

Wrist Sprains

What is a wrist sprain?

Wrist sprains are a general term used to describe any injury to the wrist that doesn't include a fracture. While this can indicate that they are not serious injuries, wrist sprains can be complicated injuries that require supervision and treatment to recover fully.

The wrist refers to the area where the bones of the forearm, the radius and ulna, meet and join the bones of the hand. The wrist is able to twist on itself and allows the hand to move to face palm up (supination) or palm down (pronation). The hand is also able to move up and down (flexion/extension) and side to side (abduction/adduction). To allow such complicated movements, the joint surfaces of the wrist are held together by a series of ligaments. When a wrist is sprained, it is usually these ligaments that have been damaged.

What are the symptoms?

The primary symptom of a sprained wrist is pain with movement of the joint or when taking load, such as when holding a heavy object.

Ligament injuries are given a grading scale to indicate their severity, which can help to guide treatment. Grade I tears refers to a stretching or laxity of the ligament fibers and injuries of this grade usually heal with rest within 2-3 weeks. A grade II classification signifies that there has been a partial tear of the ligament fibers and will often need more time and treatment for recovery. Grade III tears refer to a full thickness rupture of a ligament and may require splinting or even surgery.

The most common cause of a wrist sprain is a fall onto an outstretched hand. Ligament injuries can also happen gradually through over use, although this is less common.

What is the treatment?

Your physiotherapist is able to help diagnosis a wrist sprain and can help to rule out a fracture. An X-ray might be required and your physiotherapist will perform special tests to help identify exactly which structure has been injured, giving the injury a grade, to help guide treatment.

How can physio help?

The key to effective recovery for a wrist sprain is often in ensuring that the right treatment protocols are in place for your injury. Grade I sprains will recover best with gentle exercises and early strengthening while Grade II to III injuries may require splinting or even a surgical consult for repair.

If surgery is the right course for you, your physiotherapist is able to guide you through this treatment pathway, helping you to prepare and recover from surgery to get the best outcome possible.

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

How To Make The Most Of Your Physiotherapy Treatment

Physiotherapy treatment can be life-changing, helping you recover from traumatic injuries, chronic pain and get you on the road to your best performance levels. Here are a few tips to make sure you get the most out of your physiotherapy treatment.

1. Ask your therapist questions about your injury

Understanding your condition and how to best manage it is one of the most important factors for a successful recovery. Effective therapists allow time for you to ask questions in a non-judgmental environment. There are no stupid questions, if you don't understand what is happening in your own body it is harder to follow the advice and stick to protocols. This can also help you to cope with pain and feel less helpless in your recovery.

2. Follow your therapist's advice and do your exercises

Home exercises are a key part of your recovery, especially when treatment times are limited. Try to stick to your exercise program as seriously as you would a medicine schedule. It is also important to ensure that you are doing your exercises correctly at home. Don't be afraid to double and triple check your technique before leaving your

appointment.

Your therapist will also provide you with advice regarding activities to avoid, how to stretch, when to rest and how to avoid further injury. If you're not sure about something, ask your therapist to write it down for you.

3. Notice your improvements

Nothing can be more disheartening than feeling like the appointments and exercises you're diligently attending to are making no difference. As therapists, we make regular measurements to track your improvement and know that while your symptoms might be staying constant, you are actually moving more and increasing stress on your body as you recover. Set your own measurements to help you track your recovery. This can help you stick to treatment and feel more positive as you complete your recovery journey.

4. Set goals and work with your physio to meet these.

The goals of recovery are different for everyone. Some of us want to be able to reach peak performance, such as running a marathon. For others, just getting through the day with a little less pain would be a huge success. Know your own goals and take the time to discuss this with your therapist, who will guide your treatment to help you meet these milestones.

Our physiotherapists are happy to discuss your condition with you and share their tips to help you stay pain-free.

Plantar Fasciitis

What is Plantar Fasciitis?

The plantar fascia is a structure that provides tension to the arch of the foot ensuring it doesn't collapse, think of the string of a bow and arrow keeping tension on the bow. This structure becomes irritated and painful as it connects to the heel bone. Plantar fasciitis affects up to 10-15% of the population and on average, plantar heel pain last for longer than six months (McPoilet al., 2008). Most cases (up to 90%) don't require surgical intervention (Riddle et al., 2003).

What are the symptoms?

