

**QUOTE OF
THE
WEEK:**

Believe You
Can and
You're
Halfway
There.

- Theodore
Roosevelt

Buffalo Chicken Stuffed Peppers

Ingredients:

- 4 bell peppers, seeds and cores removed
- 1 Tbsp cooking oil
- Koshers salt
- Freshly ground pepper
- 3 Tbsp butter
- 1/2 large onion, chopped
- 2 cloves garlic
- 3 cups shredded chicken
- 1/2 cup hot sauce
- 2 cups shredded gouda cheese
- 2 Tbsp chopped chives
- Optional: ranch dressing for drizzling

Directions:

1. Preheat oven to 400. Place bell peppers cut side-up on a large baking sheet and drizzle with cooking oil, then season with salt and pepper.
2. In a large skillet over medium heat, melt butter. Add onion and cook until tender, about 5 minutes. Add garlic and cook until fragrant, 1 minute more.
3. Add shredded chicken and hot sauce and toss until combined. Cook until the mixture comes to a simmer, then remove from heat.
4. Divide chicken mixture between pepper halves. Top each with gouda and bake until cheese is melted and peppers are crisp-tender, about 20 minutes.
5. Drizzle each stuffed pepper with ranch and sprinkle with chives.





Clinical Fitness-Part 2

Working with injury:

Nearly every athlete (elite or recreational) will at some point experience an injury. In fact, there are over 200,000 annually reported ACL tears nationwide with 100,000 reconstructions per year. Whether it is an ACL tear or simple ankle sprain, an orthopedic injury can mean different things to the patient and physician. For example, our triathlete, Jane Doe, comes in for a minor ankle sprain after trail running. A physician may diagnose the ankle and give NSAID pain medication and tell Jane to not weight-bear for 3 weeks. Without further investigation into Jane's level of activity or routine, a physician may never realize that Jane is not adhering to the time off recommendation, resulting in further injury to the ankle. Perhaps Jane has a triathlon in 3 weeks that she spent a year training for, or maybe she is sponsored and makes a living from her athletics. Or, there could simply be a disconnect as to how serious Jane views the injury/how bad it could get if it progresses. Finally, take the case of a high school senior football star. If he cannot afford college tuition, perhaps his sport is the only way he can attend a higher educational institute. In this case, an injury could be life changing.

As someone who has experienced sport injuries, I can comment with anecdotes of patient-physician interactions that could have been more engaging and how it affected me in the future. One way to improve this is injury prevention strategies. Adherence to prevention programs has been shown to be greater when compared adherence to post injury treatment. Assessing one's current risk for injury is an important first step to suggesting injury prevention programs. If someone has had previous injuries or recurrent pain, perhaps he/she is at risk for further injury and may benefit from prevention programs. Prevention techniques could be as simple as incorporating balance or core strengthening into a daily routine. Physical therapy may also be beneficial to address an imminent injury if it can be caught before it happens by strengthening the surrounding musculature to help compensate for the weakness.

Psych in Sport Injuries:

In Concannon's article "Psychology in Sport Injury Rehabilitation," he mentions multiple categories of response to injury. The first is a period of contemplation seen in many athletes. This includes reflection of the injury, the extent of the injury, consequences in terms of pain/loss of mobility, and likelihood of returning to sport. With this self-reflective period comes negative psychological responses such as anxiety, depression, and loss of identity. Not only is this problematic for athletes, but also for those who cannot work due to an injury. Correlation between disability and depression has been well documented and this concept applies to the athletic population as well.

Clinical Fitness Continued

One approach to helping avoid or manage mental health concerns is wellness skills building in addition to physical rehab. [Concannon referenced a study](#) which observed a greater recovery in knee strength after ACL reconstruction using relaxation exercises and guided imagery along with the gold standard physical rehabilitation. Another area of anxiety for patients occurs after returning to sport with fear of re-injury. Including a sport psychologist or counselor may be just as important as the physical treatment of sport injuries.

Financial and Social Concerns:

In medical school, we are taught to always think about cost to the patient. Whether it is helping afford a certain medication or deciding which diagnostic test to order, cost is a major factor in patient care. This is true for our topic of sport injuries also. It is not uncommon for an athlete to make all or part of their income from their sport. An injury could then cause significant financial burden which can lead to more psychological stress.

