

reactivate

PUTTING **ACTIVITY** BACK INTO YOUR LIFE

Quarterly **PHYSIOSOUTH** Newsletter

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Clinic Locations

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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

PHYSIOSOUTH@ KAIAPOI

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Tramping, Nelson Lakes National Park. Photo Hana Black.

What do we stand for at **PHYSIOSOUTH**?

For twenty years Marie and I have aspired to clinical excellence, learning over time that this is only half the story of getting successful outcomes with our patients.

Norton Halder said 'it's hard to fix someone when their life is not in order'. We've found plenty of proof of this in our practice. It is often not simply about poor biomechanics but addressing deeper problems, like prolonged inactivity or disengagement from vocational and special groups. We've realised we cannot fix broken anatomy effectively without attempting to change attitudes and beliefs.

The process of gym-based rehabilitation has been a revelation to us. Over the years we have observed not only improved function from those on our gym-based rehab programs, but also surprisingly improvements in cognition and general mood. The clinical evidence is now catching up with this observation; the overwhelming evidence is in favour of exercise as a key component of change; physical and cognitive.

We refuse to let the opportunity of improving health, attitudes and beliefs go when fixing anatomy. Sometimes they are the same thing, and other times quite separate. But simply it is who we are. It's our story.

We stand for putting activity back into our patient's lives.

Yours sincerely,

Graeme and Marie Nuttridge



PHYSIOSOUTH
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STRENGTHENING CLINICAL EXPERTISE

We are delighted to announce that **DR MARK LASLETT** is joining **PHYSIOSOUTH** early in 2006. Mark, who recently finished a PhD at the University of Linköping, Sweden, will focus on being **PHYSIOSOUTH'S** clinical expert, running our professional development program and acting as research coordinator.

In collaboration with Graeme and Marie, Mark will develop a clinical excellence program for the physiotherapy staff at **PHYSIOSOUTH** and act as a resource for continuing professional development. It is also hoped that basic research programs will be initiated over the next year or so, demonstrating **PHYSIOSOUTH'S** commitment to improving patient care based on the latest and emerging evidence.

Mark's objective is to take the already high standard of **PHYSIOSOUTH** care to the next level, by progressively implementing the principles of current and future evidence-based practice.

The academic research Mark has conducted focused on identifying clinical findings (medical history and physical examination) that improve the clinician's ability to determine the source of an individual patient's low back pain. As a result of his research, it is now possible to state that diagnosis of the source and cause of pain is possible using simple clinical tests for over 50% of the most complex and chronic low back pain cases. By using more expensive and invasive techniques such as discography, sacroiliac and facet joint blocks, over two thirds of chronic low back pain patients can have a primary source of pain identified.

LATEST FROM OUR CLINICS

PHYSIOSOUTH has opened a brand new clinic at Kaiapoi, offering physiotherapy, hand therapy, podiatry, and gym rehab in a purpose-built on-site facility. Head clinician, **Colin Hancock** is operating the clinic. While in the early stages, the clinic is exceeding all expectations.

All of our clinics now have head clinicians appointed, supported by **Graeme Nuttridge** as Director and head of gym rehabilitation, and **Dr Mark Laslett** – Head of clinical excellence. Our head clinicians are:

Haldane Blank – Pioneer

Colin Hancock – Kaiapoi

Marie Nuttridge – Colombo Street

Andy Strang – Moorhouse Medical

Kelly Crombie – Moorhouse Profitness

Lidia Belles-Escrig – Northwood Profitness

Anita McKirdy – Vocational

PROMOTING ACTIVITY

We help our patients get what they want out of their lives, from being able to undertake simple household chores through to elite athletic performance, by:

- Offering high standards of clinical excellence.
- Offering gym-based rehabilitation and activity-based programmes.
- Access to other areas of complementary knowledge, such as nutrition, psychology and exercise prescription.
- Staff trained in technical skills, but also EQ (emotional intelligence) making them skilled in providing certainty, optimism and encouragement.
- Multiple locations allowing easy access.



