

SPOTLIGHT ON: Leroy Haines – Physiotherapist

In our latest 'SPOTLIGHT ON' series, meet [Leroy Haines](#), Physiotherapist at our [Mornington](#) and [Edithvale](#) clinic's and current Physiotherapist for the [Edi-Asp Football Netball Club](#). Leroy chatted to us about how community sport helps improve life skills and his yearning for time travel!

WHAT INSPIRED YOU TO BECOME A PHYSIOTHERAPIST?

I have always played a lot of sport and with that has come a lot of injuries and therefore physios. Being involved in sport sparked my interest in strength and conditioning and exercise and sports science. The main turning point that got me thinking about becoming a physiotherapist was in 2008 when I tore my ACL and MCL in a footy injury. Recovery from that required an ACL reconstruction a lot of physiotherapy. My physiotherapist for that rehab was actually [Clinton Watson](#) (Director of Mornington Central Physiotherapy). Since then, my passion for injury management and strength and conditioning grew and I completed a Bachelor of Exercise and Sports Science before doing a Masters of Physiotherapy.

What does being part of community sport mean to you?

Being part of community sport means a lot to me. Since I could, I have always been involved in a variety of sports from Soccer, Rugby Union and Cricket, to Aussie Rules and many more. I've been involved to varying degrees, from playing to coaching and being a physio. I still continue to play competitive cricket and soccer. Being involved in community sport is a great way to meet people, establish relationships, and improve life skills.

What is your philosophy around injury management?

Correct diagnosis and early management is crucial for optimal recovery and returning to full fitness as soon as possible. In the majority of cases, tissue heals best under load. So, as soon as it is safe to do so, I like to start loading the injured area with appropriate exercises. Muscular control and function is key to most injuries. Exercise plays the most important role in management and recovery.

What is your proudest sporting moment as a player?

Representing Kent County in Cricket and Rugby at junior level.

What is your worst injury and how did you overcome it?

My worst injury was a ruptured ACL when I was 17. Recovery involved ACL reconstructive surgery and about 12 months of rehab. All in all I was out of sport for about 18months.

Who is your sporting hero and what do you admire most about them?

AB de Villiers (South African cricketer). His skills and no fear attitude towards the game. He backs his ability and isn't afraid to take risks. Above all he is always a good sportsman.

If you could have a superpower, what would it be?

Time Travel...the one thing that we lack in life is time. To be able to get more of it and to go backwards or forwards in time to different era's would be amazing.

To make an appointment with [Leroy](#) you can [BOOK ONLINE](#) or call our [Mornington](#) Clinic on [5973 5511](#) or our [Edithvale](#) Clinic on [9772 3322](#).

SPOTLIGHT ON: Daniel Browne – Physiotherapist

In our latest 'SPOTLIGHT ON' series, meet [Daniel Browne](#), Physiotherapist at our [Edithvale](#) and [Langwarrin](#) clinic's and current Physiotherapist for the [Edi-Asp Football Netball Club](#). In our chat, Daniel shares how a bad personal injury changed his life and inspired him to become a Physiotherapist.

WHAT INSPIRED YOU TO BECOME A PHYSIOTHERAPIST?

It combined my interests of human physiology, movement and education. Initially the inspiration stemmed from an interest in getting the most out of my own body athletically, however now equally it is very much about how I can improve the health and function of those around me.

What does being part of community sport mean to you?

It allows me to hopefully facilitate an athlete's ability to meet their desired result at the grassroots level. I know first hand how hard it can be without support, but also how beneficial it can be with some. My goal is to make a profoundly positive impact on an individual or team and work with them to not only meet, but exceed their goals.

What is your philosophy around injury management?

Generally speaking your aim is to protect and strengthen the area and limit deconditioning as much as possible whilst always maintaining fundamental day to day function as you build back up to pre-injury capacity. I try to instill in people not only the skills and knowledge to optimise their

recovery, but to prevent further injury and ultimately make them a better athlete than they were before.

What is your proudest sporting moment as a player?

Achieving a top 10 placing at the [2017 IBJJF Brazilian Jiu Jitsu World Championships](#) held in California, USA. I was incredibly proud to represent my club and country on the world stage, and to get a reasonable result was fantastic.

What is your worst injury and how did you overcome it?

