

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.

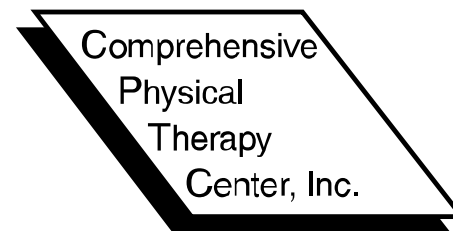
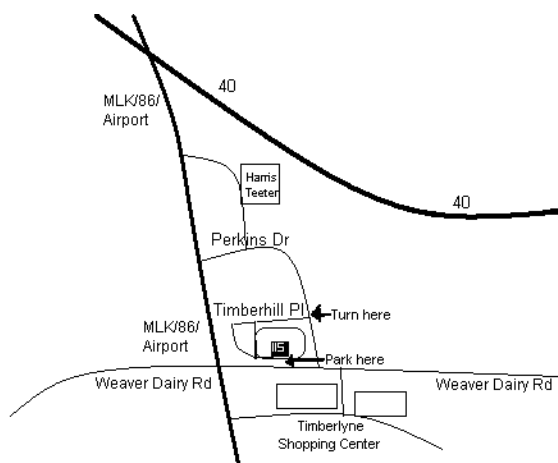
Jeanne Gresko, MS, CRC, LPC, has an MS in Rehabilitation Counseling from West Virginia University and is both a Certified Rehabilitation Counselor and Licensed Professional Counselor. She has received training in Mind/Body Medicine from the National Institute for the Clinical application of Behavioral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

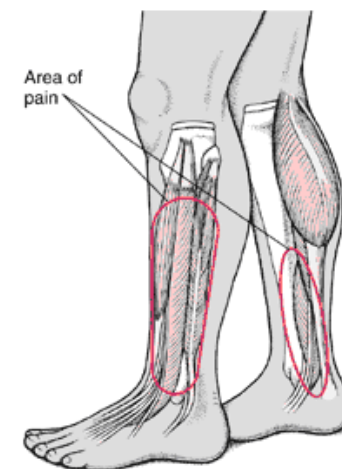
Monday through Friday 8:00 am to 5:00 pm
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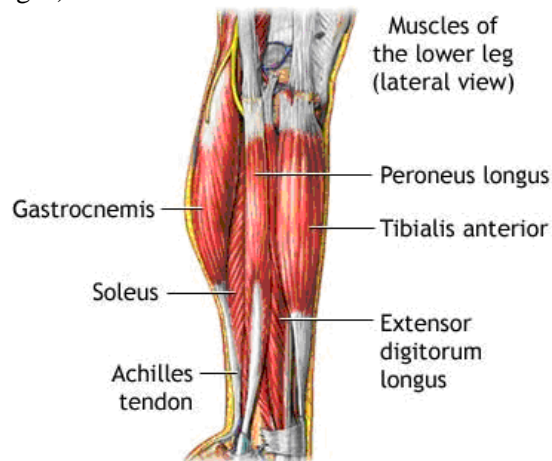
Shin Splints



Helping People Help Themselves

What are Shin Splints?

Shin Splint is the common name for medial tibial stress syndrome, which is pain in the lower inner 1/3 of the leg (tibia) due to increased repetitive stress. Pain can be caused by inflammation of the outer bone (periostitis) or by tendonitis of these muscles (posterior tibialis, flexor hallucis longus, and flexor digitorum longus).



Signs and Symptoms

- Gradual onset of pain on the inner lower third of the leg.
- Increased pain with weight bearing activities (running, jumping, etc.).
- Pain with activity that is usually alleviated with rest
- A “dull ache” that may disappear after a warm-up.

What are the Causes?

- **Poor training** – too much of an increase in mileage or activity too quickly (weekend warrior)
- **Excessive pronation** – “Rolling in” of the foot which causes increase distress on the 3 medial (inside) muscles.
- **Poor foot wear** – Shoes that are inappropriate for your foot type or shoes that are too old or worn out.
- **Too hard a running surface** – This causes increased stress to the 3 medial muscles.
- **Tight Muscles** – Decreased flexibility in calf or hamstring muscles can alter the mechanics of the foot causing increased stress of the medial leg muscles.

What Else Causes Shin Splints?

There are many other things that can cause medial leg pain, such as:

- Compartment syndrome
- Stress fracture
- Tumors
- Sciatica
- Blood clot
- Infection
- Muscle strain

It is best to consult a healthcare professional to get an accurate diagnosis.

Intervention

- The most effective treatment is rest from weight bearing activities. It is okay to do other activities such as biking or swimming.
- Ice for 10-15 minutes 3-5 times a day.
- Anti-inflammatory medications per your physician’s prescription.
- Orthotics (if needed) or appropriate footwear.
- Stretching of the calf holding each stretch 20-30 seconds for 3-5 reps.

When Returning to Activity

- Return at ½ the intensity.
- Perform a proper warm-up before activity and a proper cool-down after activity.
- Avoid long periods of activity on hard surfaces.
- Run or workout at distances or times that are pain free.

PREVENTION IS THE KEY

Introduce new activity slowly and make sure to include general lower extremity strengthening and stretching into your routine.