

# WALK TALL! The Message July-September 2007

A NOTE TO ALL VISITORS TO  
[www.sarameekspt.com](http://www.sarameekspt.com)

This is the inaugural issue of a quarterly newsletter that has been adapted from a newsletter that goes out (via snail mail) to all people who have taken my Level 1 training.\*

In each issue, a product, case report, or other information relating to the Physical Therapy management of osteoporosis, osteopenia, back pain and postural problems is highlighted. The information in this online newsletter is adapted from the regular quarterly newsletter.

I hope you find it informative and useful. Please contact me via my email on this website with any questions or requests for more information.

Sincerely Yours In Good Bone Health,  
*Sara M. Meeks, P.T., M.S., G.C.S.*

\*If you have taken my Level 1 course and are not receiving the newsletter, please contact me. Several of you have moved over the years and I probably need to update your mailing address.

## UPDATE ON THE SPINOMED<sup>®</sup> III by Sara M. Meeks, P.T., M.S., G.C.S.

At last it's here! (Or, nearly so.) The **Spinomed<sup>®</sup> III**, fully approved by Medicare under **Code #L 0456** is scheduled to be available in mid September 2007.

In my humble opinion, the Spinomed concept of bracing is "the single most significant advancement in the conservative management of osteoporosis and compression fracture EVER."

In spite of the very positive research evidence and great clinical success, the **Spinomed II** was denied full reimbursement under Medicare in 2006. Because of that, mediUSA has developed this new **Spinomed III** which has been approved under Medicare.

The **Spinomed III** has been designed with the same concepts as the Spinomed II — lightweight, hand-moldable, inconspicuous and easy to don/doff. The back upright has been widened, and there are removable lumbar and abdominal supports. There is also a strap to prevent the brace from "riding up" when sitting. As the patient improves in strength, the lumbar and abdominal supports can be removed.

This brace, used with the other principles of The Meeks Method, will substantially improve a patient's chances of recovering from a compression fracture.

Because wearing the brace increases the strength of the back extensors, the incidence of subsequent compression fractures overall should be reduced.

You can also contact me to discuss clinical applications for the Spinomed III. It will be one of the best things you can do to help your patients with, or at risk for, compression fractures.

### THE SPINOMED<sup>®</sup> III

Submitted by Ed Wilbourne, mediortho<sup>®</sup> Division Manager, MediUSA LP\*



The Medi Spinomed<sup>®</sup>III spinal orthosis is the next evolution of the product that is revolutionizing conservative management of vertebral compression fractures, hyperkyphosis and chronic back pain related to osteoporosis. The indications for use of the Spinomed III are osteoporotic compression fracture in the thoracic and lumbar spine as well as hyper-kyphosis with chronic back pain.

The latest version has the following enhancements to expand clinical appeal and enhance patient acceptance and compliance of the already very popular Spinomed series:

- Padded garment with moisture-regulating cover that includes all straps and closures to ease application, prevent migration and eliminate plastic buckles.
- Padded posterior and anterior panels with moisture-regulating covers that are moldable and removable to allow the Spinomed III to be used from early through later stages of compression fracture management. This will allow for greater stabilization and continued core strengthening.
- Anti-migration straps added to the thoracic region and anti-migration silicone beads added to the pelvic strap to stabilize the brace during the transition from standing to sitting.

**Medicare reimbursement code #L 0456.**

The Spinomed III is still the only spinal orthosis for osteoporosis with an evidence-based, peer-reviewed and published medical study<sup>1</sup> with the following results:

73% increase in back extensor strength

58% increase in abdominal strength

11% decrease in thoracic kyphosis

25% reduction in body sway

38% decrease in back pain

The Spinomed III still includes the following features:

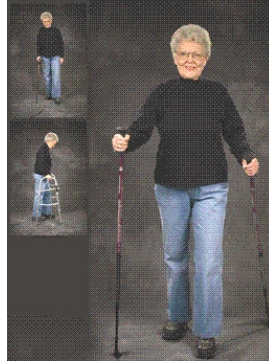
- Lightweight and easy to apply backpack style orthosis,
- No restriction of abdominal or thoracic breathing, and
- no restriction of shoulder or arm movements.

\*Contact [Ed Wilbourne 1-800-633-6334 ext 217](tel:1-800-633-6334) for a rep near you  
Alternatively, log onto [www.mediUSA.com](http://www.mediUSA.com) for more information.

