



PUTTING ACTIVITY BACK INTO YOUR LIFE

Without doubt the evidence is growing for physiotherapy, but more specifically for exercise based interventions. PHYSIOSOUTH believe there are two main reasons for this:

1. The specific loading effect of exercise on impairment. The appropriate and progressive loading of injured tissue is critical to good functional outcomes. Tissue will develop increasing resilience under increasing intermittent load, it will therefore be able to cope with more stress. Not loading injured tissue will cause atrophy, overloading injured tissue will lead to re-injury. The load must be of sufficient intensity that the tissue adaptation (depending on the system trained, e.g. ROM, strength, power, agility, function) occurs without causing any micro-trauma (injury) and that it is progressed.

2. The general effects of exercise. Strengthening around the impairment will develop supporting structures and systems to better accommodate the injured tissue. However the effect of general exercise on mood, optimism and hope, are all essential ingredients to permanent change and are extremely well documented. The ability of general exercise to affect the physical and cognitive systems is critical in achieving key functional goals and 'getting one's life back in order'.

Following is a brief summary of the key recommendations taken from key meta-analyses and leading research articles. References are included, and available upon request. This represents the evidence as best we can interpret it.

LOW BACK PAIN		
Stage/Condition	Recommendations	Reference
Acute	Triage; clear yellow flags and red flags, advice to remain active, NSAIDs, Manipulation	ACC LBP Guidelines
Sub acute	Same as above	
Chronic	Triage; clear yellow flags and red flags, exercise therapy with CBT (cognitive behavior therapy)	ACC Guidelines and European Guidelines
Other Evidence		
Acute/Sub acute	53% respond to extension, 11% to flexion. Centralisation good prognosis with direction specific exercise/mobilisation	Donelson/Long/Werneke
Chronic	Exercise, CBT. 20–30% are centralizers, 13% have SIJ, 15% have facet joint	Laslett/ Bogduk
Spondylolisthesis/ Recurrent	Stabilization training	Jull, Hides, Hodges)
Radicular Pain Acute	Good prognosis with conservative management = to surgical treatment over 2 years	Weber
Posterior Girdle Pain (Pregnancy)	Stabilisations exercises	European Guidelines
Radicular Pain Chronic	Prognosis worsens with duration of pain. Essential to differentiate between somatic referred and radicular pain	Waddell/Nachemson/Deyo
NECK PAIN		
Acute/ Subacute	Evidence lacking for everything except WAD. NSAIDs useful	Nachemson
Acute cervical disc herniation	Natural history is excellent prognosis. If onset of arm pain is rapid, over 90% recover in 16 weeks – first 8 weeks is painful	Kelsey
Acute 'wry neck' torticollis	Good natural history, but simple very gentle corrective positioning/collar/effective pain relief	Many
Cervical Headaches	Exercise, manual therapy, posture	Jull
Whiplash (WAD)	Triage, early mobilisation, AROM, posture, reassure and advice to keep active	Quebec Task Force Rosenfeld/Kinney



SHOULDER PAIN		
Stage/Condition	Recommendations	Reference
Rotator Cuff	Recommend rehabilitation 4–6 weeks	ACC Guidelines
Frozen Shoulder	HEP (exercise), rehabilitation, injection	ACC Guidelines
AC Joint Strain	Trial of rehabilitation, steroid	ACC Guidelines
Dislocation	Trial of rehabilitation	ACC Guidelines
Instabilities	Comprehensive rehabilitation	ACC Guidelines
Fractures	Comprehensive rehabilitation	ACC Guidelines
Non-specific shoulder pain	Trial of rehabilitation	ACC Guidelines
KNEE PAIN		
Severe knee injury	Surgical referral and rehabilitation	ACC Guidelines
Moderate	Trial of rehabilitation	ACC Guidelines
Meniscal	Trial of rehabilitation	ACC Guidelines
O/A Knee	Strengthening	ACC Guidelines
ACL, PCL and PL	Early specialist referral, early rehab	ACC Guidelines
Anterior Knee Pain	Quads strengthening, VMO	ACC Guidelines
Fractures	Comprehensive rehabilitation	ACC Guidelines
Thigh muscle injury –recurrent	Strengthening	Limited
ANKLE INJURIES		
Ankle Sprain	Functional treatment with early mobilisation Rehab that includes balance and co-ordination programs	ACC Guidelines
TENDONOPATHIES		
Achilles	Heavy load eccentric exercises	Alfredson
Shoulder	Minimal – one trial	Alfredson
Elbow	Eccentric and concentric exercises	Alfredson
Groin/knee	Eccentric exercises	Cook
OTHERS		
Osteoporosis	Resistance training	Many
Depression	Exercise	Ratey (150 studies)
Osteoarthritis	Exercise, increases function and decreases pain	Many
Sarcopenia (age related muscle wasting)	Resistance training, improves function, decreases pain.	Many
Diabetes/Obesity	Exercise	Many

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