



Physiotherapy vs. Surgery

ESSENTIAL PHYSIOTHERAPY

For many patients, deciding to have surgery following an injury can be incredibly difficult. The thought of surgery can be daunting, yet ensuring the best outcome for their injury is also important. Here we take the time to weigh up a few of the factors that might influence this decision.

Sometimes the decision can be simple. In the case of severe injuries, surgery is often universally acknowledged by all parties to be necessary for successful healing. Similarly, minor injuries can usually be treated successfully with physiotherapy quickly and without complication.

At other times, the decision can be more difficult, particularly when treatment with physiotherapy is not guaranteed to work. Surgery can seem like the fastest and most certain solution. Some people, including sports stars, elect for surgery as the quickest route back to competition even though the injury could be managed very well with physiotherapy over a longer time frame.

The level of function you require is also a factor. Those whose work has high physical demands may choose surgical intervention, whereas an office worker with the same injury may not. This is a very personal aspect to the decision and is largely influenced by your individual goals and values.

In some cases, taking six to twelve weeks to trial physiotherapy prior to surgery is the safest course and is frequently recommended by surgeons. This allows the body its best chance to heal without invasive interventions.

Also to take into consideration is the fact that many surgical procedures will still require weeks of rehabilitation with a physiotherapist after the operation to ensure complete success. Furthermore, the risks of surgery, though rare, can be serious including infection, scarring and even more serious complications due to undergoing anaesthesia.

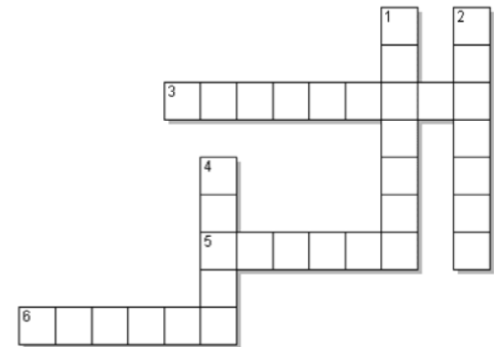
Other factors that should be considered before deciding to undergo surgery include:

- Age
- Pre-existing health conditions or risk factors like heart problems, Diabetes Mellitus, obesity, etc.
- Allergy to medications
- Severity of pain
- Emotional condition
- Social/family resources necessary for the aftercare
- Religious belief

Before making any major decisions, it is important to consult medical professionals and ideally your physiotherapist to ensure you are well educated in all the risks and benefits of your decision.

BRAIN TEASERS

1. What asks who, but never gets an answer?
2. What's brown and sticky?
3. What word in the dictionary is spelled incorrectly?



ACROSS

- 3 These attach bones to bones
- 5 These connect information between the brain and the body
- 6 These allow movement between bones

DOWN

- 1 These attach muscles to bones
- 2 These contract to support or move a joint
- 4 These provide structure and a framework for the body

PhysioTip

Your computer screen height should be in line with your eyes so that you look slightly down throughout the day at work.

This may help relieve postural headaches and neck pain from sitting at your workstation.

Frozen Shoulder

WHAT IS FROZEN SHOULDER?

Frozen Shoulder (also known as *Adhesive Capsulitis*) is a condition that affects the shoulder joint with no apparent (idiopathic) cause. It is characterised by severe pain and stiffness of the shoulder. The shoulder capsule thickens due to lack of synovial fluid, which leads to tightness and stiffness. Frozen shoulder occurs most frequently between the ages of 40-60 years old and affects more women than men.

HOW DOES IT OCCUR?

The cause of Frozen Shoulder is still unknown, however some risk factors have been identified that increase your chances of developing the condition including diabetes mellitus, stroke, shoulder injuries and immobilization.

