heart rate and breathing rate to stay lower during the same amount of exercise. Everyday activities will become easier and your endurance will improve.

Strength training is when you repeatedly put your muscles under stress with some form of resistance to increase muscle capacity to perform a particular function. Your muscles are the body’s strongest stabilizers, they hold the skeleton up, control body movements, and they help with balance by providing the brain with information on where the joints are in space. Strength training exercises can be done between two to six days per week. To show continual progress and growth, you should complete a minimum of two strength training sessions each week working the same muscles. The number of days per week devoted to strength training depends on how you structure your workout. If you are doing total body workouts, then you should have at least one day of rest before your next strength training session, allowing for two to three strength training sessions per week. You could also break up your workout routine into different days for different muscle groups (push days and pull days), allowing you to strength train four to six days per week. When it comes to strength training, an equal number of pushing and pulling exercises for each joint is recommended. This will help to keep your body balanced. Target your large postural muscle groups that attach to the shoulder blades, spine, and pelvis.

Rest days are just as important as strength training days. Every time you do a strength training workout, you’re causing micro-trauma to that muscle group so it will trigger a response building stronger muscles that can endure more stress for a longer period of time. At least one day of rest between strength training days is advised and if your body needs more time, take it.

Lastly, you should integrate flexibility into your workouts. Flexibility helps maintain your muscle length/tension relationship. This is a relationship of opposing forces where muscle groups on each side of a joint hold the body in the correct postural position. If your muscles are improperly balanced, it will cause poor posture, incorrect muscle recruitment, and over time it will cause pain. In order to keep your body in proper alignment you should stretch a minimum of 2-3 times per week. You should hold each stretch for 20-60 seconds. Between strength training days is advised and if your body needs more time, take it.

Exercise is a life-long prescription that will have a major impact on lowering health risk factors. It is something that can be started or re-started at any point in life. So don’t feel bad if you are not currently exercising, or you are not at the same fitness level when you stopped exercising. The main things to focus on are consistency and dedication over time to show results.

To make an appointment with Dr. McDonough or Dr. Moduthagam, contact 800-3-ADVOCATE, or visit www.advocatehealth.com/gshp. For more information about the Advocate Good Shepherd Hospital Health and Fitness Center visit www.advocatehealth.com/gshp/fitness
Meet Mr. Bob Wilson (permission was obtained to discuss his treatment), professional businessman, musician, and South Barrington resident. Mr. Wilson came to The Toothery with a broken front tooth and was concerned about how much time it would take to fix. With his previous dentist, he was used to two or three visits to have a crown placed on a tooth. Because it was his front tooth, he was eager to get it fixed fast. He also was concerned about how his broken front tooth could affect his ability to play clarinet.

When he arrived at The Toothery and met with Dr. Jessica Bertoglio, he was pleasantly surprised to hear about the state-of-the-art CAD/CAM technology she has in her office, known as CEREC. This technology allows Dr. Bertoglio to prepare and fabricate a crown in one visit – in about an hour and a half.

**SO WHAT IS CEREC?**

A technique developed in Germany over 30 years ago, CEREC (CEramic REConstruction) is a computer that employs CAD-CAM technology to create beautiful, life-like ceramic restorations such as crowns, onlays, bridges, and veneers. CEREC operates with a tiny digital camera the size of a small finger. Dr. Bertoglio takes a virtual impression of the tooth she is restoring, and the digital impression captures the prepared tooth allowing her to design and create the new, life-like crown in about 15 minutes. Old-fashioned messy, goopy, uncomfortable tray impressions are eliminated. Once Dr. Bertoglio designs the crown and is happy with the size and shape, she sends the image to the milling chamber, a 3D printer for teeth. When the crown is finished, Dr. Bertoglio uses stains and glazes to add characteristic accents to the crown, making it blend perfectly with the patient’s adjacent teeth.

**CEREC crowns are composed of silicate ceramics, similar to the materials used in fine china, but much stronger. This material has a very high compression strength, perfect for chewing. Made without metal, the ceramic is completely tooth colored, lifelike, and beautiful. Research demonstrates a success rate equal to or greater than that of traditional crowns.**

**HOW DOES CEREC BENEFIT THE PATIENT?**

CEREC allows Dr. Bertoglio to fix a tooth in one visit, usually under two hours, with a technology that eliminates messy, uncomfortable impressions, and multiple visits to the dentist. Dr. Bertoglio is elated about the technology because of its great benefits for her patients. She too is busy, as a mom and business owner, and she appreciates that time is our most valuable asset!

Mr. Wilson was so happy with his treatment that he smiled from ear to ear as he left the office with his new CEREC crown. And that is music to our ears!

**FREE CONSULTATION**

Enjoy a Free Consultation on any service provided by The Toothery when you mention this article in Quintessential Barrington’s 2015 Medical Guide!

