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Strained calf muscle recovery

Edited by Hossein Pakzad, MD Summary Watch Video: Calf Muscle Tears Calf (Gastrocnemius) muscle tears commonly occur in middle-aged recreational athletes while performing actions that require forceful contraction of the calf muscle tears have similar symptoms and occur by a similar mechanism to Achilles tendon ruptures. The difference is the location of the injury. Achilles tendon ruptures involve the actual Achilles tendon ruptures involve the actual Achilles tendon ruptures. The difference is the location of the injury. Achilles tendon ruptures involve the actual Achilles tendon ruptures involve the actual Achilles tendon ruptures. Because of the similarities between the injuries, an Achilles tendon rupture must be ruled out in the diagnosis. Treatment of calf muscle tears is non-surgical. In most instances, initial treatment includes activity modification (limiting muscle-loading activities), wearing a boot (Cam Walker), and using crutches. As the muscle tear heals, physical therapy exercises are utilized to regain full range of motion and muscular strength. Significant improvement can be expected within the first two weeks, but full recovery can take up to 6-8 weeks. It may take many more months to regain muscle mass in the calf that had been atrophied (weakened) due to lack of use. Figure 1: Typical Location of Calf Tear vs Achilles Tendon rupture Printable Handout Clinical Presentation of Calf Muscle Tears Calf (Gastrocnemius) muscle tears can occur in moderately active individuals around the age of forty while performing actions that put maximal tension on the calf (gastrocnemius) muscle. This injury may be more common in individual who have less consistency in physical activity which can lead to loss of strength and flexibility in the muscles, tendons and ligaments thereby increasing the chance of injury is very similar to that of an Achilles tendon rupture, which must be ruled out in the diagnosis. Calf tears often occur while performing actions that require forceful shortening (contraction) or sudden lengthening of the calf muscle (ex: basketball, hill running, tennis, "missing a step", etc.). If we consider classic Achilles tendon rupture the lower end of Achilles tendon injury, the typical Gastrocnemius tear or calf muscle tear happens to the other or higher end of Achilles tendon. The typical location of this injury is where the muscle belly attaches to the fascia (musculotendinous junctions) of the Achilles tendon. This is about 1/3 high in the calf. These tears most commonly involve the inside portion (medial head) of the gastrocnemius muscle as this region is under the greatest amount of tension. Patients with calf muscle tears usually describe a sudden, sharp pain on the inside aspect of the calf. Immediately after suffering a calf tear, patients will walk with a painful limp. Bruising and swelling in the calf area will often develop over the next 24-36 hours. Physical Examination related to Calf Muscle Tears Clinical examination of a calf muscle tear will find acute tenderness upon palpation to the entire inside aspect of the calf muscle (medial gastrocnemius muscle). Typically there is bruising associated with this pain and normally the maximum tenderness or location of tear is higher than the bruised area. Depending on the degree of bruising and swelling, a palpable defect in the muscle may be evident. Stretching of the ankle in an upward direction (dorsiflexion) will produce moderate to severe pain (due to stretching of the torn muscle fibers). Similar pain will be noted with downward ankle motion (ankle plantar flexion), due to the contraction of the torn muscle fibers. These torn calf muscle fibers will produce pain if the patient attempts to perform a calf raise or walk on tiptoes. During the initial phase of the injury, patients will walk with a limp. As a calf muscle tear can mimic an Achilles tendon rupture occurs below the typical location of a calf muscle tear (Figure 1) and is associated with a palpable defect in the actual Achilles tendon. Imaging Studies Plain x-rays may be necessary if your physician wishes to assess the underlying bone. If there is a question as to whether the Achilles tendon is involved, an MRI may be indicated. An MRI is able to accurately assess the soft tissue and differentiate between an injury to the Achilles tendon and the calf muscle tear. Treatment of Calf Muscle Tears Treatment of Cal boot (Cam Walker), and using crutches. As the muscle tear heals, physical therapy exercises are utilized to regain muscle strength in the calf. Occasionally, excessive scarring will form in the location of the tear. This can cause chronic pain in the area, or render it more likely for future tearing as the fibrotic scar tissue absorbs forces differently than regular healthy muscle tissue. Initial (Acute Phase) Treatment Immediately