

reactivate

Quarterly PHYSIOSOUTH Newsletter

Winter/Spring 2005

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Clinic Locations

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PHYSIOSOUTH@ PROFITNESS

Northwood
Belfast Supa Centre

PHYSIOSOUTH@ THE CLINIC

192 Gloucester Street

PHYSIOSOUTH@ PIONEER

Pioneer Leisure Centre

PHYSIOSOUTH@ MOORHOUSE MEDICAL

3 Pilgrim Place

PHYSIOSOUTH@ LINCOLN ROAD MEDICAL PRACTICE

92 Lincoln Road

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Reactivate – Repair, Improve and Prevent

REACTIVATE is the name given to this newsletter and to our activity based contact program, for clients requiring gym based rehabilitation. This successful program is a hybrid of who we are and manifests itself with all our treatments and is part of PHYSIOSOUTH culture. RIP stands for Repair, Improve and Prevent and defines this culture—it's a part of every treatment in some way.

- 1** Physiotherapy: management of the disability—*REPAIR*.
- 2** Exercise prescription and nutrition: after the disability has been managed it's then time for improvement in general condition and diet if required.
- 3** Mental fitness: re-establishing the focus and drive—*IMPROVE*.
- 4** The management of prevention is the last feature of Reactivate. Recurrence rates are high and taken seriously—*PREVENT*.

Our ACC funded Activity Based Programmes are continuing to provide clients with high levels of successful functional outcomes. Primarily gym based rehab can provide you or your client with:

- Gym Fees paid.
- Extended physiotherapy rehabilitation planning and supervision.
- Access of other treatment providers under our supervision including:
 - Industrial and clinical psychology
 - Podiatry
 - Nutritional services
 - Exercise prescription
 - Worksite visits
- An active rehabilitation program based on physical conditioning with positive input from the principles of cognitive behavioral therapy.
- Functional goals with objectives measuring success

Three Locations

- Profitness Health Club Moorhouse
- Profitness Health Club Northwood
- Pioneer Stadium



Hana Black, Bush Stream, Aoraki Mt Cook National Park. Photo Mark Watson.

Outcomes

- 76 (167) referrals
- 63 clients or 84% returned to work or work-fit (75%)
- Another five clients, or 7%, improved functionally as defined by major goal—often students or partial rehab due to severity of injury (16%)
- 91% OF ALL MAJOR GOALS ACHIEVED

It is suitable for most post-operative clients, neck and back problems, work related disability or any impairment caused by injury which may respond to strengthening and the rehabilitation approach. Key goals are return to work or return to independence, and clients disabled for six weeks or more are targeted.

Referrers: To refer for an ABP please refer client with a specific request for 'Activity Based or Gym Based rehabilitation'.



THE PHYSIOSOUTH VISION

To provide repair, maintenance and performance services to the human body in an environment that staff love to work in and clients love to come to.

Organisation Values

- **PHYSIOSOUTH** aims to deliver a 'from here to there' approach to all clients and staff.
- **PHYSIOSOUTH** values the needs of our clients before all else.
- **PHYSIOSOUTH** values a total team approach.
- **PHYSIOSOUTH** is a learning, growing organisation.

Clinical Culture

- Operate in an environment in which providers love to treat and patients love to come to.
- All treatment providers work within their scope of practice and adhere to the highest professional standards defined by their professional body.

- Evidence based practice is applied.
- **PHYSIOSOUTH** uses the clinical reasoning model described by Robin McKenzie (MDT) as the basis for every assessment and treatment when appropriate.
- Strengthening of the local muscle systems is encouraged when appropriate.
- Gym based or activity based rehabilitation is encouraged when appropriate.
- Patients should be managed in such a way that physiotherapy treats 'the disability', and encourages improvement of client's 'ability' or enhancement of wellness, performance or independence.

What is the EPN?

The EPN stands for 'The Endorsed Provider Network'. It is a contract that clinics hold with ACC providing better funding for better outcomes. From a client perspective it means no surcharge and better packages of care. All **PHYSIOSOUTH** clinics are part of the EPN.

staff profile



Mark Laslett is a registered physiotherapist in New Zealand and holds post-graduate diplomas in Manipulative Therapy and in Mechanical Diagnosis and Therapy. He was in continuous private practice from 1971 to 2001 until commencing full-time doctoral studies. He completed his PhD in May 2005 and returned to clinical practice in 2005 while continuing post doctoral research. In 1979 he commenced teaching manipulative therapy, and is a past president and former senior instructor for the New Zealand Manipulative Physiotherapists Association. He was a senior international instructor in Mechanical Diagnosis and Therapy between 1985 and 1997.