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**JESSICA BERTOGLIO, D.D.S.**

**THE TOOTHERY**

Jessica Bertoglio, D.D.S., graduated from the University of Illinois at Chicago College of Dentistry in 2002. She continued her education with a hospital dentistry residency at the University of Iowa Hospital. During her residency, she completed rotations in oral surgery, anesthesiology, and internal medicine. Treating medically compromised and geriatric patients during her residency expanded her knowledge and skills as she moved forward into general private practice. Since 2003, she has worked in private practice and is confident in all aspects of general dentistry. She enjoys embracing the latest technologies and innovations in dentistry, including restorative procedures with CEREC CAD/CAM technology. Above all, she enjoys meeting and taking care of people. Getting to know her patients and their families is a highlight of her job. She maintains her license in good standing by regularly attending continuing education classes and meetings. As a member of the Illinois State Dental Society, the Chicago Dental Society, and the American Dental Association, she maintains the highest standards of continuing education to treat her patients in the best way possible. Dr. Bertoglio resides in South Barrington with her husband, Bryan, and three daughters.
Are Bunions Taking the “Happy” Out of Your New Year?

The holiday season is especially hard on the feet. We spent the last two months hustling and bustling and standing for long periods of time. With the parties, out came the fancy shoes that look great but feel good for only the first three minutes. Add long, dark, winter days and the increased hours spent without shoes in the house, and you have a recipe for disaster. Pain in the heels and balls of the feet are very common side effects of the winter season. Now that 2015 is here, if there is still lingering pain at any bump on the side of your foot, a bunion may be to blame.

You may have heard your grandma complain about them and you may even have scary images of them in your head. That can’t possibly be what is causing your pain. Actually, bunions are very common and can happen at any age to both men and women. That said, they are most prominent in women and generally first appear at age thirty.

What is a bunion? A bunion is a bump on the inside of your foot just below your big toe. What appears to be a bone growth on the side of the foot is really a dislocation of a bone in your foot which causes your big toe to drift towards the toe next to it. You first might notice redness over the big toe joint and then pain develops. Bunions are progressive in nature and will get worse if left untreated. They also contribute to the development of other foot problems like hammertoes, arthritis, and ingrown nails.

How did you get a bunion? Bunions are inherited. If your mom or dad has a bunion, chances are good that you too will develop a bunion in your life. Bunions are common in those with flat feet. Shoe choices also contribute to bunion development. If you’re favorite type of shoe is a high heeled, pointy shoe or boot, you are training your toe to drift toward the second toe and may be ensuring yourself of the development of a painful arthritic bunion in your future.

There are ways to ease the pain of a bunion, such as changing your type of shoes to ones with more room in the toe box and a lower heel. Adding an orthotic to your shoe will help realign the pull of the tendons on the bunion and may slow down the progression of the bunion. Toe exercises or a Pilates class can also help strengthen the foot muscles to avoid the dislocation of the bones. A bunion may need surgical correction if it is interfering with daily activities or causing deformities of the other toes.

Bunion surgery is performed in a hospital as an outpatient procedure with a combination of twilight anesthesia and local anesthesia. The procedure involves removing a small portion of bone in order to put the big toe in a straighter position. After surgery you will be able to walk on the foot immediately with the use of a cast boot. The cast boot is on for three weeks, followed by wearing a gym shoe for an additional four weeks. Nine weeks after the surgery, the bunion should be healed and you can begin to return to physical activity.

If your holidays were not as merry as they should have been due to bunion pains, it is time to have them evaluated and get the information now to make next year a pain free holiday season. Like most foot pain, the longer you ignore the pain associated with a bunion, the harder it is to alleviate. If you have any pain in your feet that is not improving with rest, it is always best to have it evaluated sooner to avoid long term damage to your feet. When your feet are happy and pain free life is all that more enjoyable. May 2015 be filled with happy, pain free steps.
“My fingers are stiff in the morning and I can’t make a fist!”
“My thumb aches when I try to grab a cup of coffee!”
“My fingers are so swollen they look like little sausages!”
“My fingers are so deformed and go in all sorts of directions!”
“I think I had a fracture 20 years ago, but now my small finger aches.”

What do all of these people have in common? Arthritis, and it shows up in the hand in different forms.

Osteoarthritis is simply “wear and tear” of the cartilage and can be the result of genetics, professions, hand dominance, or wear over time (aka age). Simply put, osteoarthritis is a deterioration of the moving parts of the joints. Rheumatoid arthritis often shows up first in the small joints of the hand and exists because of the joint lining (synovium) that swells which leads to pain, stiffness, and deformity with destruction of the cartilage and softening of the bones. Post-traumatic arthritis can be because of previous fractures, dislocations, or injuries that can lead to “wear and tear” because of abnormal forces across the joints.

Different people have different symptoms when it comes to arthritis and their hands. Some people experience aching when they use their hands. Joint stiffness is also common, and may be more pronounced early in the day after a night’s rest. On the flip side, the joints may feel night sweats and tingle. On the other hand, morning stiffness is also common, and may be because of the joint lining (synovium) that swells which leads to pain, stiffness, and deformity with destruction of the cartilage and softening of the bones. Post-traumatic arthritis can be because of previous fractures, dislocations, or injuries that can lead to “wear and tear” because of abnormal forces across the joints.