after the injury (first 24-72 hours) treatment should include Relative rest. Limit the use of the injured calf, by limiting standing and walking and possibly using crutches if needed. Ice applied to the injured area (10 minutes on, 10 minutes on, 1 on a bed with the foot propped up by a couple pillows. Gentle foot and ankle range of motion (ROM) exercises can be carried out as long as the motion is relatively pain-free Immobilize the ankle in a neutral position. Studies have shown an increased rate of healing with the ankle braced in a neutral position (ex. foot at a right angle to the lower leg). Your physician may recommend placing your leg in a splint (soft cast) or boot to achieve this position. A splint or boot also serves to protect the injury. In some cases a half inch heel lift to relax the tension behind the calf is appealing to some patients. Recovery Phase Once pain free, the patient should progress from gentle plantar flexion (downward motion) exercises against resistance (use of resistance bands), to gradual introduction of stationary cycling, leg presses, and heel raises. Massage techniques can help to decrease swelling and prevent formation of scar tissue. Maintenance Phase Once pain-free strength and flexibility have returned, sport-specific activities can be introduced. The long-term goal of rehabilitation is to overcome the increased risk for re-injury by minimizing scar tissue formation and maximizing muscle strength and function. Calf stretching should continue for several months. Printable Handout Edited October 15, 2018 (Previously edited by Paul Juliano, MD and Matthew Buchanan, MD) mf/ 7.24.18 Why You'll Want To Choose PhysioWorks? Why You'll Want To Choose PhysioWorks? John Miller2021-07-12T14:13:13+10:00 You'll be impressed with the experienced physiotherapists, massage therapists, allied health team and reception staff who represent PhysioWorks. To ensure that we remain highly qualified, PhysioWorks is committed to participating in continuing education to provide optimal care. If you've been searching for health practitioners with a serious interest in your rehabilitation or injury prevention program, our staff have either participated or are still participating in commetted to participating in continuing education to provide optimal care. If you've been searching for health practitioners with a serious interest in your rehabilitation or injury prevention program, our staff have either participating in commetted to participating in commetted to participating in continuing education to provide optimal care. physiotherapy and massage services for numerous sports clubs. Our experience helps us understand what you need to do to safely and quickly return to your sporting field, home duties, or employment. How You'll Benefit from the PhysioWorks Difference? At PhysioWorks physiotherapy and massage clinics, we strive to offer our clients quick, effective and long-lasting results by providing high-quality treatment. We aim to get you better quicker in a friendly and caring environment conducive to successful healing. With many years of clinical experience, our friendly service and quality treatment is a benchmark not only in Brisbane but Australia-wide. What are Some of the BIG Differences? Our therapists pride themselves on keeping up to date with the latest research and treatment methods. They are continually updating their knowledge via seminars, conferences, workshops, scientific journals etc. Not only will you receive a detailed consultation, but we offer long-term solutions, not just quick fixes that, in reality, only last for a short time. We attempt to treat the cause, not just the symptoms. PhysioWorks clinics are modern thinking. Not only in their appearance but in the equipment we use and in our therapists' knowledge. Our staff care about you! We are always willing to go that 'extra mile' to guarantee that we cater to our client's unique needs. All in all, we feel that your chances of the correct diagnosis, the most effective treatment and the best outcomes are all the better at PhysioWorks. What are the Common Youth Leg Injuries? What are the Common Youth Leg Injuries? John Miller2021-07-13T13:32:06+10:00 Adolescent injuries differ from adult injuries, mainly because the bones are still growing. The growth plates (physis) are cartilaginous (strong connective tissue) areas of the bones are still growing. The growth plates (physis) are cartilaginous (strong connective tissue) areas. In the adolescent leg, common injuries include: Pain at the bumper areas. just below the knee cap (tibia tubercle). Overuse injuries commonly occur here. The tibia tubercle is the anchor point of your mighty quadriceps (thigh) muscles. It is because of excessive participation in running and jumping sports that the tendon pulls bone off and forms a painful lump that will remain forever. This type of injury responds to reduced activity and physiotherapy. More info: Osgood Schlatter's Disease Pain at the lower pole of the knee cap (patella). Overstraining causes Sinding-Larsen-Johansson disease. It is because of excessive participation
