

reactivate

PUTTING
ACTIVITY
BACK INTO
YOUR LIFE

■ GROWTH ■ RESILIENCE ■ ENERGY ■ ATTITUDE ■ TEAMWORK

Quarterly **PHYSIOSOUTH** Newsletter

Summer 2009

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**PHYSIOSOUTH@
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**PHYSIOSOUTH@
PIONEER**
Pioneer Leisure Centre

**PHYSIOSOUTH@
MOORHOUSE MEDICAL**
3 Pilgrim Place

**PHYSIOSOUTH@
KAIAPOI**
Unit 6 /77 Hilton Street

**PHYSIOSOUTH@
CRICHTON COBBERS**
177 Chester Street East

**PHYSIOSOUTH@
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Photo: Wharfedale Track, Canterbury foothills. Mark Watson/www.hghlux.co.nz

PHYSIO SURCHARGES RETURN

We are so glad it's over: physiotherapy surcharges are back and **PHYSIOSOUTH** are through the first phase. Patients and staff have been outstanding. We have thought carefully about everything we do, and of course, as you would expect we have seen a reduction in treatment given. There is little point in reflection about the merits of this as it simply just is. It is a new world but let's hope a stable one for a while at least.

Thanks to our referrers, staff and patients who have been just outstanding.

— Graeme and Marie Nuttridge

Funding changes for **PHYSIOSOUTH**

From the 16th November, 2009 physiotherapy patients have again been asked to contribute towards their treatment (co-payment). The reasons are obvious, but are fundamentally to limit the unsustainable growth in physiotherapy treatments. This will allow sustainable management of clearly limited resources. It is essential that physiotherapists do charge, otherwise once again growth is not limited. Back to square one.

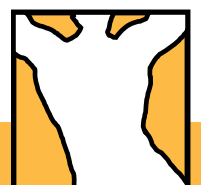
Surcharges are:

- \$15 for new assessment*
- \$12 for a follow up

These surcharges still represent great value and I believe are within a reasonable zone. We are now contractually obligated to provide ACC with outcomes measures, two have been identified and they are the numeric rating scale and the patient specific functional scale.

Please contact me if you have any queries: graeme@physiosouth.co.nz

(*Note: these are basic charges but they can vary depending upon the time used and slightly more is charged for specialists Graeme Nuttridge and Dr Mark Laslett).





ANKLE INSTABILITY

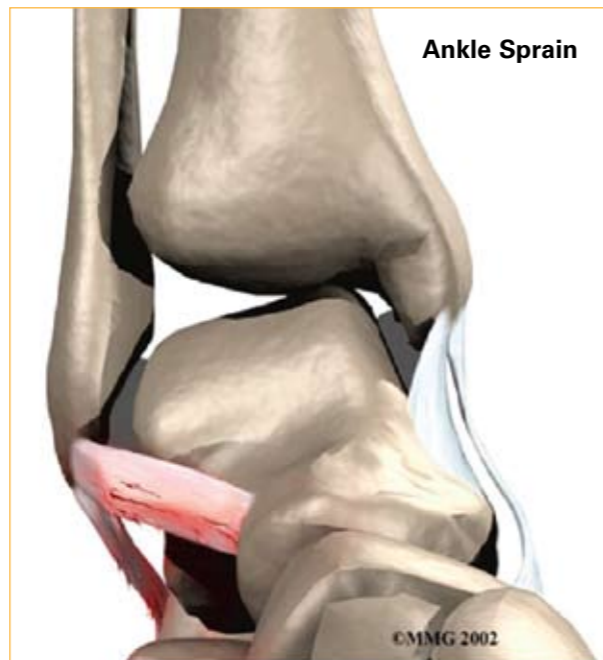
Ankle Instability (sprain): Reference from the 4th International Ankle symposium July 16-18, 2009, JOSPT Volume 39, Number 10, October 2009).

Ankle sprains have been shown to be the most common sporting injury. Ankle sprains can be classified into low ankle sprain and high ankle sprain.

ciated with excellent outcomes – around the 90 per cent mark.

High ankle sprains are associated with injury to the syndesmosis complex, they can occur with low ankle sprains. Functional rehabili-

tation is required for those with stable injuries, although recovery times are often prolonged. Surgery offers those with unstable injuries the best outcomes.



'The low ankle sprain is a result of lateral ligament disruption. Accounting for 25 per cent of all sports related injuries.'

The low ankle sprain is a result of lateral ligament disruption. Accounting for 25 per cent of all sports related injuries. Early diagnosis, functional management

and rehabilitation are the keys to preventing chronic ankle instability. Despite this up to 20 per cent will develop chronic instability. Anatomical reconstruction is asso-



Building Capacity (physically and mentally) Education Program

From late 2009 to mid 2010 **PHYSIOSOUTH** is undertaking an educational program for all staff. There will be one session every two weeks for 16 weeks.

