JERSEY SPORTS
& SPINAL CLINIC

STRAIGHT UP...

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The Jersey Sports & Spinal Clinic Newsletter

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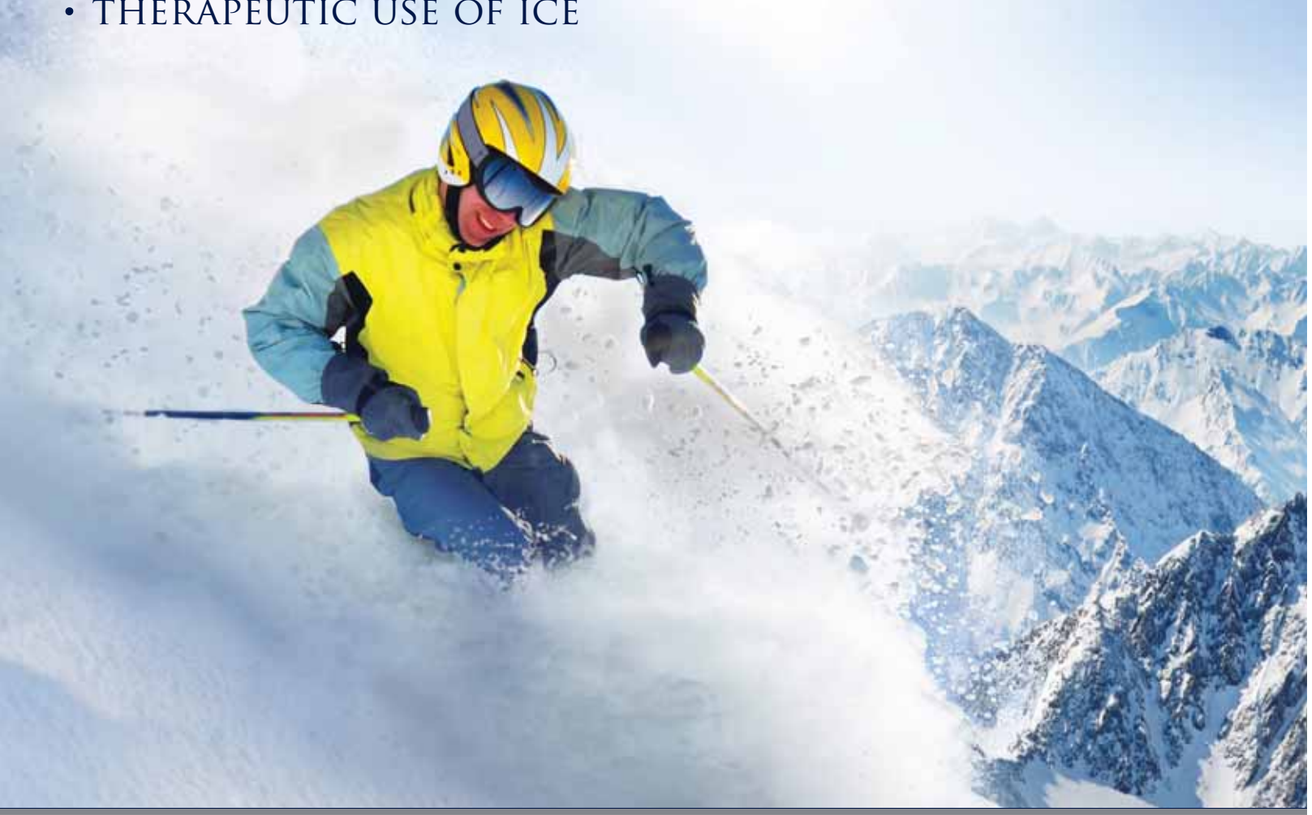


WELCOME...

to our latest edition of Straight Up. In this issue we will introduce the principles behind sports injury management and outline how treating these injuries differs.

Irrespective of your sporting resume, most of us have, at some point in our sporting careers, had a sports injury. It may be a tight calf, a sprained ankle or a broken bone which has affected our performance.

