

Dear Physio

25 Wantirna Road  
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www.physica.com.au

**HOURS**

The practice hours are  
**MON-FRI:** 7.00am - 8.00pm  
**SAT:** 8.00am - 1pm  
(Please ring for an appointment)

**CONDITIONS TREATED**

You can have the following conditions treated at our clinic:-

- Manipulative Therapy for the Treatment of:
  - Spinal Problems
  - Sports Injuries
  - Treatment of Neck Related Headaches
  - Postural Assessment
  - Treatment of Work Injuries
  - Treatment of TMJ (Jaw) Problems

**SERVICES AVAILABLE**

- Some of the services available to you are:-
- Orthotic Assessment & Prescription
  - Home Visits
  - Nursing Home/Hostel Visits
  - Post-operative Rehabilitation
  - Hydrotherapy
  - Assessment and Treatment of Balance Disorders
  - Exercise Prescription and Monitoring of Gym Programmes
  - Clinical Pilates
  - Massage and Myotherapy

**FURTHER INFORMATION**

Preferred Provider for HBA, MBF and Medibank Private - HICAPS available for most health funds - we bill the health fund for the rebate - you pay gap amount only

Most Cards Accepted

EFTPOS Facility Available

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**Q: Are X-rays risky?**

There has been a lot of talk in medical/health circles about the safety of X-rays. Over exposure to radiation has definite risks, such as developing cancer. Multiple x-rays may not be safe and more advanced modalities such as CT scans cause a lot of radiation exposure. A CT scan is 100-800 times the radiation dose of a chest x-ray. It is estimated that about 30% of radiological tests are unnecessary. Healthcare professionals are being asked to be very careful about ordering x-rays and only ask for them if there is a definite need.



**Q: I have painful shins. What should I do?**

Shin pain ("shin splints") is usually an overuse problem which leads to inflammation of the tissue in the shin and can include the bone. You need to reduce or modify activities such as running or walking (swim or bike ride instead). Foot problems, such as flat feet, can be part of the cause and you may need to re-assess your footwear and perhaps even obtain orthotics. Ice massage, stretching, local physio modalities, anti-inflammatory modalities can all help.



**Q: I fractured my ankle. Do I need physio?**

After a fractured ankle, you will often need to go into a plaster or wear a special boot to immobilise and protect the fracture. This may stay on for several weeks. Once they are off, you should start physio ASAP. Regaining movement, muscle strength, co-ordination and learning to walk properly again are all very important.



**Q: I have numbness and burning on the outside of my thigh. What could it be?**

The most likely cause is entrapment of one of the nerves supplying the thigh region. The condition is called "meralgia parasthetica". The involved nerve can be trapped in the groin region between various structures. The problem is often related to a large overhanging tummy, tight belts, excessive sitting and pregnancy. Local physio modalities and stretching can help. Often the

problem will get better spontaneously. Local injections of cortisone and sometimes surgery are required if the problem doesn't improve.



**Q: I have a painful outer hip. What should I do?**

Pain on the outside of the hip has often been diagnosed as bursitis? Very often though, it is due to inflammation or damage to the hip tendons in the area. Treatment usually involves stretching and strengthening exercise as well as local physiotherapy modalities. Activity modification is often necessary (e.g. cut down painful activity such as walking). Steroid injections may help. Recently there has been some success with local injections of your own (autologous) blood. It is thought that proteins in the blood increase healing.



**Q: I have an arthritic knee. When should I consider a knee replacement?**

There are four parts to this decision. Firstly, you should have marked arthritic changes on x-ray. The second factor is that conservative treatments (e.g. physio, medication etc.) are not helping. The third thing to consider is whether you are severely disabled by the pain (e.g. walking is limited, sleeping disturbed). The final part of the decision is that you cannot cope any more.

**Are you due to have orthopaedic surgery?**

After most knee, shoulder, hip, back and other joint surgery you **SHOULD** be having physiotherapy to enhance your recovery. Ask your surgeon when you should commence this (usually as soon as possible). You can also request that you have your physiotherapy carried out at this clinic.



**Referring others to our clinic**

If you know someone with any of the problems outlined in this newsletter, please let him or her know about our clinic. We are very grateful for any referrals we receive and we will endeavour to provide patients referred to us with the highest quality of care. Physiotherapy offers a safe, gentle and effective treatment approach for a variety of conditions.



