

SPOTLIGHT ON: Celia Glewis – Myotherapist

Celia Glewis is qualified in both Myotherapy and Remedial therapy.

Celia has been in the Massage industry since 2010, graduating with an advanced Adv Diploma of Myotherapy at MIMT 2011. During this time she has worked with AFL (North Melbourne), NBL (Melbourne Tigers pre United) and 4 years NRL (Melbourne Storm) club. In addition to this, she has previous experience with National level swimmers and many clinical presentations of pain, discomfort or injury.

In 2017 Celia added more study to her qualifications and is completing a Bachelor of Health Science in Complementary Medicine.

Celia Specialising in;

- Deep tissue massage
- Remedial therapy Cupping
- Dry Needling
- Myofascial Release techniques
- Muscle energy techniques
- Trigger point therapy

Celia is a mum of 3 daughters and apart from busy family life, she likes to keep active with gym, Sprint Triathlons, and Tough Mudder events.

To make an appointment with Celia Glewis you can [BOOK ONLINE](#) or call [langwarrin Physiotherapy Clinic](#) on (03) 97891233.

Fibromyalgia

What is Fibromyalgia?

Fibromyalgia is a chronic condition characterised by widespread pain throughout the body along with fatigue, memory problems, sleep and mood disorders. Sufferers of fibromyalgia often spend years trying to find a diagnosis that fits their many symptoms and fluctuate between periods of having high energy and 'crashes' of fatigue and pain. In severe cases, fibromyalgia can cause significant lifestyle disruptions, including reduced activity, unemployment, and depression.

The underlying mechanism that creates the symptoms of fibromyalgia has been shown to be increased pain amplification by the central nervous system and reduced activation of the sympathetic nervous system. Essentially this means that small pain signals in the body are processed as large pain signals by the central nervous system.

What causes it?

Fibromyalgia is a complicated condition that is poorly understood. This can be very frustrating for sufferers, who often find themselves being shuffled between health practitioners looking for answers and long term relief. While the pain generally feels muscular, usually little to no muscular damage or injury can be found on physical assessment. The symptoms can also mimic those of an infectious illness or other chronic diseases. Often a diagnosis of fibromyalgia is reached after other diseases and causes have been ruled out.

The cause of fibromyalgia is as yet unknown, it was thought that the depression and reduced activity that are often associated with fibromyalgia could be causative, however, it has been shown that these are symptoms of fibromyalgia rather than causes. Other significant signs of fibromyalgia are a lack of REM sleep in sufferers and a positive result of more

than 11 out of 18 muscular trigger points.

What is the treatment?

Following a diagnosis of fibromyalgia, patients primary strategy is to understand and manage their symptoms. This can involve pacing activities and balancing exercise so as to reduce 'crashes' and unhelpful pain cycles that lead to frustration. Identifying activities, employment and a routine that don't exacerbate symptoms can have a significant impact on quality of life for someone with fibromyalgia. Having psychological support can also be very important to help patients deal with the emotional distress of a complex chronic condition that has no outward physical signs.

Treatments that have been shown to help reduce symptoms are TENS (electrical stimulation) which produces an endorphin response and can reduce pain. Certain medications may be helpful when prescribed by a doctor. Education and understanding of this condition can have the largest impact for sufferers, helping them to manage and maintain some control over their symptoms. Physiotherapists can have a large role in education and helping patients find a routine and activity level that helps them manage their condition as best as possible.

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

Four Surprising Causes Of Neck Pain

If you are experiencing regular neck pain that just won't go away, it's possible that parts of your daily routine are

contributing without you realising. Here are a few common everyday activities that might be making your neck pain worse.

1. Your sleeping position

It's easy to underestimate the impact your sleeping position has however, spending hours in one position will undoubtedly have an effect on your body. Pillows that are too high or too flat can mean your cervical joints are sitting at the end of their range in too much flexion or extension. Similarly, sleeping on your stomach often means your thoracic spine is locked into extension and your neck is fully rotated. In simpler terms, this means your joints are under more stress than necessary. Ideal sleeping posture allows your spine to maintain it's natural curves.