in running and jumping sports that the tendon pulls bone off the knee cap. This type of injury responds to reduced activity and physiotherapy. More info: Sinding Larsen Johansson Syndrome Anterior knee pain or patellofemoral syndrome frequently gets passed off as growing pains. Cause of this pain includes overuse, muscle imbalance, poor flexibility, poor alignment, or more commonly, a combination of these. Anterior knee pain is one of the most challenging adolescent knee injuries to sort out and treat. Accurate diagnosis and treatment with the assistance of a physiotherapist with a particular interest in this problem usually resolves the condition quickly. More info: Patellofemoral Pain Syndrome The cartilage between the leg bones have a better blood supply and are more elastic in adolescents than in adults. As adolescents near the end of bone growth, their injuries become more adult-like, hence more meniscal and ACL (anterior cruciate ligament) injuries are likely. MCL (medial collateral ligament) injuries result from a lateral blow to the knee. Pain felt on the inner side (medially) of the knee. MCL injuries respond well to protective bracing and conservative treatment. More info: Knee Ligament Injuries of the ACL are becoming more common than contact injuries of the ACL are becoming more common. Surgical reconstruction is needed if the adolescent wishes to continue participating in "stop-and-start" sports. More info: ACL Injury Your meniscus is crescent-shaped cartilage between the thigh bone (femur) and lower leg bone (tibia). Meniscal injuries usually result from twisting. Swelling, catching, and locking of the knee are common. If physiotherapy treatment does not resolve these types of damages within six weeks, they may require arthroscopic surgery. More info: Meniscus Tear, Discoid Meniscus Heel pain is commonplace in young adolescents due to the stresses of their Achilles tendon pulling upon its bony insertion point on the heel (calcaneum). It is a common overuse injury as a result of excessive volume of training and competition, particularly when loads are increased dramatically in a short period. Diminished flexibility and muscle-tendon strength mismatching may predispose you. Physiotherapy, reduced activity, taping and orthotics are some of the best ways to manage this debilitating condition for the active young athlete. More info: Sever's Disease An ankle sprain is probably the most common injury seen in sports. Ankles sprains involve stretching of the ligaments and usually occur when the foot twists inward. Treatment includes active rest, ice, compression and physiotherapy rehabilitation. An ankle sprain usually improves in 2-6 weeks with the correct treatment. Your ankle sprains involve stretching of the ligaments and usually improves in 2-6 weeks with the correct treatment. stiff ankle post-sprain can predispose you to several other lower limb issues More info: Sprained Ankle Patellar (kneecap) instability can range from partial dislocation with or without fracture is a much more severe injury and usually will require surgery. More info: Patella Dislocation The separation of a piece of bone from its bed in the knee joint is Osteochondritis Dissecans (OCD). This injury is potentially severe. Treatment varies from rest to surgery. An Orthopaedic Surgeon's opinion is vital. More info: Juvenile Osteochondritis Dissectors (JOCD) A fracture through the growth plate can be a severe injury that can stop the bone from growing correctly. These fractures should be treated by an Orthopaedic Surgeon, as some will require surgery. An avulsion fracture occurs when a small segment of bone attached to a tendon or ligament gets pulled away from the main bone. The hip, elbow and ankle are the most common locations for lower limb avulsion fracture typically includes active rest, ice and protecting the affected area. This period of active rest is followed by controlled exercises that help restore range of motion, improve muscle strength and promote bone healing. Your physiotherapist should supervise your post-avulsion fractures heal very well. You may need to spend a few weeks on crutches if you have an avulsion fracture around your hip. An avulsion fracture to your foot or ankle may require a cast or walking boot. In rare cases, an excessive gap between the avulsed bone fragment and main bone may not rejoin naturally. Surgery may be necessary to reunite them. In children, avulsion fractures should be reviewed and managed by your trusted physiotherapist or an Orthopaedic Surgeon. For more information regarding your youth sports injury, please consult your physiotherapist or doctor. Perthes Disease Slipped Capital Femoral Epiphysis (SCFE) Avulsion Injuries Why Are My