# WALK TALL! The Message July-September 2007

Exerstrider Announces Its New "Activator" Model Telescoping Fitness Walking Poles  
Designed Especially for Physical Therapy and Medical/Institutional Use

Submitted by Tom Rutlin



**Madison, WI, April 16, 2007** – Exerstrider Products Inc., the world leader in fitness walking and "Nordic walking" poles since 1988, introduces its newest model called the Activator™. The Activator™ is Exerstrider's first adjustable length pole utilizing the same type of "snap button/ hole length adjustment" mechanism commonly used on canes and walkers. The Activator™ model features the same strapless/safety ergonomic grips featured on their other fitness walking poles and it comes equipped with Exerstrider's exclusive boot-shaped Cushiongrip™ rubber tips (an optional bell-shaped balance tip is available for those for whom balance is a major concern.)

According to Exerstrider CEO Tom Rutlin, the snap button/length adjustment hole mechanism was incorporated into the Activator™ model to provide greater safety and security to those with limited hand strength and because the mechanism is very familiar to physical therapists and others in the medical fields.

Pilot studies have indicated that the Exerstrider fitness walking poles can provide a very desirable alternative to the use of traditional assistive devices such as canes and walkers. Peggy Buchanan, IDEA's 1997 Fitness Instructor of the Year and spokesperson on older adult fitness, conducted the first 8-week pilot study with 13 subjects averaging 87 years of age, all of whom traded in their canes and walkers for Exerstrider fitness walking poles. She noted, "People with canes and walkers tend to see themselves as 'invalids', but the same people with walking poles more often feel like 'athletes'. Those who traded in both walkers and canes immediately began walking with a more upright posture and their gait pattern went from a 'shuffle' to a more normal walking gait". She went on to say, "the psychological benefits may have been just as important as the physical benefits."

Using walking poles can aid in providing balance, confidence and relief for painful joints, and at the same time they can also help build upper body muscles and aid in preventing bone loss (as walking becomes a total body weight bearing activity). Perhaps the most important benefit of walking poles is that users tend to remain more active because using them is both more motivating and fun.

For more information on the new Exerstrider Activator™ model, call Exerstrider customer service at 1-888-285-7392 or visit [www.exerstrider.com](http://www.exerstrider.com).

Exerstrider has been providing innovative world-class fitness walking poles since 1988. The company and its founder Tom Rutlin are recognized for having pioneered "Nordic walking" (for people of *all ages and abilities*) as a total body exercise activity which is currently among the world's fastest growing fitness trends.

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## SHARING FORUM

### **BUILDING BETTER BONES—a safe exercise class for osteoporosis.....Diane Casey, PT, CSCS**

I know many of us have been "fired up" to change the world after attending Sara's osteoporosis continuing education courses! I've recently begun offering an osteoporosis group class based on The Meeks Method, with the purpose of educating clients about low bone density and skeletal fragility and empowering them to exercise safely and effectively. Many of these individuals are shocked to learn that they are losing bone density, and are ill-equipped to respond to the news. Usually, the only advice they receive from their health care providers is that they need to begin "weight-bearing" exercise, and most are unsure what this even means!

I meet with the group (12 maximum) for 1 ½ hours, one evening per week for 5 weeks. The first class is always the most challenging with 12 individuals all clamoring to be heard! So many questions need answering, and so many myths need busting. This group dynamic is very important as individuals come to realize that many others are facing the same issues: shock, anger, doubt, uncertainty, fear of movement, and betrayal by their own bodies.....the list is endless. By the end of this first class, I hope to have started to replace the fear with the facts.

The remaining 4 classes are organized into 30-40 minute "teaching" segments with topics ranging from understanding how poor posture develops over the lifespan, how compressive forces affect the front of the spine, how bone is remodeling constantly, and how to use safe body mechanics throughout the day. This is followed by 40-50 minute "doing" segments with participants lying on mats on the floor. Each participant purchases "WALK TALL!" for use during the class. All exercises are performed exactly as instructed in the text. By the end of the final class, all participants have at least tried the prone exercises, but many are told to spend more time on the supine exercises before progressing, depending on severity of postural changes.

The graduates of the Building Better Bones class are then offered the opportunity to sign up for a "Jump Start" strength training class which takes place in a workout facility, one time per week for 8 weeks. This class has been designed by Marlo Johaston, DPT, a colleague with a specialty in treating spinal problems. The goal of this program is to instruct participants in the principles of cardiovascular training, weight bearing exercise, strength training using free weights, selectorized machines, or functional movements using body weight. Important core exercises are taught, following the safe guidelines for the spine. Flexibility is addressed, as well as balance training. After completing the Jump Start program, graduates possess a well-rounded approach to fitness.

This program fills a great need in the community, and word of mouth spreads quickly. Currently I'm teaching under the auspices of the University of Michigan Spine Program which provides advertising and space for the program. However, they do not own any part of the Building Better Bones program.

I'd be happy to answer questions. Email: [dianebcasey@comcast.net](mailto:dianebcasey@comcast.net)