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|  | **Vol: 1 Issue: 1** |
| C:\Users\Glenfield PhysioFit\Desktop\physiofit logo HQ.jpg | PHYSIOFIT NEWSLETTER |
| OUR LOCATIONS:  3 Mubo Cres,  Wattle Grove  Ph: 9731 0666  F: 9731 0622  Cnr Kurrajong & Cowpasture Rd,  Horningsea Park  Ph: 9608 2336  F: 9825 9592  1 Stockton Ave,  Moorebank  Ph: 9822 5751  F: 9600 6948 FAQ**Q: What do Physiotherapists do?**  **A:** Physiotherapists are highly qualified health professionals who work in partnership with their patients to help people get better and stay well. Physiotherapists also work closely with GPs and other health clinicians to plan and manage treatment. GPs refer more patients to physiotherapists than any other healthcare profession. Using advanced techniques and evidence-based care, physiotherapists assess, diagnose, treat and prevent a wide range of health conditions and movement disorders. Physiotherapy helps repair damage, reduce stiffness and pain, increase mobility and improve quality of life. Physiotherapy extends from health promotion to injury prevention, acute care, rehabilitation, maintenance of functional mobility, chronic disease management, patient and carer education and occupational health.  OUR SERVICES:  Physiotherapy  Hydrotherapy  Home Visits  Remedial Massage | Editorial It’s been a busy month at the clinic this June. Our physiotherapists have been busy doing courses to keep up to date with the latest evidence. Anthony was in Spain for two weeks learning how to become an instructor for ANF therapy. This is a new therapy which works with the body’s nervous system, removing inflammation and speeding up the bodies healing effects. April has done a dry needling and segmental needling course. This therapy is extremely effective at relieving muscle and myofascial pain. Small needles are threaded through the skin into trigger points of overactive muscles which helps them to relax. Brendon has done a Mulligan’s course learning different manual therapy techniques. This involves mobilizing our joints with movement and is extremely effective for reducing joint pain and increasing movement. If you are interested in trying any of these therapies or techniques give us a call to book in!  In this newsletter we will be looking at what pain is as well as Achilles tendinopathy. If you would like any further information on these topics or any aspect of our services, please contact the clinic or visit any of our social media platforms.  With best wishes,  Ruth Nitto  Practice Manager |

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# Condition of the month: Achilles tendinopathy

**COMMON SYMPTOMS**

* Aching and stiffness in Achilles
* Difficulty weight-bearing initially when getting up to walk
* Usually worst when first getting out of bed, or after prolonged sitting
* Aggravated with running or jumping activities
* Gradual onset of symptoms
* Recent sudden increase in training load or intensity

6 FACTS ON ACHILLES TENDINOPATHY

1. This condition used to be incorrectly labelled as ‘tendonitis’ but we now know it does not follow a normal inflammatory process – and that is why RICE and anti-inflammatory medications will not fix the symptoms!
2. Usually caused due to a change in the load placed through the tendon:

* Asymmetry in biomechanics (eg. excessive pronation or ‘rolling in’ of foot)
* Inadequate footwear (thongs and bare feet are prime culprits!)
* Increased training frequency / demands
* Returning to training after a period of inactivity

1. Can affect mid-portion of tendon or where it inserts into back of heel. With insertional Achilles Tendinopathy, may develop a ‘lump’ over the back of the heel.
2. Poor proximal stability (from the core and glutes) can increase the risk of developing Achilles Tendinopathy. Clinical Pilates is very helpful in assisting recovery, as this muscle retraining helps to reduce the load on the Achilles.
3. Calf stretching will actually make Achilles pain worse! This is because as the tendon is stretched over the back of the heel bone, it compresses it and makes the tendon tissue more prone to deterioration.
4. Weak and/or tight calf muscles can also lead to the development of Achilles tendinopathy

Although there are many different factors that can lead to the development of Achilles tendinopathy, it is usually a combination of factors that needs to be addressed!

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# Condition of the month: Achilles tendinopathy

How can Physiotherapy help?

* As physiotherapists we assess WHY the problem has started and can identify the factors which have led to the development of the tendinopathy
* Once we have identified these factors we can develop an intervention plan to address them
* For example if it has been identified that a sudden increase in training frequency and weak gastrocnemius muscles has been found as the factors we can give advice on how to manage the training schedule to reduce load on the tendon and give an exercise program to strengthen the gastrocnemius muscle

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This month’s exercise is for our back and gluteals (bottom muscles). This exercise is known as bridging. Bridging is a great strengthening exercise for our gluteals, lower back, hamstrings and also the abs. Depending upon the variation of bridging that you chose to do, depends on which muscles will be activated more. Bridging also helps to stabilise the pelvis and surrounding muscles. In today’s society, we spend a lot of time sitting down for work or to relax. This creates tight gluteal muscles but that doesn’t always mean that they are strong. Therefore we must pair this bridging exercise for strength with a gluteal stretch (which will be shown next week). Today we will demonstrate the basic bridging exercise. For this exercise, you should do 3 sets a day for 10 reps each time. This is the optimal prescription to increase gluteal strength. You can spread the sets out throughout the day (e.g. a set in the morning, afternoon and night) or you can do all sets together with a few minutes rest between each set. Watch the video below and follow the instructions to perform this stretch. Start lying flat on your back on a firm surface (e.g. carpet or mat). Bend your knees up so that your feet are flat on the floor and place your arms out beside you. To activate the gluteal muscles more, then your feet should be closer to your bottom. Keep your shoulders and arms glued to the floor. Slowly curl your pubic bone towards your belly button and then push through your feet to lift your bottom up off the ground. This ensures your back stays protected throughout the exercise. Start by for 5 seconds and then work to holding for 10 seconds. Slowly, lower your bottom back to the ground and then repeat for 9 more reps. Always ensure that you perform the correct technique so that you don’t injure yourself!



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