Rupturing my ACL and MCL during school soccer at lunchtime in 2006 – it completely changed my life. I overcame it by finding a community that supported me, and by choosing a career that taught me the importance of goal setting and sound rehabilitation principals.

Who is your sporting hero and what do you admire most about them?

I have had various over the years for different sports but what always attracted me to them was that they were never naturally talented athletes – they were all hard workers who became elite in their given field.



If you could have a superpower, what would it be?

Indefinitely hold my breath and dive down into the depths of the ocean to go exploring (I can't scuba because of asthma!)...So Aquaman?

To make an appointment with Daniel call Edithvale Physiotherapy Clinic on 9772 3322 or Langwarrin Sports Medicine Centre on 9789 1233.

Edithvale Physiotherapy Clinic helping the EDI-ASP EAGLES to fly

Edithvale Physiotherapy Clinic (part of Peninsula Sports Medicine Group) is pleased to announce its new partnership with [Edithvale-Aspendale Football and Netball Clubs](#).

Peninsula Sports Medicine Group has been involved in AFL within the local community for over 28 years with many of its physiotherapists having previously been part of elite clubs like St Kilda.

Edithvale Physiotherapy Clinic brings a high level of expertise to the table. The Eagles teams will be looked after by Physiotherapists, Daniel Browne and Leroy Haines.

Daniel Browne



Daniel holds a Bachelors degree from Monash University where he graduated with honors. Daniel has also completed his Certificate III and IV in Fitness, as well as being an accredited AUSTSWIM swimming instructor. Daniel has also been involved with elite sports as a clinician securing a position at the AFL Women's draft academy for the 2016/17 season, as well as more recently being selected as a physiotherapist at the Gold Coast 2018 Commonwealth Games working athletes from weight lifting, para weight lifting, badminton and wrestling.

Leroy Haines



Leroy holds a Masters of Physiotherapy from Griffith University, having previously completed a Bachelors Degree in Exercise and Sports Science at Deakin University. Leroy's areas of expertise include back and neck pain, headaches, overuse and tendon injuries, ACL and knee rehabilitation (having had an ACL reconstruction himself in 2009), sporting injuries and strength and conditioning. In addition to clinical work Leroy has worked with many sporting clubs across cricket, soccer, AFL, rugby and athletics.

Lachlan Goodison, Director, from Peninsula Sports Medicine Group, said the partnership reflects the strong commitment to community sport within Melbourne's south.

"We're looking forward to working with The Eagles coaching and playing groups to provide the latest evidence based knowledge, education and hands-on physio skills to assist in a successful 2018 campaign"

"We are absolutely passionate about being ingrained in our local community. Being injured is a frustrating time for any player. Actually talking to players about how injuries occur, the causes, how injuries can be prevented and what they should do to ensure an optimal recovery is a really important part of what we deliver".

To make an appointment contact Edithvale Physiotherapy Clinic on 9772 3322.

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Please advise reception that you are a Edithvale-Aspendale Football or Netball Club Player. Valid for current season only

Top tips for fitting your child's school bag

With the school year well underway, heavy school bags can easily put stress on your child's spine causing aches and pains. Peninsula Sports Medicine Group's Physiotherapists share their top tips for ensuring your child's school bag is fitted correctly this school year. After all...prevention is better than a cure!

The role of physiotherapy in AFLW injuries

To say that women's football has exploded in the last six months is an understatement. The exposure brought by the AFLW has filtered down to the local level and women everywhere are showing interest in the game.

The Southern Districts Football League has already begun their first ever women's competition and The Victorian Amateur Football Association kicked off their inaugural women's competition this year. From what was initially an expression of interest in a premier league competition has had over a thousand women register and now three divisions have been created.

So, with this increase in activity, have we seen an increase in injuries? Absolutely! Four players in the AFLW sustained an ACL injury in the first four weeks of competition. As compared with the one per year average at AFL clubs.

But why?...

There are numerous factors:

1. The Nature of the sport: Football is unique from many other sports that have previously dominated the female sporting landscape such as netball, tennis, running, basketball and general gym fitness (Source: ABS) in that it requires full contact tackling.

