

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
Saturday	8:00 am to 12:00 pm

Office Location:

115 Timberhill Place
Chapel Hill, NC 27514
Phone: (919) 967-5959
Fax: (919) 968-1478
Email: cptc@bellsouth.net



Running Injuries



Helping People Help
Themselves

Running Injuries

- Approximately 90.3 million Americans run > 100 days a year.
- 45 – 75% experience an injury.
- An average runner's heel strikes the ground 500 – 600 times for every 1000/meters with a force that is equal to 3 -4 times their own body weight.

It is therefore no surprise that most running injuries are of an overuse nature!

5 Most common running injuries

Plantar Fasciitis – This feels like a “bruise” on your heel that is sometimes referred to as a “heel spur”. It is painful to touch and is also especially painful first thing in the morning when you step out of bed.

Achilles Tendonitis – This is pain behind the heel, this is typically painful with stairs and when you “push off” during your run.

IT Band Friction Syndrome – This is pain on the outside (lateral) portion of your knee. It tends to be a very sharp pain when bending your knee approximately 30 degrees.

Anterior Knee Pain – Sometimes referred to as “runner’s knee” or “chondromalacia”. This pain is in front of the knee or behind the knee-cap (patella). It often hurts with prolonged sitting and with stairs.

Shin Splints – Medically known as “medial tibial stress syndrome”, this is pain on the middle portion of the inside (medial) leg. It usually will hurt during and right after a run.

Causes

Training Errors – too much of an increase in mileage, speed work or hills.

Mechanics – poor body alignment, tight or weak muscles.

Poor Equipment – shoes that are too old or that are not appropriate for you.

Intervention

Rest from running is the first step. You can try a non-weight bearing activity such as swimming, aqua jogging, or the elliptical trainer. Or if it is just mild soreness, reduce your mileage and/or intensity level.

When you are ready to return to running, make sure to start gradually or you may risk another injury. You should only increase your weekly mileage by approximately 10% per week.

Check out your shoes. If they are too old and/or have too many miles on them purchase a new pair, making sure to get them from an informed salesperson to get the right shoe for your body type and amount of running you are doing.

Shoes should be worn for approximately 300 – 500 miles. Your running shoes should be worn for running only and not be used for your daily activities.

If you continue to have problems be sure to seek medical attention from a healthcare professional to better assess your problem and give appropriate treatment intervention.