

Q. What is the difference between a physiotherapist, an osteopath and a chiropractor?

A. All are manual therapists with a recognised course of training usually to diploma or degree level and have professional regulation bodies to oversee their practice. There is a large overlap in the conditions treated and the types of treatments used which can be confusing to the customer. It is often suggested that chiropractors and osteopaths focus on spinal manipulations or adjustments and that physiotherapists are more concerned with exercises and posture correction. In our experience, much depends on the direction the individual therapist takes in their post-graduate training. Many physiotherapists perform joint manipulation and many osteopaths prescribe exercises. Our general advice as to which type of practitioner to choose would be to seek a specific recommendation from your GP or friends on whom they have found helpful.

Q. What is Craniosacral therapy?

A. This is a therapy that we offer in the clinic and that many people have not come across before. Craniosacral therapy is a hands-on therapy which can assist the

body's natural capacity for self-repair. In a standard session, the patient lies on a treatment table while the therapist's hands make a light contact. The therapist palpates with the hands, to identify what is going on in the patient's body and helps to relieve pain or tension held there. It is suitable for a wide range of conditions and for people of all ages from babies to the elderly. Whilst this may sound quite an alternative form of treatment and outside the realms of conventional western medicine, I have experienced it's often quite powerful effects and benefits over the years and worked with many therapists who have been very skilled in this approach. For further information on this therapy including a list of ailments treated please see the clinic website or contact the clinic to speak to Kamali Freedman, our Craniosacral therapist.

Helen Skehan

References: *Guidelines for the management of soft tissue (musculoskeletal) injury with Protection, Rest, Ice, Compression and Elevation (PRICE) during the first 72 hours.* The Association of Chartered Physiotherapists in Sports Medicine.



physio.solutions
Physiotherapy & Sports Injury Clinic

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Editorial

It's been a little while since the last newsletter mainly as I was waiting to announce the launch of our new and improved website. Inevitably these things take longer than anticipated but I am now very pleased to let you know that our new website is up and running. Please have a look online and let us know what you think.

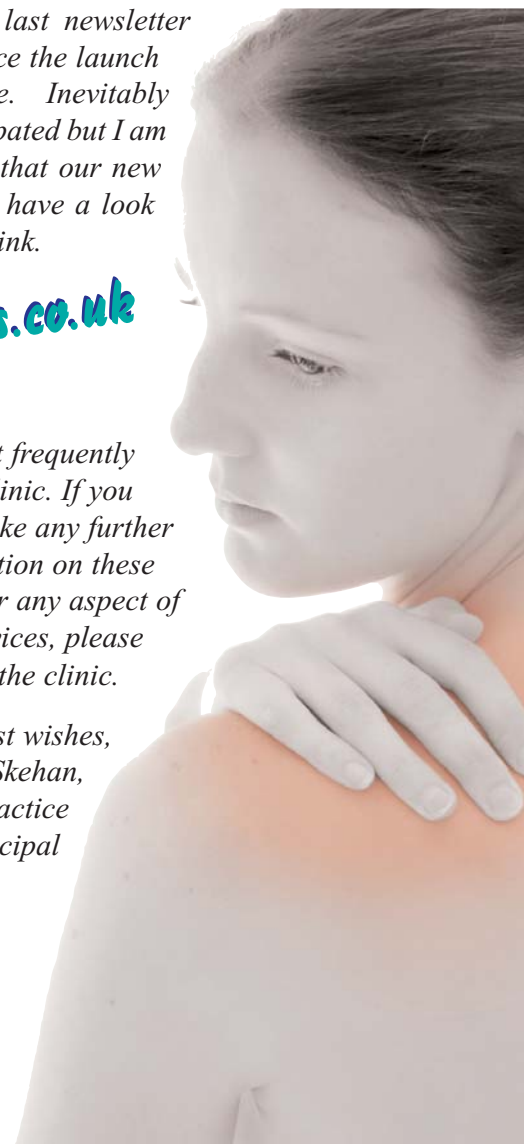
www.physiosolutions.co.uk

This site should be easier to navigate and has up-to-date details on our services and our team. It also has the previous newsletters and we hope to build up a body of information for people to access in relation to injury management, ergonomics and health issues through these regular newsletters.

In this newsletter, we thought to try and answer some of the questions we get asked

the most frequently in the clinic. If you would like any further information on these topics or any aspect of our services, please contact the clinic.

