

ACHILLES TENDINOPATHY

Achilles tendinopathy is an unfortunately common complaint seen in a physiotherapy clinic. Achilles tendon pain is usually due to small tears in the tendon which can develop over time. This may occur due to a single incident of over-stretching or straining the tendon, or through general overuse where the tendon becomes worn and damaged.

Several factors can contribute to the development of Achilles Tendonitis. These include:

- Wearing high-heeled shoes that shorten and tighten the calf muscle
- A sudden increase in the amount of weight bearing training such as walking or running
- Poor footwear that rubs against the tendon or does not support the foot adequately
- Training on hard or uneven surfaces e.g. road running, beach running and running up hills is notorious for this
- Insufficient stretching and/or recovery between training sessions
- Poor foot biomechanics – excessive pronation is the most common
- Weight gain



Achilles symptoms include pain in the Achilles tendon, heel or lower calf. Tenderness to pressure and redness and swelling are common. There may be difficulty rising up onto your toes, particularly when standing on 1 leg only. In some cases it can be difficult to put the foot to the floor after a training session, or first thing in the morning.

Treatment may include:

- Correction of foot biomechanics – advice on footwear and/or the prescription of orthotics
- Loosening of muscle and joint structures that may be impairing or altering normal movement of the calf muscles and ankle joint
- Mobilizing or manipulating the bones of the ankle and the foot
- Stretching and releasing the muscles of the calf
- Strengthening program to prevent re-injury

Early physiotherapy treatment for this problem is vital as it can become difficult to resolve the longer it has been there. Full rehabilitation is important to achieve an optimum outcome and prevent re-occurrence.

BACK PAIN

It is a fact that approximately 8 out of every 10 people will experience at least some form of debilitating back pain in their lives.

The symptoms of back pain can be:

- Persistent aching or stiffness anywhere along the spine, from the base of the neck to the hips.
- Sharp, localized pain in the neck, upper back, or lower back — especially after lifting heavy objects or engaging in other strenuous activity.
- Chronic ache in the middle or lower back, especially after sitting or standing for extended periods.
- Back pain that radiates from the low back to the buttock, down the back of the thigh, and into the calf and toes.
- Inability to stand straight without having severe muscle spasms in the low back.



In most cases back pain can be treated with activity modification and physiotherapy. In the physiotherapy examination a subjective evaluation determines physical condition, pain location and mechanism of injury. Objective examination involving movements, palpation and other special tests help pinpoint which structures are involved, and how to proceed with treatment.

Pain management is the main focus of a physiotherapy program. Heat and painfree positioning are used initially. Massage is also helpful, to reduce muscle spasm. In some cases, trigger point massage may be used when there is referred pain down the buttocks and leg that resembles sciatica. Other treatments may include acupuncture, mobilization and manipulation. Proper posture will be taught and devices for maintaining good spinal alignment while sitting will be prescribed.

Stretching exercises form a major part of your therapy. These exercises, targeting the lower back, buttocks and hamstrings relieve tightness and promote blood flow. Water exercises, swimming and light walking may also be recommended.

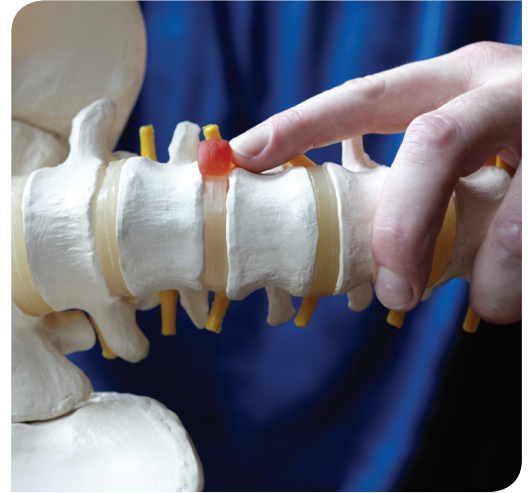
Instruction in proper body mechanics during bending, lifting and carrying heavy objects is another important aspect of your recovery.

Once symptoms are under control, a home exercise program should be prescribed and maintained to prevent recurrence of back pain. Ergonomic adjustments in the work place and weight loss will also help with long term pain reduction and symptom control.