Three Passes tramp. Photo Graeme Nuttridge

Stories from our Patients

Here are some stories from our patients who have found the great benefits of getting activity back into their lives. (Names changed to protect identity)

■ Linda

'I had a back injury. I couldn't work, and even a simple activity like brushing my teeth was painful. The gym workouts and the treatment from **PHYSIOSOUTH** have helped me overcome it, putting activity back into my life. I used to love going to the gym and this reminded me how good it can be.'

■ John

'Originally I was doing rehabilitation for shoul-

der surgery, but **PHYSIOSOUTH** got me involved in an overall fitness programme at the gym. Doing something positive to my mind. They have put the activity back into my life, similar to when I was younger. The shoulder injury was a blessing in disguise.'

■ Sue

'I feel better after seeing **PHYSIOSOUTH**, not just my injury but even my attitude.'

Active Professional and Personal Development

■ Professional development

PHYSIOSOUTH prides itself in keeping updated with areas of both personal and professional development. Here is an idea of some of the courses/meetings that our staff have attended in the past 12 months:

- 42 In-house clinical presentations.
- 16 clinical presentations by guest speakers.
- 25 physio days attending international and local conferences.
- Combined 45 days of McKenzie Institute courses.
- All staff have attended at least one personal development course each.
- Each physiotherapist has had three peer reviews and observation sessions.

We are currently undergoing an external staff review process for our professional staff.

■ Personal development

Do we walk the talk? PHYSIOSOUTH staff are expected to be active in their own lives to embody the benefits of having an active approach to life. For example during 2005 we had:

- Lidia travelling on the Trans-Siberian railway – 4 months. Also Canterbury Triathlon Champion for her age group.
- Marie and Graeme attending a conference in Crete and seeing Europe – 3 weeks.
- Anita attending the conference in Crete and travelling the world – 6 weeks.
- James kayaking the White Nile – 4 weeks.
- Monique climbing in the Fox Glacier region.
- Andy climbing Mt Lendenfeld in Aoraki Mt Cook National Park .

Energy comes from those who dare and is passed on to those in our care!

For 2006:

- Congratulations to Andy for an ascent of Aoraki Mt Cook
- Monique four months climbing in the Himalayas.

It may make management a little tougher, but I can say with great confidence our staff live the dream, and we encourage it, and we pass it on.