The information in this newsletter is for general patient interest. If you have a problem you should get it properly assessed by your physiotherapist or family doctor.

physica  
SPINAL & PHYSIOTHERAPY CLINIC

**Dear Patient,**

Welcome to our newsletter and thanks for coming to see us for your physio needs.

Your ongoing health is very important to all of us here at the clinic. We hope that this newsletter will help keep you up to date with information about physio-related health matters that may be of interest to you and people you know. We hope you enjoy it!

If you have any queries, please call us. If you, or someone you know, have a physio related problem, please call us. We would be more than happy to help you out in any way we can.

Please feel free to pass this newsletter on to your family and friends.

With kind regards

The Physiotherapists and Staff at  
**PHYSICA SPINAL & PHYSIOTHERAPY CLINIC**

**PHYSIOTHERAPISTS**

The physiotherapists working at this clinic are:-

- Warwick James**  
Dip. P.E., Dip. Phys, Grad. Dip. Manip. Therapy
- Gregory Collis-Brown**  
B. App Sc (Phy)  
M. Manipulative Phy.
- Darren Ross**  
B. Phy,  
M. Manipulative Phy.
- Andrew Seymour**  
B. Phy,  
M. Manipulative Phy.
- Chris Tubb**  
B. Physiotherapy  
M. Musculoskeletal Physiotherapy
- Anthony D'Aloisio**  
B. Physiotherapy
- Carlos Bello**  
B. Physiotherapy
- Kate Walters**  
Massage and Myotherapy
- Daniel Zwolak**  
B. Physiotherapy  
M. Musculoskeletal Physiotherapy
- Daniel Geilings**  
B. Physiotherapy
- Sian Percy**  
B. Physiotherapy

**YOU'VE HURT YOUR NECK  
WHAT SHOULD YOU DO?**

Neck pain is very common. In most physiotherapy clinics it ranks second behind low back pain in the number of people seeking help. About two thirds of people will experience neck pain at some time. Prevalence is highest in middle age, with women being affected more than men. Here are some tips and information that might help you if you hurt your neck.

**STOP THE ACTIVITY**

If you hurt yourself (e.g. at work or in the garden), stop the activity immediately. Pushing on may make a minor injury more serious.

**HAVE IT ASSESSED**

If the pain lingers for more than 48 hours, have it assessed by your physiotherapist or family doctor. Most cases of neck pain are not serious but early assessment and treatment can reduce the time it takes to get better.

**MEDICATION**

Ask your family doctor or pharmacist about medication. Paracetamol (e.g. Panadol) is often the best first line type of medication. Stronger medication may be required if this doesn't help, or the problem is more severe.

**IT WILL TAKE A FEW WEEKS TO GET BETTER**

Injuries often take 2-6 weeks to heal. Often the acute inflammation remains for 48-72 hours. This means you need to take it really easy for a couple of days after injury and then gradually get back to activity. You need to be careful for 6 weeks after the injury. A lot of people constantly provoke their neck injury by not being careful. If you re-injure your neck, the process starts again and you will need to realise that the 6 week recovery phase actually begins from the last time you hurt yourself, not from the first time you injured yourself.

**STAY ACTIVE BUT MODIFY YOUR ACTIVITY**

During this 6 week recovery phase you should pace yourself. This means carrying out activity but not provoking your neck pain. For example, if an hour of computer work makes your neck feel sore, only use the computer for 30 minutes at a time and then have a short rest. The same goes with exercise, work, gardening and so on.

**HAVE TREATMENT**

In time, most neck injuries get better. The proportion of people in whom neck pain becomes chronic depends on the cause, but is thought to be about 10%, a similar proportion to low back pain. Neck pain causes severe disability in 5% of affected people. Also, the rate of recurrence is high during the first 12 months after an injury. Having physio treatment can enhance recovery and help stop recurrence.



**USING A CERVICAL COLLAR**

Routine use of a cervical collar for acute neck pain is not usually encouraged. Having said this, a short trial of a collar can be of assistance in some cases. In general, early return to gentle activity is encouraged as this promotes healing and reduces post injury stiffness and de-conditioning.

**X-RAYS**

In most instances, a spinal X-ray will not be required. They are often of very little diagnostic value and are reserved if a serious pathology is suspected (cancer, fracture, infection etc.) or if you are not getting better in a timely fashion.

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