A Wrist Injury: Scaphoid Fractures

What is a Scaphoid Fracture?

The scaphoid is a small bone in the wrist that connects the radius to the hand, and it is situated near the thumb. Scaphoid fractures are a relatively common wrist injury and are commonly misdiagnosed as the pain can be quite mild even when the bone has been broken. Scaphoid fractures are notorious for their high incidence of complications healing due to low blood supply to the area and how easily their diagnosis can be missed.

How does it happen?

A scaphoid fracture is often caused by a fall on an outstretched hand or a direct blow to the wrist. It is more common in young adults than in children and the elderly.

What are the symptoms?

Symptoms of a broken scaphoid include wrist pain, swelling, bruising or discolouration of the skin over the injured area and difficulty moving the wrist or hand. As the swelling subsides you might notice pain at the base of the thumb when opening jars or gripping objects. There may also be a deep, dull ache in the wrist that doesn’t settle easily.

How is it diagnosed?

If you suspect that you have a scaphoid fracture, you should consult your physiotherapist or GP who will refer you for an X-ray to confirm if the bone is broken. Occasionally scaphoid fractures will not show up on an X-ray, so if the findings are negative yet your medical team still suspect a fracture,

they may wait a week then X-ray again or send you for an MRI or CT to double-check. Though these fractures can often be treated without surgery, doctors may recommend surgical intervention for more severe cases.

How can physiotherapy help?

If you have a scaphoid fracture, your doctor will likely prescribe a splint or cast to ensure the wrist is kept still until healing is complete, usually for a minimum of six weeks. Healing times will vary depending on which part of the bone has been broken. Following the removal of the cast or splint, there is often residual pain, stiffness or muscle weakness. Your physiotherapist can help you restore any deficits as well as resolve any shoulder pain or headaches that may have resulted from altered biomechanics.

Contact your local clinic to make an appointment with one of our Physiotherapists to discuss your wrist pain and how physiotherapy can help.

None of the information in this article is a replacement for proper medical advice.

Why Do Tendon Injuries Take So Long To Heal?

If you've ever suffered from a tendon injury you will know that the recovery can be frustratingly long. Tendons are important tissues of the body, connecting muscles to bones and come in many different shapes and sizes. There are many

reasons why tendon injuries can be difficult to treat, as we explain below.

Tendon injuries often develop gradually

Tendons need to be able to transmit forces from muscles to the bones that they attach, however they respond to changes in strength more slowly than muscles do. As muscles become stronger or take on more load, the tendons can fail to keep up with this increased demand becoming painful and damaged. This process can take a while to occur and often changes to tendon tissue has begun long before the pain is noticed. This means that there are likely to be multiple factors to be assessed, including biomechanics and training regimes before the problem can be resolved.

Tendons have limited blood supply

Tendons do have their own blood supply, however, it is not as abundant as muscles. This can be a factor with healing, as all tissues require nutrients for health and to heal. Any condition that compromises circulation, such as diabetes, can predispose tendons to injury and delayed healing.

Rest and stretching may not necessarily help

Our instincts in response to tendon pain may not help with recovery. In some cases, stretching can aggravate symptoms and while rest may reduce symptoms, it will not necessarily help with recovery. The best evidence for promoting healthy tendon growth is through addressing poor biomechanics and a tailored strength and loading program.

Recovery often relies on adherence to a

specific rehab program

One of the biggest barriers to healing tendon pain is that exercises can be easy to do in theory, but hard to do in practice. They can take time and discipline. Your physiotherapist can also help you to find strategies to fit your exercises into your daily routine if you are finding this difficult.

Contact your local clinic to make an appointment with one of our Physiotherapists to discuss how you can help reduce and manage your tendon pain.

None of the information in this article is a replacement for proper medical advice.

Understanding Referred Pain

Pain is one of the most complicated processes in the human body.

You may have experienced this if you ever saw a physiotherapist for pain in one part of your body, and they started to treat an entirely different area.

Some people are born with no sensation of pain at all, and amputees sometimes continue to feel pain where their limbs used to be. The complexity of pain is one reason why physiotherapists conduct such a thorough physical examination before determining the exact source of your pain.

