



Rougemount Physiotherapy Newsletter

April 2005



National Physiotherapy Month



April 23-May 23

The Many Roles Of Physiotherapy

Prevention

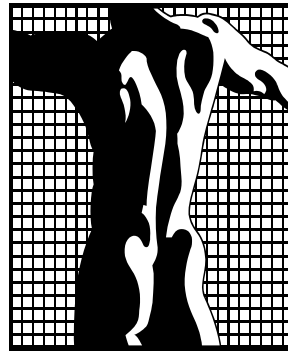
A local Pickering company approached us at Rougemount concerned about the number of workers with **soft tissue injuries**, and what could be done to help them prevent so many of these. We organized weekly sessions for the workers on **Preventive Measures** for soft tissue injuries. The workers were educated on neck, back, and extremity care and ergonomics as it applied to their respective jobs. The workers were educated and participated in **specific exercises** to maintain the **mobility** and **strength** in their body that the job required. They easily understood how the excessive forces, awkward positions and the **repetitive activities** are much less harmful if they develop and maintain their maximum flexibility and strength. They now understand being more flexible and stronger combined with **proper ergonomics** reduces the risk of fatigue, stress and possible injury.



Janice is a 17 year old synchronized swimmer who came in for physiotherapy complaining of bilateral shoulder pain during and following her training sessions in the pool. On assessment it was found that Janice had bilateral rotator cuff tendonitis caused by the repetitive stress of skulling activities during her Synchro figures.

It was found that despite regular workouts in the pool and in dry land training that Janice had issues with weak scapular stabilization. Weakness in the scapular stabilizers predisposes people to excess stress and strain on the rotator cuff tendons, and can even contribute scapular dumping and impingement syndromes of the rotator cuff. Janice was treated in physiotherapy with **acute anti-inflammatory measures (ice, ultrasound, and active range of motion exercises)**, and a large focus on **scapular stabilization**, and **strengthening** of the rhomboids, and lower fibres of trapezius.

Chronic Neck & Shoulder Ache



George is a 40 year old man. He considers himself relatively fit as he regularly walks his dog, plays hockey once per week and enjoys swimming in the summer. However, George presented to physiotherapy with chronic neck and upper back pain. For several years he would have regular massage therapy and feel better for a couple of days then the tightness and pain would return. He has had an **ergonomic assessment** of

his work space to reduce the stress to his shoulders and neck as he spends most of the day on the computer. George had a complete **spinal assessment** with the physiotherapist to determine the cause of his pain. Most of the spinal tests were negative. However, neck mobility was restricted and George's deep postural muscles were weak. In physiotherapy George had some **manual therapy** to improve his movement and was given a series of **neck strengthening exercises** especially for his deep neck flexors to support his neck. Within six weeks George was having less discomfort and requiring less massage therapy. His neck postural muscles were now strong enough to support his spine, so the superficial muscles were now relaxed and flexible.

NEW!!! Please visit our new web site at: www.rougemountphysiotherapy.ca

The Professional Ballet Dancer with Nocturnal Calf Cramps



*Nicole is a 26 year old professional ballet dancer and has worked through many muscle and joint injuries from head to toe due to the daily rigorous **physical demands** dance puts on her body. Her latest assessment was for persistent calf cramping at night and fatigue in her calves during rehearsals (due to an upcoming performance her rehearsal time had doubled). On examination it was evident that she was unable to fully extend her knee while her ankle was flexed, and pointing her toes and feet created immediate cramping of the gastrocnemius (outer calf muscle), also palpation revealed trigger points along the medial belly of the muscle. As a result of the **physi-***

*cal overload and prolonged plantar flexion (toe pointing) Nicole had developed trigger points which were the cause of her muscle cramping and fatigue. Nicole responded very well to three treatments with **Acupuncture and Muscle Energy Techniques** on both the local trigger points as well as the muscle/tendon junction of the gastrocnemius, and achilles tendon resulting in greatly improved muscle flexibility, pain relief and abolition of the nocturnal cramps. **Education** on specific stretches to provide immediate relief of cramps and the association of dehydration and electrolyte imbalance as a long term cause of cramping was reviewed. **Corrective Action** also included avoiding sustained Plantar Flexion (pointing) which in Nicole's case was not possible. However outside dance she had to stop wearing her high heeled shoes.*

Rougemount Physiotherapy provides individualized, timely, quality and accountable care to return our clients to their normal daily activities as soon as possible. Therapy focus is on active re-conditioning and education where the client fully understands the nature and/or mechanism of their injury or condition, and is a partner with us in their rehabilitation. We provide full orthopaedic and sports rehab, neuromuscular treatment, massage therapy, acupuncture and custom orthotics. **Registered physiotherapists** are Kathy Chamberlain (owner), Cathy Kammerer (owner), Stephanie Watson and Fiona Tennant. Our registered Massage Therapist is Lisah Hodges. We are located at: 376 Kingston Road, Unit #11, Pickering, Ontario, L1V 6K4, Phone: (905) 509-7181



Congratulations
To Sara + Rob
Burke On The
Birth Of Their
New Baby Girl:
Emma Maisie
Anne Burke



Post Partum Pelvis Instability

A 34 year old female presented with low back pain, complaining of increased pain with sustained postures (sitting or standing). She needs to constantly change positions for relief. She gets pain driving her car or taking long walks. She also complains of a clunk sound while walking. On assessment she was found to have an **unstable pelvis**. This was probably the result of a sprain of the pelvic ligaments during a vaginal birth delivery. She was then treated with **muscle energy techniques** to release tight muscles. The patient was taught how to reactivate her **core stabilizers** which provides stability for the pelvis. The patient was also given a home exercise program of **back stabilization** and **strengthening exercises**. She was taught how to lift and carry. The patient was followed by a physiotherapist for 6 months periodically to **progress exercises** and monitor symptoms.



PHYSIOTHERAPY.
IT'LL MOVE YOU.
LA PHYSIOTHÉRAPIE.
REDÉCOUVREZ LE MOUVEMENT.