Mark commenced clinical research in the late 1980s and has published a number of research and clinical papers since then. He has provided a chapter on diagnosis of sacroiliac joint pain in recent texts and published a monograph 'Mechanical Diagnosis and Therapy: The Upper Limb' in 1996. Mark has presented his courses on the upper limb, the lower limb, and the lumbar spine and pelvis in New Zealand, Australia, USA, Canada, UK, Ireland, Scotland Sweden, Finland, Denmark, Italy and The Netherlands.



The McKenzie Conference, Crete 2005

Graeme Nuttridge

As usual, conferences with good people in exotic locations and great speakers are usually a winner. This was no exception, what can you say when lunch time activities include swimming in the Mediterranean, evenings are made of ouzo and Greek dancing and the only noise you can hear from your room is the gentle lap of the waves on the beach 50 metres away. The stress of having to present a paper was an issue but after that it was relaxation mode. We were proud to have eight past and present PHYSIOSOUTH staff at the conference.

In terms of speakers, we had M. Adams and P. Dolan (anatomy and disc biomechanics), N. Bogduk (to keep us honest), K. Burton, P. Croft and Alf Nachemson (to deliver EBM) and of course V. Mooney. A pretty rounded bunch; of which highlights were Adams and Dolan's view of anatomy and discal pathology, a very interesting debate on 'Do we need to know biomechan-

ics for the management of LBP?' and a wonderful presentation by Nachemson on the power of the placebo effect.

Before the conference Marie and I visited various clinics in London, Paris and Athens, and after managed to continue with our education on Santorini and Cairo before a rest in LA. It has been a very tough year (for many reasons) and we are proud of the way our staff and the team (including all our referrers and those with whom we have key relationships) have supported us, and at times us them. When you have times that are challenging, it is then that you reflect and realise what we do is bigger than just work and processes aimed at some goal, it is a rich tapestry of associations, friends and people with real emotions that are the real benefit in what we do and going to work. Marie and I would like to thank everyone who has supported us, we appreciate it immensely.

PHYSIOSOUTH Health and Performance

PHYSIOSOUTH welcomes **Jamie Scott** to our staff. Jamie has a Bachelor's degree in Physed and a post grad diploma in sports Nutrition.



Seven years at university make Jamie well qualified for the role of PHYSIOSOUTH'S first key appointment in PHYSIOSOUTH – Health and Performance.

This reflects our commitment to ensure the flow from disability management (provided by Physiotherapists) to ability management (provided by exercise and nutritional professionals) is a continuum.

Jamie can help with any exercise, weight loss or nutritional management program. Jamie works in a

culture that provides EBP and understands the limitations of pathology. Referrals can be made via any PHYSIOSOUTH clinic.

What's in a rehab program

Rehabilitation is made up of a variety of components all focusing on improving the function of the client.

The components can include:

- Specific exercises based on rehabilitation goals (eg knee strengthening)
- General exercise (eg aerobic fitness and weight loss)
- Range of movement
- Strength
- Power (strength over time)
- Progression (timing of each component is essential)
- Endurance
- Agility & proprioception (balance of movement)
- Return to work (specific work tasks such as lifting)
- Return to sport (specific sporting skills and practice)



Not everybody nor every condition will need each stage and time frames can vary, however each injury is managed appropriate to the needs.



Photo Mark Watson.

Not Coping? Mental fitness – our secret weapon

To quote Norton Halder (1999): *Rarely is the intensity of regional musculoskeletal pain, or even the compromise in physical function, sufficient to drive one to seek help. Psychological confounders contribute and often predominate. The pain is less tolerable when the rest of our life is not in order.*

How do we get a someone who is not coping into someone who can cope. Firstly we explain about pain, and how it can be modified by situations, associations, emotions and physiology such as centrally mediated for pain, and local sensitization. We explain how higher centres can overcome pain and then aim to focus on disability rather than pain. Exercise is a strong analgesic and this is used as a tool.

In conjunction we use Brad Norris from Synergy Health (Qualified Industrial Psychologist). Without doubt Brad

is our secret weapon. Brad's ability to find the hidden purpose and create achievement by self revelation is outstanding. Brad will liaise with PHYSIOSOUTH staff to make sure we can work within the values frame work of the client, ensuring optimal performance.

Personal Values

- To value something means to place importance upon it
- Values guide our every decision
- The only way to have long term happiness is to live by our values
- If we do not live in accordance with our values we are more susceptible to stress and depression.