TREATMENT
A huge spectrum of options exist for arthritis and include anti-inflammatories (both medications and topical), exercise and occupational therapy, warm water soaks, braces or splinting, cortisone injections or surgery (reconstruction or fusion). It is important to realize that medications and bracing do not put cartilage back, but rather control the symptoms and may be all that is needed on the spectrum for treatment. Reconstruction often involves taking out a bone and putting a tendon in its place (the thumb now sits on a cushion instead of the arthritic bone) or replacement with an implant may be possible. Fusions may sound scary, but remember, the rest of the joints are mobile so hand function is minimally affected.

Discuss all options with your surgeon but, remember, the goal is to make you as functional as possible!
Innovative ACL Prevention and Treatment Options

I f you’ve heard the ‘pop’ of a torn ACL, experienced the pain that often comes with it, or treated a patient post-surgery, you know that this injury can be devastating to an athlete at any level. Studies show that ACL tears sideline more than 200,000 athletes each year.

What is the ACL you ask? The Anterior Cruciate Ligament (ACL) is one of four major ligaments providing stability to the knee. It helps control excessive motion of the knee joint and prevents the lower leg from sliding too far forward. Most ACL injuries occur as a result of landing improperly, pivoting on a planted foot, and improper muscle coordination. Accelerated Physical Therapists and Athletic Trainers agree that ACL injuries are on the rise among youth athletes – especially females ages 15-24. Our clinicians attribute this to athletes specializing in one sport too early, poor mechanics, playing a single sport year-round and the increasing pressure to compete at higher levels. Although girl’s soccer and basketball reign as the two sports with the highest incident of ACL injury, they occur in multiple other sports including football, volleyball, field hockey, cheer, lacrosse, baseball, softball, gymnastics and tennis.

If you know someone who has suffered from an ACL injury, you may know that following ACL reconstruction surgery, it is extremely important to work with a Physical Therapist trained in ACL rehabilitation. Each injury is unique and requires individualized care in preparation for return to play.

This fall, along with several other clinicians in the region, I conducted the 3P program which is an ACL prevention and treatment program that is unique to Accelerated Rehabilitation. This program includes Prevention, Progression and Performance and is utilized as a tool to screen, educate, and progress athletes in a sport specific regimen. I have treated many athletes and know the heart break they endure when they are out of the game. Our ACL specialists and Athletic Trainers are conducting ACL screenings for the athletes at our local schools and clubs. The athletes are given an ACL Report Card after completion of screening, indicating if they are at risk for an ACL injury. As part of our prevention program, Accelerated’s specially-trained ACL Physical Therapists work with athletes based on their unique deficits to help protect the ACL by strengthening muscles surrounding the knee, core, hip and lower leg. We place high priority on balance, strength, stability, agility and flexibility in a manner that relates to each individual’s needs. We are reaching out to our local teams of Barrington in an attempt to prevent this devastating injury and to bring resources and education to coaches, athletes and the families of our athletes.

When an athlete has finished sport-specific training or post-surgical rehabilitation, it is important to assess if he or she is ready to return to play. As re-injury rates can be as high as 20-30 percent. Accelerated’s return to play specialists use a combination of research-based assessment tools, including video analysis, to evaluate the athlete’s deficiencies and put together a plan to correct them. We include testing both when the athlete is “fresh” and “fatigued” as it is important they will be safe throughout participation. If deficits are identified, and the athlete may be at-risk for re-injury, our Physical Therapist will discuss an individualized program with the athlete to get them safely back to play.

I have a great appreciation for the hard work the coaches and athletes put into making an unstoppable team. There is no greater satisfaction than seeing one of the athletes I have personally worked with performing at the top of their game on the field or court. It is because of my passion for rehabilitation that you will see me out on the sidelines, at community events, local runs, and at screenings working with the athletes of Barrington to educate, prevent and treat injury.

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Kristyn Taylor is the Facility Manager and a treating Physical Therapist at Barrington Accelerated Rehabilitation. Kristyn received her B. S. in both Biology and Psychology at Northern Illinois University and then pursued her Physical Therapy degree. She attended the University of Miami, in Florida where she received her Doctor of Physical Therapy degree in 2012. Kristyn graduated as Magna Cum Lade and during her time at UM, she assisted research in spinal cord injury at Miami Project to Cure Paralysis as well as worked with high level athletes in a NFL combine. She has since received her Certification of Manual Therapy, Graston Technique Certification, Functional Movement Screen Certification. She is also one of 20 individuals named an ACL 3P Champion performing screens and video analysis for athletes. She is an active member in the Barrington Chamber of Commerce and an executive member of the Health, Wellness and Fitness group. When Kristyn is not working, she enjoys running and spending time with her family.

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