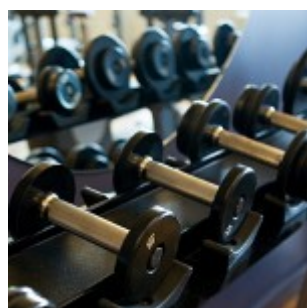
2. Risk Factors: Given that football is a relatively new option for women, there has been an influx of women either commencing or returning to the sport after a long absence, at many different age groups. As seen in the AFLW, there was a higher proportion of athletes in their thirties than is usually seen in the AFL. Increasing age statistically correlates with an increased injury risk across both genders. There is also a reasonable body of evidence to support the theory that females are more likely to rupture their ACL due to specific anatomical and hormonal differences.



3. Reduced Exposure to Traditional Injury Prevention: There is mounting research to support the concept that strength training reduces injury risk for various injuries and not just ACL's. Given that many women's football clubs are in their infancy, facilities and funding are often scarce and exposure to strength and conditioning programs vary greatly from club to club.

Considering all these factors, you can already see how the recreational female footballer can become part of this high risk group!

So what can we do about it?



Strength Training- Major sporting bodies such as FIFA and Netball Australia have utilised current research to create injury prevention preparation programs. The programs are designed develop the way players absorb load and tolerate training and incorporate elements of strength training and effective warm up drills. Prevention programs can be helpful to introduce an athlete to strength training with a view to developing a more complex strength program.

Recovery and load management- Although it can be tempting for coaches at the recreational level to 'go hard' to get their athletes into shape, research has shown that even small increases in unaccustomed load can lead to the development of a tendinopathy (tendon injuries). Recent research suggested a 'safe zone' for increasing training loads at around 5-10% (reference) and above 20% as increasing the risk of injury.

If you are a female footballer, a physiotherapist can assist you in developing an effective strengthening program that incorporates the right amount of load.

Contact your [local clinic](#) today and make sure you are in the right condition to minimise injury.

IMAGE SOURCE: AFLW, Western Bulldogs' Ellie Blackburn, www.aflplayers.com.au

Sore calf muscle?

Sharp stabbing, tearing sensation in your calf whilst accelerating, jumping or running? You may have sustained a calf strain.

WHAT IS A CALF STRAIN/TEAR?

A calf strain is usually an acute injury where the muscle fibers in your calf are overstretched or torn resulting in a degree of damage to the muscle. This generally occurs in a sportsperson during acceleration, running, hopping or jumping movements or could be as simple as just taking a few quick steps. Calf strains can be graded depending on their severity.

Why does it happen?

Calf muscle strains occur when there is excessive force placed on the muscle group which results in damage to the muscle fibers. Some factors that may contribute to calf muscle strains include altered biomechanics, previous calf muscle injury, poor calf muscle flexibility, inadequate warm up and poor foot mechanics.

What will your physiotherapist do?

Your physiotherapist will determine the extent of your calf muscle injury, assess contributing factors and complete a biomechanical assessment. Your physiotherapist will provide information in regards to estimated time of recovery, appropriate rehabilitation methods and advice regarding RICE and no HARM principals. They can employ treatments such as soft tissue therapy, dry needling, electrotherapy, ice or heat, compression garments, joint mobilisation, provide a home exercise program and advice regarding activity modification. They may also suggest the short term use of crutches and a heel lift.

Commencing an exercise program including calf range of movement, muscle strengthening and stretching is essential in the management of calf muscle injuries. An exercise program will be developed for you to complete which will involve gradual progressions before return to sport.

What about sport?

It is important that before returning to sport a thorough rehabilitation process has been undertaken to avoid reinjury. This will involve graduated strengthening exercises throughout the rehabilitation stage. Guideline of days before return to sport with calf strains is as follows;

- Strain or minor muscle tear: 2-3 weeks
- Medium to large tear: 4 – 8 weeks

- Complete rupture: 12+ weeks

Outcome

Calf strains usually have good recovery if appropriate rehabilitation is undertaken. You may be at greater risk of re-injury secondary to scar tissue formation and inadequate recovery.

For more information, contact your local Peninsula Sports Medicine Group [clinic](#).

Do I have a stress fracture?

WHAT IS A STRESS FRACTURE?

A stress fracture is a fracture of the bone that is so small that it often cannot be picked up on X-ray. If left untreated, a stress fracture can cause significant disability and develop into a full fracture, possibly even requiring surgery.

The majority of stress fractures occur in the lower limb, being particularly common in the hip, shin and foot at points where the most force passes through when weight bearing. Stress fractures are most commonly due to increased loading which a person is not conditioned for i.e. starting a new sport or building up running distance or speed too quickly by either runners or in pre-season for team sports.

