

Comprehensive Physical Therapy Center Staff

Bruce Buley, MA, PT, OCS, CSCS, Clinic Director

Received his physical therapy training at downstate Medical Center in New York City and earned an advanced Master's in physical therapy at UNC-CH. His 30 years of physical therapy experience have included treating patients with orthopedic, neurological, cardiac, pediatric and sports related problems, including foot and orthotic fabrication. Bruce has served on the academic and clinic faculties of UNC and Medical College of Georgia. In 1999, Bruce became a Certified Orthopedic Specialist by the American Physical Therapy Association and in 2002, became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association. Mr. Buley received the 2002 "Excellence in Clinical Practice" award given by the North Carolina Physical Therapy Association. In 2005, Bruce was awarded the "Mabel Parker Clinical Education Excellence" award from UNC.

Christopher J. Kosobucki, DPT, CSCS, received his Doctor of Physical Therapy degree from Duke University in May 2004. While attending Duke, Chris focused on orthopedics and sports medicine rehabilitation, gaining additional knowledge and skills in manual therapy and orthotic fit/fabrication. Chris completed his undergraduate studies at James Madison University in May 2001, where he received a B.S. in Kinesiology with a concentration in Exercise Science. In 2005, Chris became a Certified Strength and Conditioning Specialist through the National Strength and Conditioning Association.

Jeanne Gresko, MS, CRC, LPC, has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral Medicine and has worked in the field of

rehabilitative medicine for over 14 years. Jeanne also has been teaching stress management techniques for over 8 years.

Sally Sargent, PT, received her bachelors in Physical Therapy from the University of Connecticut. Her 28 years of physical therapy experience have included treating patients with neurological, orthopedic conditions, and she has a strong interest in urinary incontinence and pelvic pain.

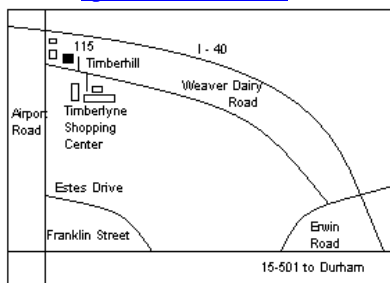
Juhi Kachalia, MSPT, received her M.S. in physical therapy from Duke University in May 2000. She worked in neurological rehabilitation for three years outside of Washington D.C. where she served in a clinical leadership council. In Boston, MA, and Bethesda, MD, she also gained experience in cardiac rehabilitation, acute care, and orthopedic conditions. She continues to have an interest in both the Neurological and Orthopedic populations.

Office Hours:

Monday through Friday 8:00 am to 5:00 pm
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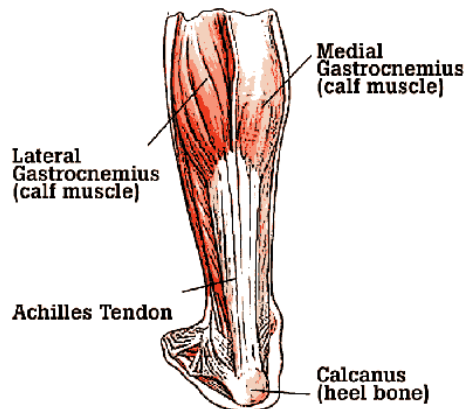
Achilles Tendonitis



Helping People Help Themselves

What is Achilles Tendonitis?

Achilles tendonitis is an irritation of the Achilles tendon or the tissue surrounding the tendon (paratendon). The Achilles tendon is the strongest tendon in the human body. A tendon connects muscle to bone. The Achilles tendon is formed by the calf muscles (gastrocnemius and soleus) as they attach to the back portion of the upper portion of the heel bone (calcaneus).



Signs and Symptoms

- Pain is usually 2-3 dm above the tendon's insertion on the heel (see diagram) where there is poor blood supply. Pain can also occur where the tendon inserts into the heel.
- Pain will usually be of a gradual onset.

- Increased pain and stiffness in the a.m. or after prolonged sitting.
- Pain with walking/running up hills or climbing stairs.
- May have small areas of swelling 2-3 cm behind the heel bone (calcaneus).
- Pain will increase with activity and decrease with rest.

What are the causes?

- Decreased range of motion in the calf (gastrocnemius and soleus).
- Training errors (increasing intensity, speed or mileage too fast, poor shoes, and too quick of an onset of a new activity).
- Friction from shoes rubbing in the heel.
- Affects of aging.
- Poor nutrition.

Treatment

- **Rest** – abstain from or decrease weight bearing activity. Swimming, aqua jogging, or biking may be an alternative if it does not cause pain.
- **Ice** – ice massage for 5-10 minutes over inflamed area.

- **Compression** – wear an ace wrap or stocking to decrease edema (swelling).
- **Orthotics** – (if necessary) or appropriate fitting shoes.
- **Massage** – to Achilles tendon area.
- Increase range of motion with stretching exercises for the calf. Hold each stretch 20-30 seconds, 3-5 times a day.

Once pain has decreased, begin strengthening exercises for the calf. Start with 2 legs letting the heels hang off a ledge or stair. Slowly come up on toes then slowly lower heels of stairs or ledge again. Repeat 8-10 times for 1 set. Try to perform 2-3 sets. Once you have gotten stronger you may progress exercise to 1 foot at a time. Gradually start to return to weight bearing activity when you are pain free.

Make sure to contact healthcare professional if pain persists for appropriate intervention