Joints Stiff In The Morning? Why Are My Joints Stiff In The Morning? John Miller2021-07-05T12:16:02+10:00 Article by P.Xu As we slowly start getting into the cooler seasons, many people will begin to notice sore joints waking up in the morning, or that movement has become stiff, or even headaches increasing in frequency or severity. Why is this? It turns out that cold weather can have a significant impact on your body's tissues. Notably, the connective tissue gives our muscles and joints the ability to move as they need to get you through the day. Now, imagine putting a rubber band in the freezer for a few hours. You take it out and then stretch as well as it is supposed to, causing stiffness or soreness. Coupled with a few other common changes in the cold, vasoconstriction causes a decrease in your blood circulation. Plus, the tendency to stay home and not move our body makes many of us unaccustomed to cooler temperatures feel the full brunt of these effects moving forward. The good news is, it's a relatively easy fix. Stay warm. If you're planning on exercising, make sure to perform a dynamic warm-up to decrease the risk of injury, rather than pushing a cold muscle past its limit (remember the rubber band). If a joint feels stiff in the morning, remedy this with a heat pack or a hot shower. If you suspect your headache cause is the cold, slap on a beanie. This headwarming has the added benefit of hiding a bad hair day. Another excellent fix is getting a massage excels at combating several things caused by the cold. The physical act of heating a muscle or joint with friction provides warmth to deep tissues that a heat pack may not reach, allowing the elastin to function as it should. Trigger point work into deep muscle fibres may also bring longer-lasting relief than superficial heat therapy or static stretching. If you're prone to feeling the cold effects, massage therapy may be the fix that you have been looking for if you want to achieve long-lasting relief from stiff or sore joints and muscles this winter. Common Stress Fractures Sports Injury? What to do? When? Sports Injury? What to do? When? Sports Injury management You probably already know that a sports injury management considerably. Our challenge is to keep up to date with the latest research and put them to work for you. How we treat you can benefit considerably from our knowledge. What Should You Do When You Suffer a Sports Injury? Rest? Rest from painful exercise or a movement is essential in the early injury stage. "No pain. No gain." does not apply in most cases. The rule of thumb is - don't do anything that reproduces your pain for the initial two or three days. After that, you need to get it moving, or other problems will develop. Ice or Heat? We usually recommend avoiding heat (and heat rubs) in the first 48 hours of injury. The heat encourages bleeding, which could be detrimental if used too early. In traumatic injuries, such as ligament sprains, muscle tears or bruising, ice should help reduce your pain and swelling. Once the "heat" has come out of your injury, you can use heat packs. We recommend 20-minute applications a few times a day to increase the blood flow and hasten your healing rate. The heat will also help your muscles relax and ease your pain. If you're not sure what to do, please call us to discuss your situation specifically. Should You Use a Compressive Bandage? Yes. A compressive bandage will help to control swelling and bleeding in the first few days. In most cases, the compressive dressing will also help support the injury as you lay down the new scar tissue. This early healing should help to reduce your pain. Some injuries will benefit from more rigid support such as a brace or strapping tape. Please ask us if you are uncertain about what to do next. Elevation? Gravity will encourage swelling to settle at the lowest point. Elevation of an injury in the first few days is beneficial, especially for ankle or hand injuries. Think where your heart is. Try to rest your neart is. Try to rest your heart is best to seek their professional advice as certain medications can interfere with other health conditions, especially asthmatics. When Should You Commence Physio? In most cases, "the early bird gets the worm". Researchers have found that the intervention of physiotherapy treatment within a few days has many benefits. These include: Relieving your pain quicker via joint mobility techniques, massage and electrotherapy Improving your scar tissue using techniques to guide the direction it forms Getting you back to sport or work quicker through faster healing rates Loosening or strengthening of your injured region with individually prescribed exercises Improving your performance when you return to sport - we'll detect and help you correct any biomechanical faults that may affect your technique or predispose you to injury. What If You Do Nothing? Research tells us that injuries left untreated take longer to heal and have lingering pain. They are also more likely to recur and leave you with either joint stiffness or muscle weakness. It's important to remember that symptoms lasting longer than three months become habitual and are much harder to solve. The sooner you get on top