What are the symptoms?

As with many overuse injuries, the pain of a stress fracture starts gradually, beginning with pain during or after activity or sometimes the morning after. If activity continues without

modification, the pain will gradually increase. Eventually most people are unable to maintain their usual activity level.

Pain (ache) is common at night in bed, and is typically easily reproduced on a hop or jump. Stress fractures are very common in sports that involve the repeated impacts of running and landing such as running, basketball, netball and football (AFL). A stress fracture will be more likely to occur in a person who has weaker bone strength, such as someone with osteoporosis, which is itself affected by many factors such as adequate calcium intake, vitamin D deficiency and a history of inactivity.

How are stress fractures treated and how long will it take to get better?

Stress fractures can easily be mistaken for other conditions such as shin splints. As the fracture is often too small to show up on X-ray, definitive diagnosis can be made using MRI or bone scan.

After diagnosis, the most important part of treatment will be resting the area to allow the bone to heal before resuming activity. Stress fractures usually need at least 6 weeks to recover fully. Some areas of the body have poor blood supply, which makes healing more complicated. For example, stress fractures of the navicular bone of the foot may need to be kept still and placed in a boot or cast for a period of time to heal properly.

Other aspects of treatment will involve correcting any factors that contributed to the original injury. There is some evidence that unsupportive footwear is a risk factor, along with poor biomechanics and weak muscles that provide inadequate support to the skeletal system during activity.

If you suspect you may have a stress fracture, would like to learn more or to book a consultation with a Sports Physiotherapist, please contact our team at your [local clinic](#).

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

Hydrotherapy – Rehabilitation for athletes and after sport

After recently spending time at the Australian Institute of Sport (AIS) as a martial arts athlete, [Daniel Browne](#), **Physiotherapist**, from our Langwarrin Clinic took part in a PhD study looking at the effect of water loading and weight reduction in preparation for the Rio Olympics. During this time he was exposed to the latest information relating to athletic recovery. One topic he found particularly interesting was the use of hydrotherapy. In this article, Daniel shares some insights and best practice information on hydrotherapy as a recovery technique.

Whether you are an amateur, semi professional or professional athlete the difference between a win and a loss can be a matter of millimeters or milliseconds. It is for this reason that appropriate pre-habilitation, rehabilitation and ongoing maintenance is imperative. A structured strength and conditioning program in combination with physiotherapy continues to help many athletes take the next step in their sporting journeys.

What is recovery and when is it most important?

Recovery can be defined as ‘the process by which an athlete’s physiological and psychological function is restored to resting or pre- exercise levels.

It is most important when you're competing, when you're training multiple times per day/week or have had a long training session, and especially when you feel fatigued – remember fatigue can be physical OR mental.

What is [hydrotherapy](#)?

[Hydrotherapy](#) is the immersion of the body in water. Hydrotherapy can involve either cold (10-15°) and/or hot water immersion (38.5-41°) and may occur in pools, showers, baths or the ocean. Note: typically a hydrotherapy pool will be around 34° whereas a spa will reach closer to 40°.

Cold water immersion

Cold water immersion works by decreasing skin, muscle and core temperature. This helps to reduce inflammation and subsequently pain; similar to how we would typically “ice” an injury.

Recommendation: 5 minutes at 15° is considered ideal and individuals are advised to not stay in water below 10°.

Hot water immersion

Hot water immersion increases blood flow and can increase range of motion due to relaxation soft tissues. The jets of a spa can also be utilized as a massage tool. Some considerations are that you may not want to bathe in hot water if you are already in a hot environment. You may want to limit use if you have a pre-existing acute injury or other health issues that may be exacerbated by heat e.g. multiple sclerosis.

Recommendation: 15 minutes at 38.5-41°

Contrast therapy

Contrast therapy involves the switching between cold and hot water modalities and can be useful as it combines the effects of hot and cold immersion listed above. The added benefit of

the contrast is the change in blood flow, which has a greater effect at removing metabolites or exercise byproducts thereby decreasing stiffness or soreness the next day (DOMS). If you do not have two sources of alternate water temperature available, a shower will work just fine.

Recommendation: 2 minutes cold water then 2 minutes hot water (x4) or 3 minutes cold water then 3 minutes hot water (x3) soon after the training session.