The specific "traumatic" injuries are easily recognisable, that moment when we feel "it go". Usually these injuries are relatively easy to diagnose. However sometimes we may suffer a low grade niggle that just wont go away. It may only be present after a particular training week or training run. In this circumstance, this is where physiotherapists at the Jersey Sports & Spinal Clinic excel. We have in depth knowledge and understanding of normal movement patterns, biomechanics and training programmes. We would carry out a detailed assessment of the injury, perhaps on the treadmill, and analyse the movement for faulty patterns.

FOOTWEAR

Footwear can also be an important contributing factor in lower limb and low back pain problems for the sporting individual. Runners typically put a lot of time and energy into shopping for their first pair of running shoes. Because running shoes are expensive, athletes may want to use them for as long as possible. Over time, running shoes lose stability, cushioning and shock absorption capacity. It is therefore important to know when to replace running shoes as running in old or worn out shoes can lead to increased stress to the feet, legs and back and therefore contributes to running injuries.

Spotting Midsole Wear

So how do you know when shoes need to be retired? A shoe's midsole cushioning may be worn out long before the tread shows signs of wear. The midsole, which provides the cushioning and stability, usually breaks down before the sole shows major signs of wear. If you've been feeling unusual muscle fatigue, or some pain in your joints -- especially your knees -- you may be wearing shoes that no longer have adequate cushioning. Here are some tips for identifying midsole wear:

- First, pay attention to how you feel. As your shoes begin to wear out, you may begin to feel some aches or pains in your bones and joints. You may also notice slight muscle fatigue, new tightness, or possible shin splints.
- Look for creasing of the midsole material in areas of high load (under the heel or the ball of the foot). A worn out midsole will have wrinkles and creases there.
- Try to twist the shoe. A worn out midsole will allow the shoe to twist more easily than a new shoe.
- Try on a new pair of the model that you are currently wearing. Compare this to your current shoes. If the cushioning in your shoes feels 'dead' in comparison, it probably is.

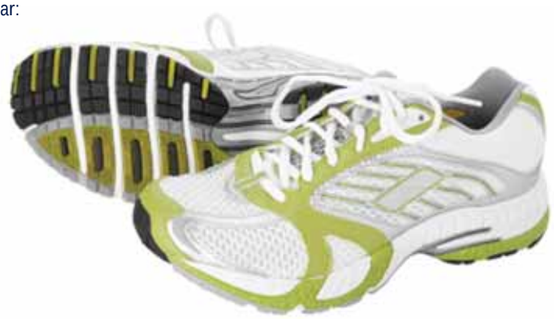
Replace your running shoes

A good rule of thumb is to replace your running shoes every 350 to 550 miles, depending on your running style, body weight, and the surface on which you run. Therefore keep track of the number of miles you run in a training journal or mark it on a calendar - even if it is approximate. Don't just record how much you run each day, but also keep track of your cumulative mileage over weeks or months. Then it will be easy to help you remember when to replace them. If you run on rough roads, you'll need to replace your shoes sooner than if you primarily run on a treadmill. Lighter body weight runners can replace their shoes at the upper end of the recommendation, while heavier runners should consider replacement shoes closer to the 350 mile mark.

Consider Rotating Shoes

About halfway through the life of your shoes, you might want to consider buying another pair to rotate into your runs. Add the new pair in to your shoe rotation when your "old" shoes have about 200 miles on them. Your shoes will last longer when you allow them to decompress and dry out between workouts. Also, having a fresh pair of shoes as a reference will help you notice when your old ones are ready to be replaced.

