

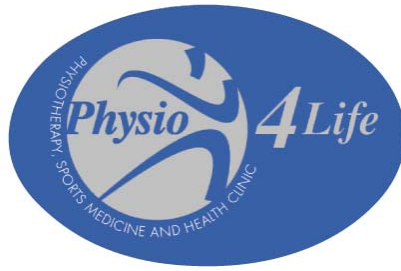
## PHYSIO 4 LIFE

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# Newsletter

Newsletter

September 2007

## One Year Anniversary—by Mark & Sarah Saunders

Less than one year on from the clinic's relocation to the Putney Medical Centre we were delighted to be short listed by Royal Bank of Scotland, as a finalist for the Best Small Business Award covering all of South London 2007. We were the only Private Physiotherapy Clinic to make the final, with over 40 companies competing in this category. We were thrilled to make the final four short listed

companies but need to ensure next year we win and bring home a trophy!



Love is in the air... For those of you that know us you'll be please to know two of our youngest members of the clinic, our daughter Isabelle, and Daniel and Gina Wellard's son Jack, have been

enjoying a summer 'romance' and walks in the park. Long may it last! Enjoy the rest of the summer.



### Opening Hours

**Mon - Thurs:**  
07:00 - 22:00

**Friday:**  
07:00 - 20:00

**Saturday:**  
08:00 - 16:00

## New Faces as the Clinic Continues to Expand

We have a few new team members to introduce you to, along with an increase of business management



**Elliot  
Lake**

### General Manager

Elliot has spent the last 8 years managing golf clubs and health centres in and around London, including Putney & Chelsea Holmes Place. He is now looking forward to working with the team and improving the services at P4L.



**Amy  
Walters**

### Reception Manager

Amy has a background in Sports Massage Therapy and will be joining us as the new Reception Manager. She will do her utmost to ensure a smooth running of the clinic and will be available to deal with any queries.



**Gemma  
Eves**

### Massage Therapist

Gemma has been working as a massage therapist for over 7 years. Trained not only in sports massage, but also pregnancy massage, reflexology, aromatherapy, Indian head massage to name a few.



**Richmond  
Stace**

### Chartered Physiotherapist

Richmond has a special interest in pain science and provides musculoskeletal and sports physiotherapy for injuries and pain. Working for over 7 Years in sport, privately and within the NHS.



**Peter  
Malliaras**

### Chartered Physiotherapist

Peter has been working as a physiotherapist for more than 10 years. He has developed an expertise in musculoskeletal and sports injuries, working with high performance athletes at national and international level.



**Kelly Hall**

### Chartered Physiotherapist

With more than 6 years experience as a physiotherapist, working privately and within the NHS, Kelly has a strong background in sports and orthopaedic rehabilitation.

### Inside this issue:

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## Why Does it Hurt—by *Richmond Stace, Chartered Physiotherapist*

### Pain: Part 1



#### Why we feel what we feel when we injure ourselves

Pain is good. This may sound strange but in fact we need the experience of pain for normal survival of our everyday lives. This is the sensation that warns us of 'actual' or 'potential' damage which means that the amount of tissue damage does not relate to the amount of pain that we feel. There are plenty of examples of people who have lost limbs without realising that an arm or leg is missing, and how painful can a paper cut be? Why is it that we can have so much pain from such a trivial incident or suffer so little when the damage is severe? This is what we will lightly explore now, drawing from current science and experience.

When we injure ourselves and tissues are damaged (e.g. ankle sprain) there is an inflammatory reaction which usually includes swelling, redness and pain. These symptoms develop as part of the healing process and are quite normal. The swelling occurs because of bleeding and fluid escape from damaged and leaky blood vessels, the redness due to increased blood flow and inflammatory cells that are attracted to the area. Pain develops as a protective mechanism to motivate you to

take action (stop moving, seek help, limp etc.). Pain occurs as a result of the nerves locally becoming very excited and reactive to normal stimuli such as pressure (touch it and 'ouch'), movement and sometimes spontaneously without any provocation at all!

Nerves have a threshold of firing which means that they need a certain amount of stimulation to fire off a message. Once the threshold is reached the nerve fires a signal from the periphery to the spinal cord and subsequently the brain. The brain analyses this information, and all the other information from inside our bodies and around us, with the end result being a decision to take action. For example to start rubbing your elbow that you just caught on the edge of the table. Sometimes following an injury the brain receives this information and decides not to pay attention to the damage as something else is more important. Imagine you are crossing the road barefoot and you tread on a nail.

#### Ahhhhhh!

You hop across to the other side holding your foot, unless of course there is an attractive individual watching you from the other side of the road. This being the case, you will stifle the moans of pain, smile and walk in the most normal fashion possible until you are around the corner when you can emit a scream of fury. This mechanism is functioning on the basis that in order to achieve the most important goal the brain can block pain powerfully. This is a basic survival mechanism that allowed our hunter-gatherer predecessors to escape from wild animals even with serious injury.