2. Your daily commute

Many of us make sure our work stations are ergonomically set up to reduce stress and strain throughout the day. Few of us take the same consideration when it comes to driving. In fact, the set up of your car can be just as important as your work-desk, particularly if you are driving more than 30 minutes every day. The correct setup in your car can mean you use less effort to drive and turn your headless often to check traffic.

Ensuring that your steering wheel, seat, and mirrors are set up correctly could make a difference to your posture and even perhaps reduce neck pain and headaches. If you find that driving is still affecting your pain after making these changes, try catching public transport or riding a bike on alternate days.

3. Your downtime

Many of us unwind by watching TV or our laptops at the end of the day. Your position during this time can be something you give little thought to, however, looking up to view a screen mounted on a wall or looking down at a small screen or laptop

can put pressure on the upper structures of the neck. Take a few minutes to consider what posture you're sitting in before settling down to binge-watch a series and see if you can either lower the height of your screen or raise it slightly so your neck can be in a more neutral position.

4. Your exercise routine

Any activity that requires sustained positions or repetitive neck movements can contribute to neck pain. Cyclists can be stuck in neck extension while looking ahead and breaststroke swimmers can also have excess neck extension. Freestyle swimmers with reduced thoracic or neck rotation can have difficulty achieving rotation when breathing which can cause pain and discomfort over time.

Your physiotherapist is able to identify any daily habits or activities that might be contributing to your neck pain. Come and see us for an appointment to see how we can help. None of the information in this article is a replacement for proper medical advice. Always see a medical professional for advice on your individual injury.

The Role of Exercise Pre-Surgery.

By [Daniel Browne](#) Physiotherapist, Langwarrin Sports Medicine Group

Why exercise pre-surgery?

Exercise prior to surgery helps develop strength in the injured area, may provide some pain relief and gives the physiotherapist an opportunity to educate the client on proper movement patterns so that post surgery they are primed to engage in their recovery as soon as it is safe to do so. Studies have also suggested that strengthening pre-surgery gives clients a sense of empowerment leading into the surgery which in turn decreases stress and increases the likelihood of positive post-surgical outcomes. Additionally, the correct exercises may assist in the management of swelling in an acute injury and lessen the likelihood of subsequent injury.

What type of exercise?

The type of exercise will vary depending on the injured area. It may focus directly in and around the immediate injured area such as strengthening the hamstrings or quadriceps pre ACL surgery, or conversely, it may focus more around maintaining cardiovascular fitness such as cycling on a stationary bike if the individual had a significant upper limb injury. Additionally, where appropriate the individual may look to develop increased proprioceptive/balance skills as well as learn or refine new movements such as correct squat or deadlift technique. Further to this, education around correct application of immediate post-surgery exercises such as contracting and relaxing specific muscles/muscle groups as well as mobility education such as stair climbing technique or forearm crutch use serves as a key learning opportunity not to be missed.

Post surgery, often hydrotherapy and clinical Pilates/functional strength training serve as cornerstones of the individual's rehab. In becoming familiar with these settings pre-surgery it makes the transition post-acute surgery a less daunting experience and often again accelerates recovery.

How much exercise?

How much exercise you do is dependent on a number of factors including the degree of injury as well as the individual's pre-injury capacity. In general, this pre-habilitative stage is best used to develop those skills needed in the short and mid-term post surgery rather than reflect necessarily the end of stage rehabilitation skills.

Who can help me pick the correct exercises?

Professionals with specific training in pre and post-surgical protocol such as Physiotherapist and Exercise Physiologist will often work hand in hand to develop a personalised program both pre and post surgery to get the individual back to full function safely and as soon as possible.

By [Daniel Browne](#) (Physiotherapist)

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