



CLINIC CONVERSATIONS

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MIDWESTERN UNIVERSITY CLINICS NEWSLETTER

Fall 2018

What you should know about myopia



What is Myopia?

Myopia, more commonly known as nearsightedness, is the inability to see into the distance due to the eye becoming too long or the cornea, the front part of the eye, becoming too steep. Either of which can hinder how accurately images are focused. While the condition is very common, the prevalence and severity of myopia are both increasing.

Why is this important?

When the severity of myopia is high and continues to increase, the patient can be at a greater risk for additional vision impairments such as cataracts, glaucoma, and retinal detachments.

What can we do?

Myopia, which typically begins in adolescence, can increase every year. However, many methods can slow down the progression, including:

- Soft, multifocal contact lenses that are used during the day and removed before bedtime;
- Orthokeratology lenses that you wear overnight and remove in the morning, so you do not need any glasses or contact lenses during the day;
- Atropine eye drops that you instill once every evening while you still wear your normal glasses or contact lenses.

When used as instructed, any one of these options, or a combination thereof, can be beneficial in slowing down how rapidly the prescription increases.

According to Jenelle L. Mallios, O.D., FAAO, Associate Clinical Professor, Chicago College of Optometry, and Academic Clinic Coordinator, Midwestern University Eye Institute, "research shows that treatment options can help slow down the progression of myopia. This is great news for our pediatric patients because myopia is now considered an epidemic, so we must become proactive when treating these patients."

If you have questions or concerns about your vision, please be sure to consult an eye care professional to discuss your symptoms.

Physical therapy to help relieve knee pain

Knee pain is a common complaint of patients. The role of the physical therapist is to diagnose the condition, identify the related deficits, and treat appropriately.

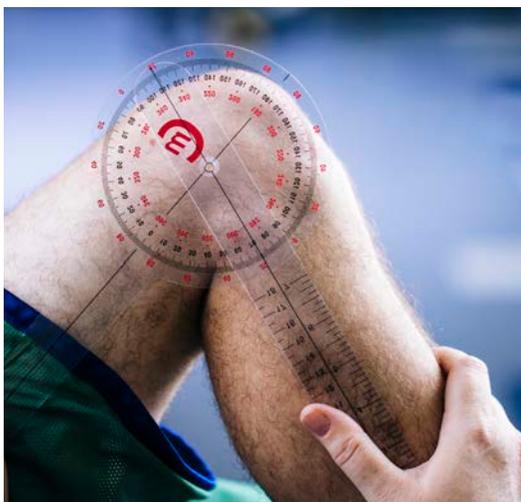
The causes of knee pain are generally organized into the following categories:

- Traumatic injuries including ligament tears, meniscus tears, and muscle ruptures;
- Repetitive injuries including Iliotibial (IT band) syndrome, patella tendonitis, bursitis, and patellofemoral pain syndrome (runner's knee);
- Arthritic conditions including gout, osteoarthritis, and rheumatoid arthritis.

One of the leading causes of disability and joint pain is osteoarthritis (OA) or the wearing down of joint cartilage of the knee and subsequent inflammation. Most people with OA are younger than 65 years old and experience a large reduction in activity level due to pain. OA is also a contributing factor in a cycle of systemic inflammation that has been linked to many other conditions and diseases.

The good news is physical activity has been shown to reduce these levels of inflammation and related pain or dysfunction. Significant evidence supports the effectiveness of land-based exercise in reducing symptoms and impairments of OA when compared to common pain relievers, such as ibuprofen and acetaminophen, without the same risks.

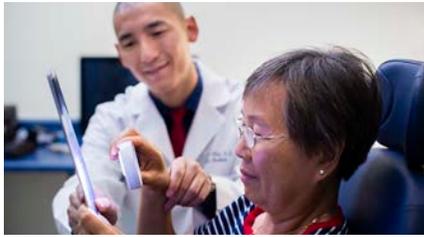
The best choice of exercise varies by patient and is based on your level of function, exercise history, current health, and progression of OA. If you are experiencing knee pain, physical therapists are equipped to assess these factors and develop a program to make improvements in pain levels, knee range of motion, hip and knee strength, flexibility, joint mobility, balance, and overall function.





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