of your symptoms, the better your outcome. What About Arthritis? Previously injured joints can prematurely become arthritic through neglect. Generally, there are four main reasons why you develop arthritis: An inappropriately treated previous injury (e.g. old joint or ligament sprains) Poor joint positioning (biomechanical faults) Stiff joints (lack of movement diminishes joint nutrition) Loose joints (excessive sloppiness causes joint damage through poor control) What About Your Return to Sport? Your physiotherapist will guide you safely back to the level of sport at which you wish to participate. If you need guidance, ask us. What If You Need Surgery or X-rays? Not only will your physio diagnose your sports injury and give you the "peace of mind" associated, but they'll also refer you elsewhere if that's what's best for you. Think about it. You could be suffering needlessly from a sports injury. Please use our advice to guide you out of pain quicker. And for a lot longer. If you have any questions regarding your sports injury (or any other condition), please contact your physiotherapist to discuss. You'll find our friendly staff happy to point you in the right direction. What is the PhysioWorks Acute Sports Injury Clinic? What is the PhysioWorks Acute Sports Injury Clinic? John Miller2021-01-28T15:56:31+10:00 There is never an excellent time for an injury. But we do know that most sports injury Clinic at a selection of our clinics on a Monday and Tuesday. PhysioWorks has established an Acute Sports Injury Clinic at our Ashgrove, Clayfield and Sandgate practices to assist with the early assessment and management of acutely injured sports injury consultation fee is significantly lower than a routine assessment and treatment consultation. In most cases, your private health will cover the full cost of your full acute injury physio assessment fee. Why Use an Acute Sports Injury Clinic? Your Acute Sports Injury Assessment Consultation allows us to provide you with: A quick and accurate diagnosis. One of our Sports Injury management. Early acute sports injury care, professional advice and education. What to do this week? Fast referral for X-rays, ultrasound or MRI scans to confirm your diagnosis. Prompt referral to Sports Physicians, GPs or Surgeons with whom we work if required. Immediate supply of walking boots, braces and rental crutches if needed. Low-cost professional service. More Information For more friendly advice or guidance, please call your nearest clinic to discuss your specific needs. What is Sports Physiotherapy? What is Sports training within Australia are Sports & Exercise Physiotherapists. What is Sports injuries do differ from common everyday injuries. Athletes usually require high-level performance and demand placed upon their body, which stresses their muscles, joints and bones to the limit. Sports physiotherapists help athletes recover from sporting injuries, and provide education and resources to prevent problems. Each sports physiotherapist usually has sport-specific knowledge that addresses acute, chronic and overuse injuries. Their services are generally available to sportsmen and women of all ages engaged in sports at any level of competition. Members of Sports Physiotherapy Australia (SPA) have experience and knowledge of the latest evidence-based practice, skilled assessment and diagnosis of sports injuries, and use effective 'hands-on' management techniques and exercise protocols to assist recovery and prevent future damage. SPA members have access to the most recent advances in sports physiotherapy. You'll be pleased to know that most of PhysioWorks physiotherapy Treatment Techniques Common Physiotherapy Treatment Techniq assisting them to remain functionally independent. There is a multitude of different physiotherapy treatment Hands-On Physiotherapy treatment Hands-On Physiotherapy treatment Hands-On Physiotherapy treatment Hands-On Physiotherapy treatment Sub-Acute Injury Treatment Hands-On Physiotherapy treatm as: Your physiotherapist has skilled training. Physiotherapy techniques have expanded over the past few decades. They have researched, upskilled and educated themselves in a spectrum of allied health skills. These skills include techniques shared with other healthcare practitioners. Professions include exercise physiologists, remedial massage therapists, osteopaths, acupuncturists, kinesiologists, chiropractors and occupational therapists, to name a few. Physiotherapy Taping Your physiotherapy Taping Your physiotherapist is a highly skilled professional who utilises strapping and taping techniques to prevent and