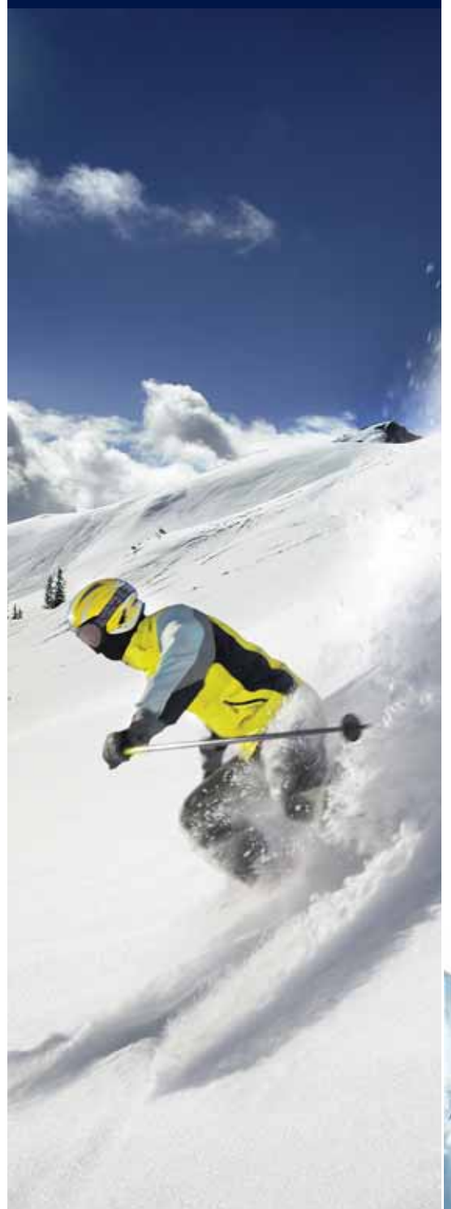
Top tip: Writing the purchase date on the inside of each shoe's tongue is another good way to help remember when you first started running in them.



SNOW FIT

Although the cold snap is upon us, not everybody is dreading the next snow fall. Many islanders love their winter sports and are looking forward to their annual trip to the slopes. Unfortunately many are ill prepared for the demands of this physical sport. Lack of preparation can lead to an increased risk of injury. Typically many injuries occur when fatigue sets in, typically the latter half of the holiday. That is why we have a new service available this winter to help prepare you for the slopes: Snow Fit.

In this session, Paul, who has extensive experience in working with professional ski teams, will assess you and identify your areas of weakness and then design a programme tailored for your individual sporting needs. This will help to maximise your enjoyment of your holiday. Call the clinic now on 490312 to book your Snow Fit Assessment.



MEET THE TEAM

PAUL FRANKHAM

Paul hails from New Zealand and graduated from Auckland University of Technology with a bachelor of Physiotherapy in 2004. He is currently completing his Post-graduate Diploma in Musculoskeletal Physiotherapy and is now endorsed in Spinal Manipulative Therapy.

Paul's passion for skiing led him to Wanaka in the South Island of New Zealand where he worked with one of the largest sports physiotherapy clinics in the country, treating a multitude of elite athletes from snow sports to triathlon. In conjunction with physiotherapy Paul qualified as a Ski Patroller which gave him the opportunity to work in both the North and South Island ski fields aiding in on mountain injury management.

In 2006 Paul was selected as full time physiotherapist for the US men's Alpine Ski Team and travelled with the team during the European World Cup seasons of 2006-2008, and has continued to work with the athletes during their off-season camps in New Zealand.

Paul has a keen interest in injury prevention in sport. Much of his post-graduate research has focused around knee injury prevention programs for athletes and post operative (specifically anterior cruciate ligament injury) return to sport and function. In addition to this, Paul shares with Nigel and Aaron an interest in rheumatological conditions in particular the management of fibromyalgia.

THERAPEUTIC USE OF ICE

Ice should be used as soon as an injury has occurred. As well as preventing swelling it also offers pain relief. Ice reduces inflammation in traumatized tissues and this limits the amount of scar tissue formed which leads to a quicker recovery. It can be used on many types of soft tissue injury:muscle strains, joint sprains and direct trauma to muscle and bone. The acronym RICE is used to explain how to use it:

- Rest: If you are injured, stop. Resting an injury is important protect the injured tissues and to allow your body the rest it needs so it has the energy to heal most effectively.