Please feel free to contact me for more information on [hydrotherapy](#), or book in a session if you too, want to optimise your athletic recovery.

[Daniel Browne](#)

Physiotherapist

Peninsula Sports Medicine Group

R.I.C.E Explained

Have you ever been told to “R.I.C.E it” after you’ve been injured? R.I.C.E is a handy acronym used to assist in initial management of musculoskeletal injuries – but what does it really involve? **Abbie Cagliarini, Physiotherapist**, from our Langwarrin Clinic explains what R.I.C.E is and how to maximise it’s benefit.

RICE stands for rest, ice, compression and elevation, and is to be performed for 2-3 days following the initial injury. It can help with reducing pain, swelling and inflammation at the site of injury.

REST

To put it simply – if it hurts don’t do it!

Rest involves protecting the injured area by avoiding activities that increase pain levels. This doesn't mean you shouldn't move at all, it means you should avoid things that noticeably increase your pain either during or after the activity. It may also involve the use of a gait aid (e.g. crutches), a brace or even taping to reduce load and further protect the injured area.

ICE

The best way to apply ice is using crushed ice through a damp tea towel/cloth or a plastic bag. Ice can be applied directly onto the skin – it may not be comfortable but it is effective! As a general rule, ice should be applied for 20 minutes every 2 hours (including nights!). This time may change depending on the method of ice application as well as the site of the injury and how close it is to the surface of the skin. Ice reduces the temperature of the injured tissues, which decreases pain and the extent of damage in the tissues surrounding the injury.

COMPRESSION

This is a simple one – use a bandage (most commonly a tubular bandage or 'tubigrip') during daylight hours to reduce swelling. If you experience pins and needles, numbness or colour change in the skin the bandage is too tight and needs to be removed! Remember to remove at night.

ELEVATION

By elevating the injured limb above your heart (e.g. resting a sprained ankle up on a pillow while lying down) inflammation and swelling in the injured area is minimised.

NEW DEVELOPMENT

New developments in this area are considering a new approach called POLICE, where the R in RICE is replaced with POL which stands for Protection and Optimal Loading. This aims to avoid complications that may follow the lack of use of the injured

part (or too much rest), such as excessive stiffness and weakness. It is thought that early graded activity or optimal loading encourages recovery, and when used sensibly may be more beneficial than the potentially outdated 'Rest.'

If you've recently been injured, get it checked sooner rather than later. Make an appointment with a Physiotherapist at your [local clinic](#).

Get the most out of your running: quick tips for every type of runner

Running season is sprinting towards us, and what better time to improve efficiency, technique and personal best's.

[Danielle Galley](#), Physiotherapist at [Rosebud Physiotherapy Clinic](#), gives us some quick tips for minimising running injuries.

Running is a versatile activity that is enjoyed across a lifespan by many individuals, whether it be for general fitness, to compliment other sporting pursuits, or for competition.

Current research suggests that 30-75% of runners are injured annually, where a variety of factors such as fatigue, deficits in strength, biomechanics and inappropriate training load have been found to be strongly related. It is important to note that every runner is an individual, and that one 'size fits all' does not apply, so seek guidance from your Physiotherapist for management for your own specific needs.

Avoid over striding and increase step rate

Over striding, where a runner increases their step length to reduce their step rate, has been found to be less energy efficient than shorter, more frequent steps. Longer strides have been shown to have greater ground reaction forces, which has been linked to knee joint stress and injury. Increased step rate actually reduces the forces.

Take wider steps

A smaller step width when running, or a 'crossover' pattern, where one leg crosses midline has been associated with common runners specific overuse injuries such as shin splints and knee pain.

Aim for shoes with a heel height of approximately 10-12 mm

Traditional running shoes may range from 8-12 mm, whereby the higher the heel the lesser the demands on the calf complex. As shoes deform with wear over time, the height of the cushioning will reduce in response to imposed stresses and may become more worn through one side compared to another.

Stand tall and push backward through hips to drive knees up

Forward motion should be driven from the hips rather than arm swing or excessively high knees, where the runner pushes the ground away behind them. The upper body should remain tall, with shoulders back and chest open, in a slight 'falling forward' movement to encourage forward momentum.

For more information about running technique, please [contact](#) one of our clinics to talk to one of our Physiotherapists