

## 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. He received the 2002 "Excellence in Clinical Practice" award given by the North Carolina Physical Therapy Association., and in 2005, was awarded the "Mabel Parker Clinical Education Excellence" award from UNC. In 2006, Bruce became a credentialed clinical instructor with the APTA.

**Christine Viola, DPT, OCS,** received her Doctor of Physical Therapy degree from Duke University in May 2007 and previously her B.A. in Biology from Hamilton College in May 2004. During her time at Duke, she gained experience in orthopedics, sports medicine, and vestibular rehabilitation. She also took additional courses in general manual therapy and vestibular assessment/treatment to further specialize her orthopedic and vestibular rehab skills. In addition to being available for these services, she will also provide any general women's health physical therapy needs.

**Valerie Boyle, DPT,** received her Doctor of Physical Therapy degree from Elon University in 2006. After growing up in Fuquay-Varina, she graduated with a B.S. in Biology and Chemistry in 2003 from Greensboro College, where she also played soccer. In 2009, Valerie became a credentialed clinical instructor with the APTA, as well as a Certified Ergonomics Assessment Specialist through the Back School of Atlanta. In 2010, she completed Women's Health Pelvic Physical Therapy training with internal examination.

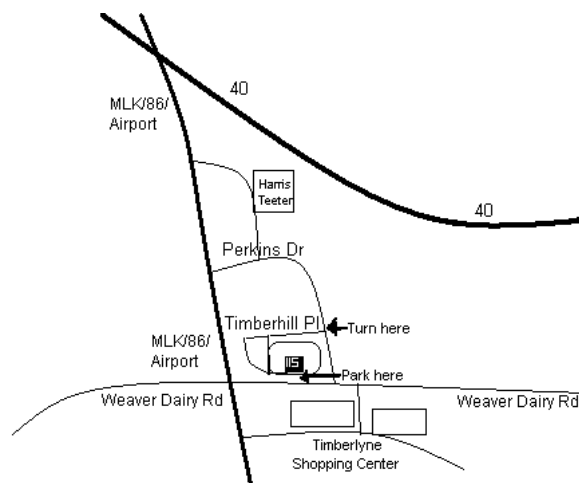
**Jeanne Gresko, MS, CRC, LPC,** has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral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

### **Office Hours:**

Monday through Friday 8:00 am to 5:00 pm  
Saturday 8:00 am to 12:00 pm

### **Office Location:**

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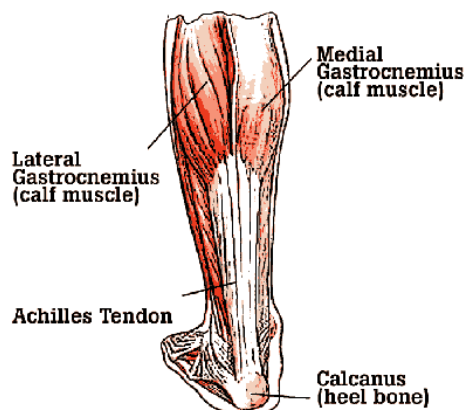
## Achilles Tendonitis



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.

If pain persists, make sure to contact healthcare professional for appropriate intervention.