Queen Charlotte Walkway, Marlborough Sounds. Photo Mark Watson.



The Users Guide to the Human Brain

Ref. J Ratey.

Psychiatrist John Ratey in his book *The Users' Guide to Human Brain* discusses many points of clinical significance to patient care, further defining the relationships between the mind and the body and behaviour. His last chapter is a summary of the book, defining how the mind can change behaviour, sort of self help. The following points are made:

Complexity Theory – little things matter

Dipping Point – things change eventually

Exercise – mind and body, produces mood enhancing drugs

- Increase in blood supply to the brain*
- Self esteem reduces*
- Reduces depression (over 1000 studies confirm this)*
- Enhances endorphins – mood enhancers*
- Enhances neurotransmitters – norepinephrine*, dopamine* & serotonin*

Movement – stimulates the mind

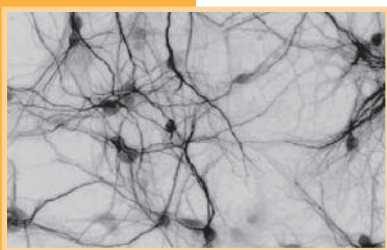
Mental Exercise – lose it or use it

Diet – feeds the brain

Passion – sense of purpose

*all points evidence based

Editors comments: Our **Reactivate** program runs a specific exercise component (eg strengthen the knee) but also a general component (e.g. general fitness and nutritional support stimulates the mind, changes mood, creates drive and passion etc).



Back Problems

Every five years things seem to get better in the conservative management of human spine problems. We have diligently applied the evidence based approach, heavily biased toward the biopsychosocial model and the evidence that we had no evidence of a pain generator, thus the term 'non specific mechanical low back pain'. Certainly this helped; no doubt that it encourages the 'active back' approach. Managing disability rather than pain works to a point. It revives function and quality of life; but it does not abolish pain, merely manages it better.

A strong emphasis by clinician/researchers such as Nic Bogduk, Mark Laslett and early on Robin McKenzie that there is a specific cause for low back pain is now starting to show results. Hi-tech imaging combined with pain relieving or provoking injections and in some cases mechanical assessment has shown us that in chronic LBP about:

- 25% are facet problems
- 40% disc
- 25% sacroiliac

This combined with recent research from Julie Fritz et al, and Audrey Long are now suggesting that specific sub groups of so called 'non specific mechanical low back pain' respond to specific treatments.

In summary: we understand the origin of the pain, if we bother to test, in about 90% of those with chronic low back pain. We now have treatments which target specific low back pain groups, providing better clinical outcomes. The next two decades will hopefully be characterized by evidence based treatment moving away from generic interventions and towards specific interventions for specific conditions which reduce pain as well as impairment. Low back pain may now not be 'non specific'.

Update on our approach – improving spine performance

The PHYSIOSOUTH approach to low back pain changes with current research when appropriate. Our approach is:

1. Restore ROM, reduce/abolish pain and educate early on. For this we use primarily the 'McKenzie approach', combined with other techniques within this framework. Simple problems are quickly and easily managed with a emphasis on education and prevention.
2. For more persistent and recurrent problems we use methods designed to alter movement impairment/posture more specifically. This includes the interventions of Sharman, McGill, Hodges, O'Sullivan and a variety of authors promoting control of the dynamic and static postures.
3. For those with severe long term problems we progress to gym based rehab, using the principles of 'neutral spine' focusing practicing (regrooving) movements which are stressful to the spine, strengthening the trunk, hips, improving balance, control, power and finally specific programs designed for return to work or activity. Most of this is based on the work of McGill which is the natural ally of the McKenzie approach. It is very much improving back performance, combined with general exercise regime.

On top of all this is our positive coping type approach, focusing on the clients goals to ensure high levels of motivation, mental skills training, nutritional and exercise support.

Good technician not enough

Being a good technician of physiotherapy is not enough, clients deserve more. The evidence clearly indicates that we need to inspire, create purpose for and motivate our clients in order to maximize outcomes. This is acknowledged in our training programs. This year we sent staff on programs designed to develop this central skill of inspiring ourselves as well as our clients.

Summary

'Physiotherapy paradise' best describes the faculties, staff, systems and opportunities offered to those who are injured. We take pride in our ability to convey passion and motivation to our clients. We aim to turn disability to ability and then performance. We are an organisation with vision & values and we do achieve 91% of our rehabilitation key goals.