DISC PROLAPSE

Commonly called “herniated disc” or “ruptured disc” (or misleadingly called “slipped disc”), a disc prolapse is one of the common conditions we treat. The spinal column is made up of a number of bones called vertebrae. Between these vertebrae are discs which prevent the bones from rubbing against each other during movement and act as shock absorbers during impact. In the lumbar spine (lower back), the discs are composed of a fibrous outer layer and a gel-like inner layer. When the outer layer becomes worn through overuse or injury, the inner layer can leak or “prolapse” out of the disc and cause pain.

Sometimes all it takes is a sudden, forceful movement (such as bending or lifting) to put too much strain on an already weakened disc and cause severe pain. If the prolapsed substance touches a nerve, pain, weakness and reduced sensation can be felt along the nerve, usually down the buttock or leg. This is known as sciatica.



Staying active during the acute stages of lower back pain is preferred over bed rest, as long as the activity does not aggravate the pain. An early visit to your physiotherapist is critical in assisting the body to repair the disc for pain relieving strategies.

A thorough physiotherapy assessment should include various neurological, orthopaedic and specialised test. physiotherapy treatment includes pain-relieving strategies such as heat and soft-tissue massage, progressing onto joint mobilisation and exercises where possible. Getting the spinal joints moving will reduce stiffness, restore mobility and promote healing of the damaged disc. Specific stretching and strengthening exercises to increase mobility and muscle strength and prevent further deterioration of the disc will follow.

Once healing begins to take place, a tailored exercise program that suits individual needs and lifestyle should be prescribed. Core strengthening exercises that tighten the abdominal wall are usually recommended to promote good posture and restore normal function. Education in proper body mechanics such as lifting, bending, work habits etc. is vital in preventing a recurrence of the injury.

HEADACHES

If you suffer from persistent or recurring headaches, it may be that they are coming from your neck even though you may not have actual neck pain. The neck, or cervical spine as a cause of headache is commonly overlooked and can result in patients suffering for many years.

Physiotherapists are experts in assessing and treating neck related headache.

Headaches caused by the structures of the neck are often one-sided, with pain usually arising at the base of the skull and referring to the temple, forehead or eye region. However pain can be present in the eye/head region alone. Pain can be aggravated by neck movement or sustained postures and is often eased by manual pressure to the joints at the base of the skull. Headache sufferers may wake with pain, or it may come on as the day progresses.



How your neck can cause pain in your head.

It has been well demonstrated that structures in the neck can refer pain to the head. The nerves that originate from the top of the neck (C1-C3) also provide sensation to the face and head. If these nerves are aggravated by stiff joints and muscles in the neck, they can cause pain in the head. This is called referred pain.

The Role of Physiotherapy

The role of physiotherapy is to thoroughly assess the neck. Specific questions should rule out other causes of headaches. Objective assessment involves palpating and feeling the structures of your neck to decide if they may be causing the headache. If the neck structures are involved, findings include:

1. Tight and painful structures in the neck (joint and muscle)
2. Pressure on specific structures will reproduce head pain.
3. A forward head posture and stiff mid back.
4. Reduced motion in the upper joints of the neck.
5. Reduced endurance in the deep muscles of the neck.

After correctly diagnosing the neck as the cause of headache, treatment can be quite straightforward for an experienced physiotherapist.

A combination of gentle manipulation of the neck joints, massage and/or acupuncture to reduce muscle tension and spasm, and specific exercises for the deep muscles of the neck, will go a long way to reducing, if not abolishing, headache pain.

NECK PAIN CAN BE A DEBILITATING HEALTH PROBLEM

Your spine is made up of bones (vertebrae that support the body's weight), their joints (facets that guide the direction of the movement of the spine), and the discs (which separate the vertebrae and absorb the shock as you move), the muscles and the ligaments that hold it all together. One or more of these structures can be injured.

You can strain or sprain the ligaments or muscles from a sudden movement, improper movement or through overuse.