assist injuries or pain relief and function. Supportive Strapping Kinesiology Taping Alternatively, your physiotherapist may recommend a supportive brace. Acupuncture and Dry Needling Many physiotherapists have acquired additional training in acupuncture and dry needling to assist pain relief and muscle function. Physiotherapists have been trained in the use of exercise therapy to strengthen your muscles and improve your function. Physiotherapy exercises use evidence-based protocols where possible as an effective way that you can solve or prevent pain and injury. Your physiotherapist is highly-skilled in the prescription of the "best exercises" for you, depending on your rehabilitation status. Your physiotherapist will incorporate essential components of pilates, yoga and exercise physiology to provide you with the best result. They may even use Real-Time Ultrasound Physiotherapy so that you can watch your muscles contract on a screen as you correctly retrain them. Biomechanical Analysis Biomechanical assessment, observation and diagnostic skills are paramount to the best treatment. Your physiotherapist is a highly skilled health professional. They possess superb diagnostic skills to detect and ultimately avoid musculoskeletal and sports injuries. Poor technique or posture is one of the most common sources of a repeat injury. Biomechanical Analysis Bike Fit Setup Gait Analysis Video Analysis Hydrotherapy Aquatic water exercises are an effective method to provide low bodyweight exercises. Sports Physiotherapy Sports physio requires an extra level of knowledge and physiotherapy to assist injury management Prehabilitation Vestibular Physiotherapy BPPV Manoeuvres Vestibular Physiotherapy Falls Prevention Women's Health Physiotherapy is a particular interest group of therapies. Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Not only can your physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Falls Prevention Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Falls Prevention Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Falls Prevention Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Falls Prevention Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Falls Prevention Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy Falls Prevention Women's Health Physiotherapy Pelvic Floor Exercises Workplace Physiotherapy you at work. Ergonomics looks at the best postures and workstation set up for your body at work or home. Whether it be lifting technique improvement, education programs or workstation setups, your physiotherapist can help you. Home / Office Workstation Setup Corporate Wellness Workplace Wellness Electrotherapy Plus Much More Your physiotherapist is a highly skilled body mechanic. A physiotherapist has particular interests in certain injuries or specific conditions. For advice regarding your problem, please contact your PhysioWorks team. How is Kinesiology Tape Different from Conventional Strapping Tape? How is Kinesiology Tape Different from Conventional Strapping Tape? John Miller2021-07-10T21:00:56+10:00 Rigid strapping firmly wraps around your injured structures. Most standard strapping tapes can only be worn for short periods, after which you must remove them to restore your circulation. and mobility Alternatively, kinesiology tape has some unique elastic properties that allow it to provide active support, protect muscles or joints, and allow a safe and functional range of motion. Rather than being entirely wrapped around injured joints or muscle groups, kinesiology tape is applied directly over or around the periphery of troublesome areas. This non-restrictive characteristic of kinesiology taping allows most applications to continue for several days. This period reinforces therapeutic benefits to accumulate 24-hours a day for the entire time they're worn. You can wear kinesiology tape during intense exercise, showering or swimming. It quickly dries after a quick pat with a towel. More info: Strapping & Supportive Taping Why Kinesiology Tape Helps Reduce Swelling and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and a bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising
Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising Quicker Why Kinesiology Tape Helps Reduce Swelling (oedema) and Bruising (oedema) and Bruisin (haematoma). The theory is that the elasticity of kinesiology tape lifts the skin away from the swollen tissue below by loosely "crinkling" the skin. This skin lift is known as a sub-dermal vacuum, which provides less physical resistance to removing the retained fluid by your lymphatic and venous drainage systems. Test this theory out by a quick squeezemal vacuum, which provides less physical resistance to removing the retained fluid by your lymphatic and venous drainage systems. of your skin. It will resemble an "orange-peel" appearance. You'll notice loose skin between your fingers. The lower