- Pain on the first few steps especially in the morning
- Tenderness at anterior heel
- Limping
- Limited ankle range of motion

What causes it?

Plantar fasciitis has many causes including

- loss of ankle range of motion
- foot pronation
- improper fitting footwear

- significant changes in exercise

What is the treatment?

Initial treatment focuses around reducing pain and normalizing gait pattern, this can include manual therapy and taping provided by your physiotherapist.

Long term treatment revolves around

- restoring strength to the small muscles of the foot as well as the lower leg (Rathleff et al., 2015)
- regaining ankle range of motion by stretching exercises (DioGiovanni et al., 2003)
- correcting foot postures

Written by Flinn Shiel

Book in with Flinn at any of the following clinics:

Eromasa Physiotherapy Clinic – PH: 03 5977 6590

Elsternwick Physiotherapy Centre – PH: 03 9528 2881

Langwarrin Sports Medicine Centre – Ph: 03 9789 1233

Refs

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How can a physio help with knee pain?

The knee is a joint between your thigh (femur) and shin (tibia) bones which bends and straightens as we walk and acts

as a shock absorber for activities such as running, jumping and landing. Between the two bones is a cartilage disc called the meniscus which acts as a shock absorber and improves stability of the joint.

The meniscus can become irritated if it is challenged with a sudden, forceful landing, an awkward twist, or can become sore if it is slowly challenged over a period of time. This will often lead to pain and/or swelling with certain movements of the knee such as bending, going upstairs, walking on uneven ground or jumping. It may also ache overnight or first thing in the morning.

A physiotherapist can assess knee pain to identify the irritated structure and in some cases may refer for investigations such as Xray or MRI to rule in or out serious structural damage to the knee. However, in many cases, this is not required and knee pain can be treated conservatively without the need for scans.

Even if people who have a tear to their meniscus confirmed on their MRI, conservative therapy such as exercise can be the best treatment with recent best-practice guidelines (1) recommending that arthroscopic surgery can be avoided in nearly all cases of meniscus tears, including those with acute onset of pain, mechanical symptoms and/or those with osteoarthritis or meniscus damage found on scans. Instead, recommended therapies included exercise therapy and in some cases medications or injections.

A specific range of motion, coordination and strengthening exercises will aim to reduce your pain and swelling, help you start walking without pain, and return to work and sports as quickly as possible.

If you or someone you know has knee pain which doesn't seem to be getting better, seeing a physiotherapist for a tailored exercise program would be a great place to start.

1. Siemieniuk Reed A C, Harris Ian A, Agoritsas Thomas, Poolman Rudolf W, Brignardello-Petersen Romina, Van de Velde Stijn et al. Arthroscopic surgery for degenerative knee arthritis and meniscal tears: a clinical practice guideline BMJ 2017; 357 :j1982
<https://www.bmj.com/content/357/bmj.j1982>

Written by [Brendan Young](#)

Book with Brendan at our Langwarrin Sports Medicine Centre:
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Growing Pains

What is Growth Pain?

Growing pain is a common complaint of children during their transition from childhood to adolescence. Growing pain is typically characterised by the gradual onset of vague, aching pain at the hip, knee or ankle, that is aggravated during and after physical activity. The most common cause of growth pain we see at Langwarrin Sports Medicine Centre is a condition known as Tension Apophysitis.

Tension Apophysitis is a condition caused by the pull of muscles on the bony growth plates which are active during times of growth. Tension apophysitis affects several different areas of the body at varying stages in the growth cycle, these are listed below:

Site	Common Name	Age of Onset	Fusion
Heel	Sever's Disease	9 – 11	10 – 13
Knee	Osgood Schlatter's	10 – 12	11 – 14
Hip	–	13 – 15	16 – 18
Buttock	–	15 – 17	19 – 25

Management of Growth Pain

It is often believed that when a child is experiencing growing pains, they should rest from sports and physical activity. While these conditions will settle with rest in the short term, this will become a source of frustration for the child, and will not provide long term relief of the condition.

Growth-related pain is something physiotherapist's routinely

treat with a high success rate. At Langwarrin Sports Medicine Centre, our physiotherapist's will complete a thorough assessment of your child's injury, and provide practical exercises and education to ensure you have an understanding of the condition, and what is required to achieve a positive outcome with regard to your son or daughter's pain

Written by [Alex Balnaves](#)

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