Sprains can allow the disc to bulge and press against a nerve. Any of these injuries can result in a two-or-three day period of acute pain and swelling in the injured tissue, followed by slow healing and gradual reduction of pain. The pain may be felt in the neck, the head (headaches), in the shoulder, or down arm (often the pain is felt primarily in the shoulder, arm or hand with very little actual neck pain). Onset of pain may be immediate or occur some hours after exertion or an injury. There may be a slow onset - pain gradually increases over several days or weeks.



Signs & Symptoms

- Pain or deep ache of the neck, shoulder or arm (this needs to be differentiated from true shoulder pain, such as tendonitis/bursitis).
- There may be burning or tingling of the arm or hand or headaches. It may be continuous, or only occur when you are in a certain position.
- The pain may be aggravated by turning your head, looking up or looking down (as with reading).
- Limited range of motion (less than normal movement) of the neck.
- Stiffness of the neck and shoulder muscles.

Some of the Causes

- Postural strain (improper position when sitting - reading - working at a computer)
- Severe blow or fall, car accident, heavy lifting.
- Sleeping without good neck support/sleeping on your stomach
- Turning over while you are asleep. Then waking up with a "stiff neck."
- Degenerated/ ruptured cervical disc,
- Spondylosis (hardening and stiffening of the spinal column).
- Often there is no obvious cause.

Risk Increases by:

- Sitting for long periods and bending your head /neck forward. (desk work, cooking, etc.)
- Participation in sports without warming up (stretches).
- Sharp increase in athletic activity (weekend athlete)
- Poor posture with sitting - sleeping.
- Frequent travel on planes.
- Falling asleep sitting up. (head hanging down)

WHAT YOUR PHYSIOTHERAPIST CAN DO FOR NECK PAIN

A Physiotherapist can help treat neck pain. Physiotherapy can help treat stiffness and discomfort, improve recovery time and promote blood flow. Physiotherapists can help to assess areas of improvement and provide treatment options for neck pain.

A Physiotherapist can provide an assessment or examination to help determine the source of pain and its behaviour in the body. The location of the pain and how it behaves can provide an understanding of the underlying physiological problem and provide a treatment plan.

Physiotherapy can help create an appropriate exercise regimen, improve the nerve function, correct poor posture and develop the muscles of the cervical spine.

THE PELVIC FLOOR

The pelvic floor includes a group of muscles and ligaments that form a “floor like” structure that supports key organs. These include the bladder and bowels (and uterus for women).

A strong pelvic floor is important for preventing issues like urinary incontinence for men and women (the involuntary loss of control of urine) and pelvic organ prolapse.

Pelvic organ prolapse occurs when the muscles and tissues supporting the organs (i.e. the pelvic floor) weaken. This can be caused by various issues including childbirth, aging, chronic cough, hormonal changes such as menopause, excessive straining due to constipation, constant lifting of heavy objects, obesity and pregnancy.



HOW TO STRENGTHEN YOUR PELVIC FLOOR MUSCLES

All men and women should regularly exercise the pelvic floor muscles. It is highly recommended that women do pelvic floor exercises daily to prevent weakness and, if needed, to improve the strength of the pelvic floor muscles.

As with any muscle, consistently performing the right exercises always helps. Gentle exercises (like walking regularly) can also help strengthen the pelvic floor muscles.

Anyone who's ever experienced pelvic pain or pelvic organ prolapse will tell you it's a frustrating and painful ordeal.

SO HOW CAN PHYSIOTHERAPY HELP WOMEN AND MEN TONE AND STRENGTHEN MUSCLES, ESPECIALLY IN THE PELVIC AREA?

Physiotherapists can design a full pelvic workout, including exercises called “Pelvic Clocks” and “Kegels” to strengthen the muscles in the pelvic region.

Kegel exercises are the most effective way to tone and strengthen the pelvic floor muscles. According to several studies, women after the age of 35 lose approximately 5% of their body's muscle mass every 10 years. This loss of muscle mass affects every aspect of a woman's body, including the pelvic region.

To find out how you can benefit from these and other exercises, call our office today to schedule an appointment. Let us help you regain control of your pelvic floor muscles.

Don't wait until you suffer the symptoms of pelvic floor weakness to take action. Call us today and take preventive measures.