skin tension allows your venous and lymphatic systems to drain the sub-dermal fluid away quicker. Now isn't that clever! More info: Strapping & Supportive Taping Post-Run Soreness: Should You Be Concerned? Post-Run Soreness Should You Be Concerned? John Miller2020-07-26T22:03:44+10:00 Have you ever finished a big run and felt sore right after it? What about two days afterwards? Do you ignore it or have it checked out? The most common causes of post-run pain are either a legitimate muscle injury or delayed onset muscle soreness (DOMS). Differentiating between a legitimate muscle injury or delayed onset muscle soreness (DOMS). muscular injury and DOMs is essential to ensure you are not overlooking a potentially sport-limiting injury and you are getting the injury managed appropriately. Early identification is key! Delayed Onset Muscle Soreness or DOMs for short, is an exercise-related muscle condition that arises after intense, unaccustomed, physical exercise. The condition gets its 'delayed' name as symptoms are not usually felt until 24 to 72 hours after the exercise. Research has demonstrated that DOMS is associated with tearing of myofibrils often at multitudinous junctions - best described as microtrauma. This process is followed by inflammation and a symptom are not usually felt until 24 to 72 hours after the exercise. shift in intramuscular fluid and electrolytes. This process in combination with other local factors at the cellular and increased intramuscular pressure promote are what causes the soreness and stiffness experienced in DOMS. Tenderness is typically felt at the end of the muscle (at the tendon) where it attaches down along the affected limb and then as the condition progress. This can be felt throughout the muscle belly itself. The swelling, inflammation, tenderness and pain that arises can manifest as decreased ability to absorb shock while exercising. This alteration is muscle function can last up to 10 days! Acute muscle injuries are quite different in how they present compared to DOMS. Typically, pain and stiffness is felt immediately in the affected tissue or shortly after. A 'pop', twinge, feeling of being kicked - without anyone actually kicking you - or an immediate collapse to the ground. As expected, the amount of damage to the tissue with a muscle injury exceeds that of DOMS. Any general movement of the muscle will reproduce your symptoms and if the injury is severe enough - bruising can begin to develop with some associated swelling. At the time of injury, following the RICE protocol (Relative Rest, Ice, Compression, and Elevation) is your best go-to treatment. You should also avoid HARM factors. No heat should be applied to the affected area. You should also avoid alcohol consumption, running or other painful movements. Initially, it is a good idea to avoid massage until a professional has assessed the injury. Research suggests no anti-inflammatory drugs following a muscle strain is the best way to go. If you are seeking pain relief, it is best you consult your regular GP or a pharmacist for pain relief options that don't slow down your healing rates. More info: How to Treat an Acute Soft Tissue Injury Thankfully yes! The body adapts to the physical exercise that was undertaken once the DOMS resolves. So when your healing rates. go and perform the same exercise again, the chance of DOMS onset decreases! However, adaptation to the causative exercise occurs rapidly after DOMS resolves. This adaptation with repeated exercise is called the "repeated-bout effect." More info: Delayed Onset Muscle Soreness (DOMS). Your physiotherapist will be your best option for an efficient and accurate diagnosis between the two conditions, however, there are some simple factors to help piece together your injury when it comes to deciding whether or not to consult help. DOMS is more unpleasant when commencing a movement of the injured muscle. The most definitive factor is taking a detailed history of the injury. If pain was experienced during the event or immediately after, you are most likely looking at a muscle injury, it pain was experienced during the event or immediately after, you are most likely looking at a muscle injury. If pain was experienced during the event or immediately after, you are most likely looking at a muscle injury. If the pain is worst the day after and gets worse over the following days, you are most likely looking at a muscle injury. If the pain is worst the day after and gets worse over the following days, you are most likely looking at a muscle injury. If the pain is worst the day after and gets worse over the following days, you are most likely looking at a muscle injury. If the pain is worst the day after and gets worse over the following days, you are most likely looking at a muscle injury. 