  Your body's first reaction is to begin the repair process by stopping the bleeding at the site of injury. It does this by forming a clot around the injured tissues. This clot is very fragile, and rest is important to allow for both the clot formation, as well as preventing disruption of this clot after it is formed. Once the clot is formed, your body immediately starts to repair the damaged tissue. A scar matrix is formed of very weak fibres within a few days.

- Ice: It cools the injured area and creates a numbing effect. This is helpful in reducing pain by slowing down the transmission of pain signals along the nerves from the injured area to the brain. The bleeding from the injured tissues causes swelling in the area. As more cells move into the area to begin the repair process, the need for oxygen and nutrients at the injury site is greatly increased. However, because of the swelling in the area, the actual supply of oxygen and nutrients is greatly decreased. So there are cells that do not get enough oxygen. Ice has a cooling effect, and in turn, reduces the metabolism of the cooled tissues. This reduced metabolism decreases the need for oxygen. Cells that would normally die because of a lack of oxygen can now survive. Preventing excessive secondary tissue death is the number one reason that ice should be used immediately following an injury, and why it is an important part of RICE.

  Use ice bags, cold packs or even a bag of frozen peas wrapped in a thin wet towel to provide cold to the injured area.

- Compression: Swelling will occur very rapidly, however, it can take longer to get rid of it. It has to be removed through the lymph system, and this is a very slow, passive process. Applying some type of compressive wrap to an injured area can greatly reduce the amount of initial swelling.

- Elevation: Elevating an injury reduces swelling. Swelling is removed through the lymph system. This can be accelerated by taking gravity out of the picture. So while you are resting to protect that newly formed clot and scar matrix, and are icing and using a compression wrap, keep that injured part elevated. It's most effective when the injured area is raised above the level of the heart. For example, if you injure an ankle, try lying on your bed with your foot propped on one or two pillows.

How long do I leave it on for?

10 mins on/10 mins off/10 mins on. Repeat every 1-2 hours. Continue for the next 48-72 hours. Remember to check your skin and ensure that the ice pack is not sticking which may cause an ice burn.

When do I stop using Ice?

Continue using ice until symptoms of aching pain and local throbbing, redness and swelling subside.

When can I use Heat?

Heat has a short term effect in pain reduction. The reason for applying heat to an area is to increase blood flow. This is not a good idea in an acute injury. Increased blood flow causes more fluid to move into an area and slow down the healing process if used in the first 48-72 hours. Therefore this is completely opposite of the RICE principles.

When should I not use Ice?

- Persons with systemic or local circulatory disease should not use ice therapy without medical advice.
- Also people with circulatory disorders or cold hypersensitivity such as raynaud's disease or carpal tunnel syndrome.
- It should not be use with Rheumatoid arthritis, or placed directly over open wounds.

If in doubt seek medical advice or contact your physiotherapist at the Jersey Sports & Spinal Clinic.

JERSEY RUGBY

This is our third season providing physiotherapy services to Jersey Rugby. The team has, quite literally, gone from strength to strength. They not only retained the Siam Cup but also won promotion to National 2 South following a thrilling game at Twickenham. It has been a busy season providing match day injury management for all members of the Jersey Rugby Club. Through the week Lisa and her team of physiotherapists assess, treat and rehab the injuries and aim to return the players to the pitch as quickly as possible.

Celebrities such as Jennifer Aniston, Martina Navratalova, Madonna, Julia Roberts and golfer Tiger Woods, so too has Jersey Rugby have done it. What they all have in common is Pilates. For athletes, the benefits include more efficient movement as well as better endurance, speed and quickness. Pilates is now becoming mainstream, it is finally shedding the stigma that it is a women's exercise. Physiotherapists, sports medics and strength and conditioning coaches all recommend that athletes perform regular core stability exercises to help prevent injury. The rationale for prophylactic training is that increased recruitment of the stabiliser muscles will carry over into better posture and more control, both in daily life and in sporting movements. As part of the Pre-Season training for Jersey Rugby Club Nigel has been teaching Pilates to the 1st XV and 2nd XV teams. We hope that all their hard work will continue to pay off in the forthcoming months.

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