Pain at an injured site can expand. A small splinter in your thumb is initially sore around the punctured skin, but by the next day the end of the thumb is painful and throbbing. Again this is a normal reaction with your nerves in the thumb releasing inflammatory chemicals locally, recruiting help from their neighbours and increasing the area of tissue that they supply. This is a secondary reaction to an injury and is a survival mechanism that increases the attention that you pay to the area in question.

Usually pain improves as the healing process continues with the area becoming less sensitive (nerves less excited). Inflammatory cells finish their job, other chemicals that promote inflammation are broken down and new tissue begins to be laid down. However, pain can sometimes continue beyond healing time, and this kind of pain is more involved with continued nerve sensitivity in the periphery, spinal cord and the brain.

Functional MRI scans of the brain have taught us much about the variety of influences that have an impact or influence pain. Motor, sensory, emotional, homeostatic and memory centres all play a role in pain modulation in an integrated way. The immune system also has a huge role to play in pain production. The aches and pains we experience when a cold is coming, that old knee or back ache returning with the flu and when we already have pain it is exacerbated if the immune system is working hard. This is due to the release of chemical messengers by the immune system that are pro-inflammatory and can also

produce pain.

The limbic system in the brain which is involved with emotional processing is very active when we are suffering, especially if we are anxious and worried about the injury and wondering if it is serious. A good explanation of the problem with reassurance can actually decrease your pain through this system, how simple! This is also the case for people who understand why they are feeling pain through education of the underpinning science. Many studies have demonstrated the powerful effects of education and addressing the thought processes that drive our behaviour when we are in pain. This approach to managing pain has grown hugely in recent years with increased scientific knowledge and good outcomes with patients.

**Part 2** will cover more persistent pains and ways of managing pain in an effective way

Richmond has had an interest in pain and pain science for many years. He is currently studying and involved in research in pain at Kings College London. For questions or further information you can contact Richmond at the clinic.



## Sever's Disease—by Kelly Hall, Chartered Physiotherapist

### What is Sever's Disease?

Sever's Disease occurs in children when the growing part of the heel is injured. This growing part is called the growth plate and the foot is one of the first body parts to grow to full size. This usually occurs in early puberty. During this time, bones often grow faster than muscles and tendons. As a result muscles and tendons become tight and the heel area less flexible. During weight bearing activity, the tight heel tendons may put too much pressure at the back of the heel (where the Achilles Tendon attaches). This may injure the heel.



### When is my child most at risk from Sever's Disease?

Your child is most at risk for this condition when he or she is in the early part of the growth spurt in early puberty. Sever's Disease is most common in physically active girls 8 to 10 years old and in physically active boys 10 to 12 years old. Soccer / Rugby players and gymnasts often get Sever's disease, but children who do any running or jumping activity may be affected. Sever's disease rarely occurs in older teenagers, because the back of the heel has finished growing by the age of 15.

### How do I know if my child's pain is caused by Sever's Disease?

In Sever's disease, heel pain can be in one or both heels. It usually starts after a child

begins a new sports season or a new sport. Your child may walk with a limp. The pain may increase when they stand on tip toe. Your child's heel may hurt if you squeeze both sides toward the very back. This is called the squeeze test. Your physiotherapist may also find that your child's heel tendons have become tight.

### How is Sever's Disease treated?

- Calf Stretches
- Achilles Tendon Stretch
- Hamstring Stretch
- Strengthening Exercises using theraband or rubber tubing
- Ultrasound

First your child should reduce or stop any activity that causes heel pain. Apply ice to the injured heel for 25 minutes 3 times a day. If your child has a high arch or flat feet, your physiotherapist will probably recommend orthotics. Your child should never go barefoot. If your child has severe heel pain, pain relief medicines and anti-inflammatories may help.

### Will strengthening exercises help?

Yes. It is important that your child performs exercises to stretch the hamstring and calf muscles and the tendons of the back of the heel. The child should do these stretches 5 times each, 2 to 3 times a day. Each stretch should be held for 30 seconds. The child also needs to do exercises to strengthen the muscles on the front of the shin. To do this, your child should sit on the floor, keeping their hurt leg straight. One end of the theraband is hooked around a table leg, the other end is hooked around the child's toes. The child moves back far enough to stretch the cord. Next they slowly bend their foot towards their body. When they cannot bend the foot any further they slowly lower the foot in the opposite direction (towards the table). This exercises should be repeated 3x15 repetitions, twice a day.

### When can my child play sports again?

With proper care your child should feel better within 2 weeks to 2 months. Your child can start playing sports again, once the heel pain is gone.

### Can Sever's Disease be prevented?

Sever's Disease may be prevented by maintaining good flexibility while your child is growing. The stretching exercises can lower your child's risk for injury during the growth spurt. Again, ask your physiotherapist for advice. The correction of any foot anomalies with orthotics is an important preventative measure. Good quality shoes with firm support and a shock absorbent sole will help. Your child should avoid excessive running on hard surfaces. If your child has already recovered from sever's disease, stretching and putting ice on the heel after activity will help keep your child from getting this condition again.