Why is pain so complicated?

Unfortunately, we are still don’t understand everything about the way pain is processed.

Usually, when an injury or damage occurs to body tissues, a signal is sent to the brain, which begins to interpret this signal and creates the sensation of pain.

Pain is thought to be a warning signal to let you know to avoid danger and pay attention to the injured body part. Occasionally this system goes a little haywire, and pain signals are sent when there is no damage or the location of the pain is misdirected.

Referred pain is the term used when pain is felt at a different location to the source that is sending the pain signal. There are many kinds of referred pain, and some are easier to explain than others.

What are the different types of referred pain?

In some cases, if it is a nerve that is sending the pain signal, then pain can be felt all along the length of the nerve. Patients often describe this as a sharp burning pain along the skin.

One of the most common examples of this is sciatica, where the large nerve that runs down the back of the leg is irritated around the lower back. The source of the pain signal is near the spine. However, that pain follows a distinctive pattern down the leg.

In other cases, it is the muscles and not the nerves that are referring pain elsewhere. Muscular trigger points are taut bands that develop within muscle tissue that is undergoing abnormal stress. Poor posture, lack of movement, and overuse can cause muscles to develop areas of dysfunction.

These trigger points can cause pain that radiates out in

distinctive patterns. Trigger points are diagnosed as the source of pain if symptoms are reproduced when a therapist presses on a specific point.

If that wasn't confusing enough, we know that our internal organs also refer to pain. Pain referred by internal organs is frequently described as a deep, ache, and usually not influenced by movements of the limbs or back.

Organs often distribute pain in patterns that are very obscure and sometimes don't even create any pain at their location. For example, kidney pain often feels like lower back pain. Tragically, many patients have failed to seek treatment in time as they mistook a serious condition for a simple backache.

There are many facets to pain, and understanding how it works is an important part of managing your symptoms.

To understand how referred pain may be affecting you, make an appointment with your Physiotherapist who can help with any questions.

Book online today or contact your local clinic.

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.

Spinal Stenosis

What is spinal stenosis?

The spinal cord, nerves, and arteries are housed by the spine, which acts as a hard electrical casing to support and protect these vulnerable structures. The spine has a hollow column that allows the spinal cord to run from the brain to the rest of the body. At each spinal segment, nerves exit the spine and supply the tissues of the body. There is also an intricate network of small veins and arteries that provide blood to the spinal cord and vertebrae, providing them with the nutrients needed to operate.

Spinal stenosis is characterized by a narrowing of the spaces that house the spinal cord, nerves and blood supply. A variety of factors can cause spinal stenosis, however overwhelmingly it is caused by degenerative changes to the spine as we age. Many people over the age of 60 will have spinal stenosis; however, not all will have pain. Clinically, spinal stenosis is used to describe the painful symptoms of this condition rather than just the narrowing itself.

What are the symptoms?

Pain with walking or standing that radiates into the hips, thighs and even feet is the hallmark of spinal stenosis. Usually, this pain will be reduced with rest and forward movements of the spine. Spinal stenosis is a progressive condition and symptoms will gradually increase over time. The pain is often described as a deep radiating ache and can be associated with fatigue, heaviness, weakness, and numbness. It can affect just one leg, however more often will be felt in both legs. There will often be associated with back pain; however, leg pain is usually the most severe complaint.

How can physiotherapy help?

There are many conditions that need to be excluded before a diagnosis can be made. Your physiotherapist is able to conduct a thorough examination and accurately diagnose this condition.

In some cases, imaging may be requested. As mentioned earlier, many people have stenotic spinal changes without symptoms. Surgery to decompress the restricted nerves and stabilize the spine are used in very severe cases.

For mild to moderate cases of spinal stenosis, physiotherapy can be extremely beneficial. Your physiotherapist can help you manage your pain through hands-on techniques and by providing a targeted exercise program based on biomechanical assessment. They are also able to help you to understand and manage your day in a way that helps to reduce flare-ups and maintain muscle strength.

If surgery is the right choice 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.

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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

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