Crossing Travers Saddle, Nelson Lakes National Park. Photo Hana Black

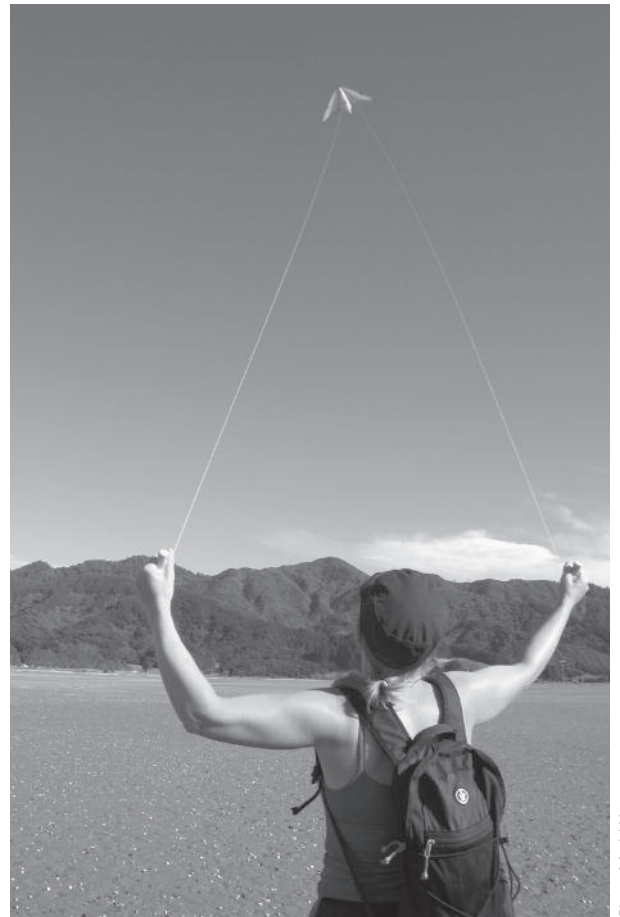


Photo Mark Watson

Changing Lives Through Activity

Our Activity Based Programs

Our 6–12 week gym-based rehabilitation programs continue to evolve. Client criteria for these programs are being off work (or having the potential to be), on earnings related income compensation for six weeks. Effectively it is an activity based, return-to-work program, or return-to-independence program that is not treatment focused, but activity focused.

Results of these programs over 2005:

- Over 91% of key goals achieved.
- New compliance monitoring systems implemented.
- Permanent and lasting changes in function, activity levels and attitude.

We specialize in post-op programs, high end programs requiring high levels of performance in regards to return to work criteria, and those who really need encouragement, emotional support and realistic optimism to achieve goals.



Photo Graeme Nuttridge



Soft tissue injury and healing

The repair of injured soft tissue is divided into three broad phases, these are: inflammation, tissue repair and remodelling. Each has a distinct management strategy. The phases overlap, but each part is essential to the successful long term outcome. Connective tissue and muscle do not regenerate when damaged but are replaced by inferior fibrosis scar tissue. To ensure maximal repair all stages need to be completed at optimal time frames.

The inflammatory stage should occur before two weeks and tries to seal the injury with fibrin at about day five and is eventually replaced by collagen. In the tissue repair phase physical activity stimulates cellular activity, with inactivity new collagen is not stressed and the new tissue is only about 15% as strong as the original tissue. The application of gentle natural tension to progressive increases in force will allow tissue to be stronger. However over-exercise will cause tissue break down and disrupt healing. Remodelling is the process of turning weak immature and disorganised scar tissue into a structure able to withstand normal tasks. Intermittent stress appears to be the best. This is the ultimate goal: tissue which is resilient.

Tissue healing is a part of the total management, focused in the pain generator as such, however many other factors can be used in rehabilitation and returning the injured person back to full activity. These often result in strategies which functionally unload the structure. Often these interventions are based on risk factor assessment and can include some or all of the following:

- Strengthening muscles which support the structure and allowing shared load.
- Re-training muscles or movements which increase efficiency of movement such as core stability training.
- Re-training gait.
- Technique training, as in a fast bowler with poor technique who is complaining of low back pain.
- Training error.
- Consideration of agility, power, strength and graduated return to function.

Summary Points

- **No injury can heal faster than the natural rate.**
- **All three stages must occur.**
- **Same as in all soft tissues with the exception of tendons.**
- **Early progressive, active rehabilitation is essential to optimise repair and function.**
- **Modalities not shown to help.**
- **Tissue repair is part of total management which includes some strategies to functionally unload the structure as such gait re-education and strengthening surrounding muscle groups.**

General Management Principles for soft tissue injury

| | |
|---|---|
| Week 1 Injury and Inflammation | Taping if active Prevent excessive inflammatory exudates Reduce swelling Aspirate haemarthrosis/ haematoma |
| Week 2-4 Repair and Healing | Gentle tension and loading without lasting pain (pain after activity) Progressive return to normal loads and tension |
| Week 5 and on Remodeling | Prevent contractures Normalize function, loading and tension Increase strength and flexibility |

S P O R T S L A B – TENDINOPATHY

Tendon injuries no longer remain the mystery they once were. World renowned researcher Dr H Alfredson visited Queenstown for the annual sports medicine conference. He showed there is now significant research support for the use of eccentric training exercises for achilles tendinopathy. And increasing support for the same approach for shoulder tendinopathy, patella tendinopathy and elbow tendinopathy. I have read his articles, but to hear him speak truly improves understanding.