SCIATICA

Sciatica is caused by pressure on the sciatic nerve - a very large nerve that originates from the lower lumbar spine and travels through the buttock into the leg as far as the back of the knee.

Sciatica is characterized by pain, numbness, and weakness in the legs. Commonly pain and numbness are located at the calf, foot, or back of the thigh. This is usually preceded for a few weeks by lower back pain. Eventually the leg pain becomes worse than the back pain. Pain can either be dull and aching or can be a shooting pain down the leg all the way to the toes. This pain can last for several days or weeks or it can subside for even a few hours. However, someone who has had sciatica for a long period of time will find that the pain localizes in the buttock and thigh. In severe cases it can damage nerves and reflexes or cause the calf muscle to deteriorate.



Sciatica is a common problem for manual workers, sedentary office workers and is particularly prevalent during pregnancy. Pressure on the Sciatic nerve can result from a number of reasons including:

- Tightness of the piriformis muscle in the buttock that compresses the sciatic nerve
- Spinal/vertebral dysfunction
- Herniated disc, disc prolapse
- Osteoarthritis
- Poor posture - wearing high heels, prolonged sitting, poor mattress
- Poor lifting technique and poor bending habits
- Spinal compressions due to osteoporosis

Since there are many disorders that can cause sciatica, your physiotherapists' first task is to determine the exact cause of your sciatic nerve interference. Physiotherapy treatment always begins with a thorough history, spinal, orthopaedic and neurological examination. Special diagnostic imaging investigations such as X-ray, CT, MRI and posture pro scan may also be required to accurately diagnose your sciatica.

Treatment of Sciatica

As sciatica is due to pressure on the sciatic nerve, it stands to reason that treatment involves removing this pressure. Your Physiotherapy treatment aims to achieve this by reducing nerve pressure caused by poorly moving spinal joints as well as easing muscular tension in the lower spine, buttock and leg. This is achieved by using a combination of the following techniques:

- Spinal mobilisations
- Massage therapy and trigger point therapy
- Stretching tight muscles, joints, tendons and ligaments
- Ultrasound and other electrical stimulation devices
- Advice in relation to how to minimise pressure and irritation of the sciatic nerve

In addition to this, you will be given a series of home stretching exercises and asked to apply ice and heat to help aid your recovery. If you are suffering with sciatica at the moment please do not delay - you can achieve the best results when you address the symptoms early. Please contact us to begin your care today!

SHOULDER INJURIES

Life can bring activities and sports that can result in some common injuries involving the shoulder. Sports such as tennis, golf, swimming, soccer, wakeboarding or water skiing, even home maintenance work can all cause shoulder problems.

The rotator cuff is comprised of a group of muscles and tendons that cross the top and back of the shoulder and attach onto the bone at the top of the shoulder joint, most commonly the supraspinatus tendon is affected. The biceps tendon crosses the front of the shoulder to attach to the joint. Any activity that uses repetitive overhead motions or sustained postures can result in inflammation of these tendons and shoulder pain due to tendinitis.



THE MOST COMMON SHOULDER PROBLEMS INCLUDE:

Impingement Syndrome

When the rotator cuff tendons become pinched in the joint due to narrowing of the joint space; this is commonly due to either inflammation or arthritic changes.

Bursitis

Inflammation of the bursa (fluid-filled sacs) around the shoulder that normally are present to provide cushioning.

Muscle Strain

Can occur in the upper shoulder muscles such as the upper trapezius or in the deltoid muscle at the side of the shoulder. If you notice pain or soreness in your shoulder following any repetitive activities or sports it is important to use a cold pack for 10 minutes 3-5 times per day to help decrease inflammation. If symptoms persist or worsen it is advised to visit your family doctor or a physiotherapist to further assess your shoulder problem.

HOW CAN PHYSIOTHERAPY HELP?

- Provide you with a comprehensive assessment of your back problem and communicate to you a physical diagnosis of your problem
- Provide a variety of manual therapy techniques including mobilizations and manipulations
- Provide an exercise regimen specific to your problem to increase flexibility, strength, and core stability
- Provide postural and ergonomic education and retraining
- Provide modalities such as TENS, IFC, ultrasound, heat, and cold to reduce pain and decrease inflammation