Also, self-identity is a large part of sport and sport psych. Eliminating physical activity from one's life, even temporarily, can disrupt a social network especially if he/she is in a competitive sport where he/she must miss games or meets. A complete retreat from sport could cause a significant identity crisis. If an individual was identified as an all-star in that sport since grade school, taking it away could lead to feeling broken and useless.

There are many factors to consider with sports injuries beyond the injury itself. Similar to the idea of treating the whole person in holistic medicine, looking into consequences and potential preventative programs or alternates to removing a sport completely, could help people both physically and mentally.

References:

- Concannon, M., & Pringle, B. (2012). Psychology in sports injury rehabilitation. *British Journal of Nursing*, 21(8), 484-490. doi:10.12968/bjon.2012.21.8.484
- Heaney, C. A., Walker, N. C., Green, A. J., & Rostron, C. L. (2015). Sport psychology education for sport injury rehabilitation professionals: A systematic review. *Physical Therapy in Sport*, 16(1), 72-79. doi:10.1016/j.ptsp.2014.04.001
- MCall, A., & Ekstrand, G. (2016). Injury prevention strategies, coach compliance and player adherence of 33 of the UEFA Elite Club Injury Study teams: a survey of teams' head medical officers. *British journal of sports medicine*, 50(12).

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Carowinds & King's Dominion



For many, summer includes a trip to an amusement park. If you're interested in roller coasters and want to know where to find them.... Check out these two parks!

[Carowinds](#) in Charlotte &
[King's Dominion](#) in Richmond

Arm Workout Idea

Patrick Dunham offers another great tip in Carilion Clinic Living. This one is on exercises that focus on arm muscles.



Try it:

1. Alternating biceps curls—two sets of 10 reps
2. Dips or bench dips—three sets of 10 reps
3. Barbell curls—three sets of 10 reps
4. Triceps pushdowns—two sets of 10 reps
5. Hammer curls—two sets of 10 reps

Perform this workout one or two times per week.

Take a pic of this fitness tip with your phone and you'll have it handy when you need it.

Training comes with injury risk. Always remember to consult a physician and/or trainer before pursuing exercise.

<https://carilionclinicliving.com/article/wellness/wow-bye-bye-arm-jiggle>

Wellness Weekly Challenge

Take a Break! In the book, *Building Resilience in Neurosurgical Residents: A Primer* Drs. Gary Simonds, MD and Wayne Sotile, PhD encourage residents to take a 5 minute break from everything once every 2 hours. Try to incorporate this idea into your day. For additional thoughts and ideas on maintaining resilience, you also might take a moment to check-out their podcasts linked on the wellness website.

Here's the link: <http://residentresiliency.libsyn.com/>

Roasted Asparagus, Green Onion & Blue Cheese Frittata

Ingredients:

- 1/2 lb asparagus
- 5-6 green onions
- 1 Tbsp cooking oil
- 6 large eggs
- 3/4 cup whole milk
- 1/4 tsp sea salt
- 1/2 tsp black pepper
- 1/4 cup crumbled blue cheese

Directions:

1. Preheat oven to 400 degrees.
2. Remove part of the dark greens from the green onions and set aside.
3. Remove the last 1/2" of asparagus if needed. If asparagus stalks and green onions are thick, carefully slice length-wise in halves or even quarters. Toss with 1/2 Tbsp cooking oil and roast until tender, 10-15 minutes.
4. Once asparagus is close to being tender, heat 1/2 Tbsp oil in 8" skillet over medium heat. Whisk together eggs, milk, salt, pepper, and blue cheese. Pour into hot skillet and let cook for 2-3 minutes.
5. Take tender asparagus mixture and layer in the eggs as they cook. Continue to cook for 2-3 more minutes, or until bottom begins to set.
6. Transfer skillet to oven, still at 400 degrees and continue to cook until set, 8-10 minutes.
7. Serve with extra blue cheese and finely diced dark green onion bits.



If you want to write an article for the Wellness Weekly, just email Emily Holt!