

Acute Injury Management Protocol

Recently, there have been new recommendations for acute injury management protocols, and our trusted physiotherapist, [Alex Balnaves](#), has taken the time to write them up into a user-friendly guide below, but please make sure you take the time to get your injuries checked by a physio.

Protect

Unload and/or restrict the movement of the injured area for the first 1 to 3 days to minimise bleeding and reduce the risk of further damage.

Elevate

Elevate limb above the heart to limit fluid accumulation in the injured tissue.

Avoid anti-inflammatory medications

Inflammation is your body's own healing response. Anti-inflammatory medications can slow down tissue healing by hindering this process.

Compress

Apply compression to injured tissue to help push fluid out of the tissue and reduce swelling

Educate

It is important to speak to your physiotherapist to obtain an accurate diagnosis of your injury, which allows for the

appropriate advice and rehabilitation can commence.

Once the first few days have passed, soft tissues need some LOVE

Load

Once the initial stage of healing has passed, it is important to begin gentle loading to reduce the loss of strength and/or function of the injured tissues. Your physiotherapist will provide you with advice on what is safe to do with your specific injury.

Optimism

Having a positive mindset when completing rehabilitation is vital as this has been shown to enhance rehabilitation outcomes in musculoskeletal injuries (ankle sprains, muscle tears/strains, etc).

Vascularisation

It is important to get the blood flowing through the injured tissues to allow for nutrients and oxygen to aid the healing process. Early pain-free cardiovascular exercise is a great way to improved function, work status, and reduce the need for pain medications.

Exercise

When completing rehabilitation for all musculoskeletal injuries it is important to understand that while some functions are limited, there are still plenty of exercises that are safe to do. It is important to ensure that the muscles and joints surrounding the injury maintain strength and function as this will allow for a smooth return back to pre-injury activities.

What Is Frozen Shoulder?

Frozen shoulder, also known as adhesive capsulitis, is a condition affecting the joint capsule of the shoulder. It is characterized by inflammation of the capsule, leading to pain and stiffness with shoulder movements.

Frozen shoulder is categorized as either primary or secondary. Primary frozen shoulder occurs for no clear reason, while secondary frozen shoulder develops following an injury or surgery of the joint.

Frozen shoulder usually follows a typical pattern and can be separated into three stages, freezing, frozen and thawing. The pain begins in the freezing stage as an ache or twinge with movements. The pain gradually increases, and the shoulder begins to feel stiff as well as painful. Usually, shoulder movements away from the body or rotating outwards are the most painful and restricted.

As the condition progresses, everyday activities can be significantly impacted, with activities such as dressing, grooming, reaching overhead and behind the back becoming difficult. Lifting heavy objects can be very painful, and the pain is often felt at night-time, interrupting sleep. The three stages follow a typical pattern;

Freezing – Pain is present at rest/night, increasing pain and stiffness with shoulder abduction and external rotation.

Frozen– Pain starts to lessen, but the stiffness of the shoulder joint increases.

Thawing – Pain reduces to lower levels and movement begins to return.

Frozen shoulder will usually resolve on its own without any long-lasting stiffness. However, complete recovery does not always occur.

Frozen shoulder usually affects people over the age of 40 and women are affected more often than men. While no definite cause has been identified, there are some factors that increase the risk of developing a frozen shoulder. These include diabetes, prolonged immobilization, trauma, stroke, thyroid dysfunction, heart disease and autoimmune disease.

The early stages of frozen shoulder can mimic other shoulder conditions, and these should first be ruled out by a thorough examination. While frozen shoulder is a self-limiting condition, meaning it will resolve on its own without treatment, this can take up to 2-3 years. Physiotherapy during this time focuses on reducing pain as much as possible and helping patients to cope and adapt to their symptoms during the freezing and frozen stages.

As the condition moves into the thawing stage, physiotherapy aims to help restore strength, movement and control to the shoulder. The entire process can be extremely distressing for

patients and providing support and education as they move through the stages of the condition is an essential part of treatment.

If you have any concerns about shoulder pain that is not resolving, come and have a chat with one of our physiotherapists to see how we might be able to help you. None of the information is a replacement for proper medical advice. Always see a medical professional for advice on your injury.

Shoulder Instability

What is shoulder instability?

Shoulder instability is a term used to describe a weakness in the structures of the shoulder that keep the joint stable, often leading to frequent dislocations. As one of the most flexible joints in the body, the shoulder maintains stability through a balance of support between the dynamic structures (muscles and tendons) and static structures (ligaments and joint shape).

Shoulder instability typically occurs in one of two directions, anterior (forward) or posterior (backwards), anterior instability or dislocations are far more common than posterior.

What are the symptoms of shoulder instability?

The most noticeable symptom of shoulder instability is dislocation or subluxation of the joint. This is often accompanied by pain, clicking sensations, a feeling of instability and in some cases, weakness, tingling, and pins and needles in the arm. Many patients report a feeling of apprehension or instability, as if 'something is not quite right'. Posterior instability can also cause reduced range of movement and might mimic other common shoulder conditions, which need to be ruled out first.

How does shooulder instability happen?

Shoulder instability is also classified as traumatic, occurring after an injury or atraumatic, where the shoulder is exceptionally flexible and prone to dislocations from everyday forces. Instability can also occur from chronic overuse where the shoulder joint is damaged slowly over time.

Traumatic shoulder instability is the most common form. Often the joint is dislocated by a strong force and damaged, leaving it more unstable and vulnerable to future dislocations. Rugby and football players are commonly affected. However, dislocations can occur in the general public from something as simple as falling onto an outstretched hand.

How can physiotherapy help?

Shoulder instability is a complex condition, and each person will have a different combination of causes and structural deficiencies. Physiotherapists are trained to identify issues of coordination, control and strength that may be contributing to instability and provide an extensive rehabilitation

program. For some patients, surgery is recommended to help restore some static stability to the joint. However, this is not the best pathway for everyone. If surgery is indicated, a full rehabilitation program is also recommended for the best outcomes.

Helping patients to understand and manage their condition is an essential part of recovery. Physiotherapy is usually always recommended as the first line of treatment before surgery and can have excellent outcomes, with or without going under the knife.

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