*With best wishes,
Helen Skehan,
Practice
Principal*



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Opening Hours:

Monday: 8.30am - 7.30pm
Tuesday: 8.30am - 8.30pm
Wednesday: 8.30am - 7.00pm
Thursday: 8.30am - 8.30pm
Friday: 8.30am - 7.30pm

Frequently Asked Questions

Q. What conditions do you treat the most often?

A. This is a difficult one as we treat such a variety of conditions and injuries. Low back pain was one of the commonest problems we encountered but as emphasis has switched from manual jobs to more automated and desk-based jobs, neck and upper shoulder pain, stiffness and dysfunction has become one of our most regular presentations. We also encounter seasonal variations to the types of conditions that we treat - running injuries after Easter (usually in the run up to the marathon), over-use type gardening injuries in the Spring, knee injuries in the football and skiing season and sprained ankles all year round (reportedly the most common sports injury and the most poorly managed as many people dismiss it as 'just a sprained ankle'). The variety is one of the features and pleasures of the role of the physiotherapist.

Q. When I exercise when should I do my stretches – before or after?

A. Many studies have looked at this question and while the evidence is not conclusive, the consensus of opinion is that you should warm-up prior to exercise by doing whatever you are going to be doing but at a lower intensity e.g. fast walk/slow jog for 5-10 minutes prior to a run and do stretches at the end of your session. We also advise people doing a gym session to do their stomach exercises at the end of their session as the stomach muscles are the core stabilisers and you don't want to fatigue them earlier in your programme.

Q. What is best to do after a soft tissue injury – apply heat or cold?

A. If a severe injury is suspected the individual should be referred immediately to either an A&E department, or an experienced practitioner in the management of soft tissue injuries.

If possible, apply cold in the form of ice immediately after an injury. The aim is to reduce local tissue temperature, reduce pain and cause vasoconstriction in the area which can help to minimise swelling. It is important not to apply the ice for too long as this can cause the opposite effect in the circulatory system i.e. vasodilatation which can increase swelling. So, short, regular bursts of icing are recommended in the region of 10-12 mins. every one to two hours. Chipped or crushed ice in a damp towel is an effective application method. A damp towel or cloth should always be placed between the cooling agent and the skin to prevent ice burn.

The PRICE guidelines are very helpful for the first 48-72 hours following a soft tissue injury-**P**rotection, **R**est, **I**ce, **C**ompression & **E**levation. The aim is to:

- reduce local tissue temperature
- reduce pain
- limit and reduce inflammatory fluids into the area or injury
- reduce metabolic demands of the tissues
- protect the damaged tissue from further injury
- protect the newly-formed soft tissue fibres from disruption
- promote collagen fibre growth and realignment
- maintain general levels of cardio-respiratory and musculoskeletal fitness / activity.

Protection - support the injured part to protect against further damage.

- The type of protection required will depend on the site and nature of injury. This may range from protection from full weight-bearing e.g. crutches, to general support e.g. slings, to specific support for the injured structure e.g. taping/braces.
- The protection, whilst supporting the injured area, should avoid complete immobilisation of the part whenever possible.
- The protection must also be capable of accommodating swelling.

Rest should be applied to the injured part immediately following injury.

- Stress on the injured tissue should be avoided during the early stage of the healing process.
- The optimum period of rest is between one to five days depending on the severity of injury.
- Following the period of rest early mobilisation should initially avoid undue stress on the healing tissue.
- Overall general activity should be reduced in the early stages to avoid a generalised increase in blood flow.

Compression

- Elastic bandages and tubigrip appear to be the most effective form of compression.
- It is important that the pressure is applied evenly throughout the application from a minimum of six inches above and below the injury.
- Always apply compression starting at the periphery/extremity and working towards the centre of the body.
- The compression must be capable of accommodating swelling and of

continuing to apply pressure as the swelling reduces.

Elevation

- Elevate the injured part as soon as possible following injury ideally above the level of the heart.
- Ensure that the elevated part is adequately supported e.g. with pillows.
- If the limb can be maintained in elevation do not apply compression simultaneously.

Q. I've got a problem, who should I see the physiotherapist or the massage therapist?

A. We get this query a lot especially from people who are just passing by the clinic and haven't received a specific recommendation. I generally advise people that if they have a specific pain or injury, they might benefit from seeing the physiotherapist first for a full assessment, diagnosis and treatment. The physiotherapist will then refer on to the massage therapist if they think this is appropriate. If the problem is tired or tense muscles, fairly generalised without a specific pain feature, often the massage therapist may be the most appropriate therapist to see in the first instance. We are very fortunate to have Clare Murphy, a very experienced massage therapist here in the clinic - who has worked extensively with physiotherapists here in the UK and in New Zealand and we cross refer regularly. In certain cases where symptoms have been present for a long time, massage therapy can be a very helpful form of longer-term management e.g. for work-related symptoms.