The sessions aim to build physical and mental capacity in those attending, but also to grow the **PHYSIOSOUTH** total knowledge pool so we can, as an organization, apply it to our patients. Physios, including head clinicians to junior staff, receptionists and administration staff are attending. This is unique and I am absolutely humbled by the positivity of those attending and with the numbers attending.

Topics include the following:

1. Introduction and basic premises
2. Why do we need to build capacity
3. Strengths
4. Beliefs as self-fulfilling prophecies
5. A question of focus
6. Change
7. Goal setting
8. Perfectionism
9. Mindset
10. Learned optimism
11. The mind body connection
12. Mindful health and the power of possibility
13. Relationships
14. Self esteem
15. Summary and putting it all together

Whilst the programme looks a little weighted towards the mind, however; activity remains our key tool. The reality is that when the body is moving and strong the mind grows. Activity with cognitive support or nudges best describes our approach. If you are interested in any of this (whole or part) please give me a call I am happy to discuss with you any learning opportunities for you, your organization or clients. Long term it will become a standalone intervention. We are really confident with exercise prescription and rehabilitation, adding this will hopefully multiply the potential effects.

PHYSIOSOUTH



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www.physiosouth.co.nz



THE EVIDENCE

Well the evidence is mounting, every time a new article comes out exercise, activity, positivity, build capacity, clinically in the disease model and functionally in the health model. This process is fundamental. Occasionally procedures (pills, injections, surgeries) are required to kick start the process of the patient journey from disability to optimal function. But the outcome is always optimal function.

We now know that appropriate, progressive loading strategies build capacity in tendons, muscles, articular cartilage and bone. Remodeling of these tissues is based on the premise that:

- Too much load will decrease capacity (injury)
- Not enough load will signal no change
- Appropriate load with adequate rest periods, and progressions builds capacity (strengthens)

This principle of treatment affects every tissue we treat, even those in which there is a lack of specific evidence, it is therefore a general principle of treatment.

Evidence Based Treatments at PHYSIOSOUTH

What we can do and what we cannot do

To effectively communicate this point; that is the general principles and the specific treatment outcomes which show positive results we are in the process of writing a manual for referrers. The completion date is early next year and delivery will be based on the process of printing it. In the meantime ask if you want to know 'what works and what does not'. We would love to discuss this with you.

Please feel free to email me at the following address: graeme@physiosouth.co.nz





returning to lifting at work I can evaluate the thought that elicits the anxiety (it will hurt again, I will lose my job, "I'll never get back to where I was") and reinterpret the event by disputing and replacing the distorted evaluation with a rational one (I know it may hurt, but I know it is not serious and the best thing to do get back to normal behavior, the back is safe to go). The distortion elicits an intense and unhealthy fear of failure; the rational thought reframes the situation and potentially poses a healthy challenge.

The 'How to Change' ABCDE Process.

Try using the process below to reframe negative beliefs of any kind.

Adversity: Define the adversity or event (e.g. my best friend has not called me in three days.)

Belief: Identify beliefs (thoughts) triggered by this (e.g. 'She must hate me, I'm too boring').

Consequences: Record the consequences/emotions ('I feel miserable and lonely').

Disputation: (use logic), dispute the negative belief ('perhaps my friend has been really busy').

Energy: By considering the more optimistic explanation you can reenergize yourself.

So much has been said about CBT, it's a word that implies that this mono-therapeutic approach can change attitudes and beliefs quickly and effectively as if it were a procedure (like a pill). It's a process – a process that all of us can use – at almost any level of functioning. The key is being mindful (aware) vs mindless (doing automatically). It's our pre-programmed automatic response that gets us in trouble every time. However, change is possible; but almost never quickly, it's an on-going process that will be needed at every stage of life. Creating the awareness, the understanding that a negative belief system is affecting your emotional background is the critical point in this intervention, or any.

For more information please contact your nearest PHYSIOSOUTH clinic or call (03) 332 6487 and let us arrange an appointment for you.

COGNITIVE THERAPY

The basic premise of cognitive therapy is that we react to our interpretation of events rather than directly to the events themselves, which is why the same event may elicit radically different responses in different people. An event leads to a thought (an interpretation of that event), and

the thought an emotion. For example I lifted something and hurt my back (event), I feel pain, I think it must be really bad (thought) and feel fear and anxiety (emotion).

The goal of cognitive therapy (CBT) is to restore a sense of realism by getting rid of distorted thinking. When we identify an irrational thought (a cognitive distortion), we change the way

we think about an event and thereby change the way we feel. For example, if I experience fear about

'The goal of cognitive therapy (CBT) is to restore a sense of realism by getting rid of distorted thinking.'



EVENT



THOUGHT



EMOTION