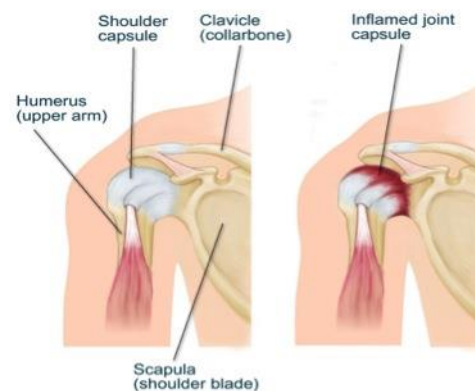
The hallmark sign of Frozen Shoulder is being unable to move your shoulder even with the help of other people. This is particularly noticeable when moving the arm away from the body. Physicians may ask you to undergo investigations such as X-ray and MRI, however frozen shoulder doesn't tend to show up on imaging. So how will we know if it's Frozen Shoulder?

Frozen Shoulder has three stages:

1. Freezing (*Painful stage*) – lasts from six weeks to nine months; patient has a slow onset of pain (usually pain at rest), and the shoulder starts to experience limitation of motion
2. Frozen (*Adhesive stage*) – lasts from four to six months; pain begins to diminish (the shoulder is still usually painful with movement), of the shoulder getting stiffer, and activities of daily living are affected).
3. Thawing (*Recovery stage*) – last six months to two years; shoulder's normal range of motion is slowly returning to normal

HOW CAN PHYSIOTHERAPY HELP?

Though Frozen Shoulder is a self-limiting condition, an important part of physiotherapy management is the prevention of related neck and shoulder issues secondary to the original problem. As you can imagine, frozen shoulder can be extremely debilitating and many adaptations occur in the surrounding musculature. Physiotherapy also acts to reduce pain throughout phases one and two, while restoring joint movement as the joint moves through the painful phase.



This is done through a variety of treatments, including heat, stretching, joint mobilisation, range of motion exercises to improve shoulder's motion and resistance exercise to strengthen, you will also be given a home exercise program. Recovery time varies with every patient. If you're working hard to regain your normal shoulder function, you'll be rewarded with a faster recovery.

Medical management includes medications and corticosteroids, joint manipulation while under anaesthetic and/or surgery, however at this point nothing has come close to providing a consistent and simple cure.

None of the information in this newsletter is a replacement for proper medical advice. Always see a medical professional for advice on your individual condition.

Answers:

1. An Owl 2. A Stick 3. Incorrectly

Crossword: 1. Tendons 2. Muscles 3. Ligaments 4. Bones 5. Nerves 6. Joints



Roasted Pumpkin, Fennel & Peach Salad

1. Preheat oven to 220°C. Cut the pumpkin into large squares, leaving the skin on and the seeds intact. Place the squares skin side down, on a baking tray. Drizzle with 2 tbsp oil, cover evenly and sprinkle with sea salt. Roast the pumpkin in the oven for 30-45 minutes, until the pieces are very soft and the tips are slightly burned.

2. Combine the 4 tbsp oil, honey, and lime juice, then season to taste with sea salt and pepper. Taste the dressing and adjust the flavours to your preference. Transfer the roasted pumpkin pieces to a bowl and pour over half of the dressing (save the other half for the salad) and toss gently. While the oven is still warm, toast the almonds on a baking tray until golden, about 10 minutes.

3. Prepare the salad ingredients and in a large bowl, gently toss peaches, fennels and lettuce. Add the remaining half of the dressing and combine. Arrange everything on a platter. Then tuck the roasted pumpkin pieces, scatter with almonds and sprinkle with fennel fronds. Serve.

For more great recipes like this go to www.greenkitchenstories.com

1 Whole pumpkin (keep skin and seeds)

2 + 4 tbsp cold-pressed olive oil

4 tbsp honey

2 limes, juice

Sea salt and black pepper

Salad ingredients.

2 handfuls almonds

4 peaches, stone removed and cut into wedges

2 fennels, finely sliced, fronds reserved

1 large head of lettuce, leaves

separated and torn into bite-size pieces.

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