### RECOMMENDED CALF STRETCHES

**Gastrocnemius Calf Stretch**  
Stretching the calf while keeping the knee straightened

**Soleus Calf Stretch**  
Stretching the calf while bending at the knee

### RECOMMENDED STRENGTHENING EXERCISES

Starting point—with toes relaxed

Finishing point—with toes flexed

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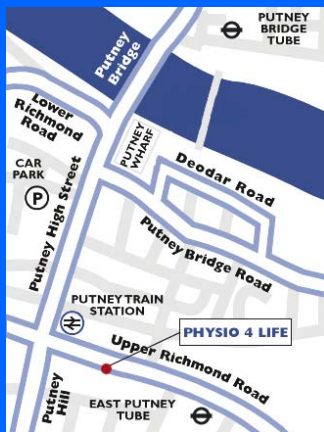
125 Upper Richmond Road,  
between Putney High Street  
and East Putney tube station.

**Tube:** 3min walk from East  
Putney Tube Station

**Train:** 3min walk from  
Putney Mainline Station

**Buses:** Stopping on Putney  
High Street:  
93, 39, 14, 85, 270, 220, 424  
Stopping on Upper Richmond  
Road:  
337, 37

**Parking:** Pay and display:  
Carlton Drive, St John's  
Avenue, Oxford Road.  
You can also park on the red  
route on the Upper  
Richmond Road between  
10am and 4pm, and after 7pm.



## Active Release Technique— *by Evelyn Kummer*

### What is Active Release Technique (ART)?

ART is a manual hands-on soft tissue movement based massage technique that treats problems with muscles, tendons, ligaments, fascia and nerves. ART is very specific to treating the exact soft tissue that is the source of pain and dysfunction and physically works them back to its normal texture, tension, and length by using various hand positions and soft tissue manipulation methods.

### How can ART help me?

Headaches, back pain, carpal tunnel syndrome, shin splints, shoulder pain, sciatica, plantar fasciitis, knee problems, iliotibial (IT) band syndrome, Achilles tendonitis and tennis elbow are just a few of the many conditions that ART has been extremely successful in resolving. These conditions all have one important thing in common: they are often a result of overused muscles.

### What is an ART treatment like?

Every ART session is a combination of examination and treatment. The ART provider uses his or her hands to evaluate the texture, tightness and movement of muscles, fascia, tendons, ligaments and nerves. Active release allows a certified practitioner to break up the abnormal tissues by combining precisely directed tension with their thumbs with very specific patient movements (from the shortened to the lengthened aspect of the tissue). The treatment is fast, safe and effective. Treatment of any soft tissue restriction requires an

alteration in tissue structure that breaks up the restrictive cross-fibre adhesions and restores normal function to the affected soft tissue areas. When executed properly, this process treats the root cause of the injury.

### Booking an ART Treatment at Physio4Life

Our massage therapist, Evelyn Kummer, is qualified in upper extremity, lower extremity and spine Active Release Technique. If you are interested in booking an ART treatment with her, she is available Tuesdays and Wednesdays from 2-10pm and every third Saturday from 8am-4pm. A 30 minute appointment is usually recommended.



Active Release on the Brachial Plexus (nerve) at the Scalenes



Active Release on the Iliotibial Band

## Physio4Life and



**Physio4Life are pleased to announce that Dr Peter Thomson from the Wimbledon Clinics will be holding weekly clinics starting on the 3rd October 2007.**

Dr Thomson MBBS, MSc Sports Med (Lond) MFSEM (UK), MRCGP, qualified from the Westminster & Charing Cross Medical School in 1985. He trained in Sports Medicine at the Academic Department of Sports Medicine, Royal London Hospital & Queen Mary College and gained a distinction in his Masters Degree in 2002. As well as his regular sessions with the Wimbledon Clinics team, Dr Thomson works as a Sports Physician treating a wide variety of musculoskeletal and sports injuries in his practice. He is also a GPwSI in Orthopaedics, and works with Mr Adrian Fairbank at the Soft Tissue Knee Clinic, St George's Hospital. He also acts as a Sports Physician to Millwall Academy Football Club and has an interest in injuries associated with soccer and running.

Wimbledon Clinics is a specialist centre for the treatment of sports injuries and other disorders of the joints, muscles and back. Our multidisciplinary team includes surgeons, physio-therapists, experienced sports medicine physicians and podiatrists. Serving South West London since 2001, they have developed a full sports medicine and orthopaedic surgery centre with excellent facilities including the latest day surgery theatre, fast MRI scanning service, CT and computerised radiology.

For further information please visit our website [www.wimbledonclinics.co.uk](http://www.wimbledonclinics.co.uk)

If you wish to make an appointment with Dr Thomson, please contact us directly.