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If the pain is worse over the following days, you are most likely looking at a muscle injury. stretching, deep tissue massage) and vigorous physical activity should be postponed until resolution of function due to: Decreased shock absorption Decreased shock absorption Decreased shock absorption of function due to: Decreased shock absorption Decreased shock workload Altered strength balance of agonist and antagonist groups Inaccurate perception of functional deficits There is evidence suggesting that compression garments, remedial massage and heat packs that all aim to increase blood flow will decrease your pain. If you're unsure if it is a muscle injury or DOMS - we're only a call away and our physiotherapists will happily answer your questions and establish the best plan of attack for you! At PhysioWorks, our physiotherapists are highly experienced in giving an accurate diagnosis and establishing an individualised rehabilitation program. We will look at what caused it, how bad the injury is, treat the root cause and implement a plan to prevent it from coming back! If you are in doubt or require more information, please don't hesitate to contact your nearest PhysioWorks clinic. Running Recovery: 6 Helpful Tips John Miller2021-06-17T12:43:01+10:00 Are you planning on running a marathon, half marathon, participating in a charity run or just running for fun? How about dreading the post-exercise soreness and fatigue? When you push your body to perform an intense exercise or exercise it may be unaccustomed to, it is beneficial to know what to do to assist recovery after the event. Here are six tips to assist you in recovering after a running event. After exercise, it is paramount you replenish the energy stores (glycogen/carbohydrates, electrolytes and protein) and fluid stores you lost during activity. This nutrition will help the body recover from intense exercise and assist your immune system damaged by the practice. When glycogen synthesis is highest within the first hour post-exercise, consume a carbohydrate-rich snack/meal that provides 1-1.2g of carbohydrate per 1kg of body weight. Intense exercise causes a breakdown in muscle tissue and assist muscle adaptation. Essential amino acids from high-quality protein-rich foods in the hour post-exercise is recommended. It is essential to replace the fluid lost during exercise by reducing urine loss. To check, please weigh yourself before and after your race. A guideline to fluid replacement is 1L for every 1kg lost during the event More info: Sports Dietitian Low-intensity exercise can be performed as a light jog or walk after your event or the day following. This cool down exercise can be followed by a brief 5 to 15-min period of stretching to assist with tight muscles More info: 4 Reasons to do a Cool Down Ways to assist soft tissue recovery at home include foam rolling and wearing compression garments for 24-hrs postexercise. Both techniques can assist in reducing post-exercise muscle soreness and may enhance recovery of muscle performance. More info: Foam Rollers A post-run recovery massage can reduce excessive post-exercise muscle tone and increase muscle tone and increase muscle range of motion. Massage also improves circulation and nutrition to damaged tissue, deactivate symptomatic trigger point, reduced post-exercise soreness and delayed onset muscle soreness (DOMS). Soft tissue therapy has also been said to aid in psychological recovery Massage There is often debate
whether ice baths (cold water immersion) is beneficial after exercise. In regards to running, ice helps to decrease inflammation resulting from intense activity, you can use heat to help relax tight muscles. Heat also promotes blood flow to an area, promoting the recovery of lactic acid build-up. More Ideally, one should have a well-developed sleep routine that consists of the strategies mentioned earlier and avoids caffeine and excessive fluid intake before bed. More info: Running Injuries What is a Tendinopathy? What is a Tendinopathy? What is a Tendinopathy? What is a Tendinopathy? In any tendon of the body You may have heard of tendinopathies referred to as its aliases: tendonitis, tendinitis, tendon injury pathologies, so the medical community now refers to them as tendinopathies. Typically, tendon injuries occur in three areas: tendon insertion (where the tendon attaches to the bone) midof repetitive tendon overloading. As mentioned earlier, health care professionals may use different terms to describe a tendon injury. You may hear: Tendonitis (or Tendonitis): This means "inflammation of the tendon". Mild inflammation is actually a normal tendon healing response to exercise or activity loading, but it can become excessive, where the rate of injury exceeds your healing capacity. Tendinopathy Phases The inability of your tendon to adapt to the load quickly enough causes the tendon to progress through four phases of tendon rupture. 1. Reactive Tendinopathy Normal tissue adaptation phase Prognosis: Excellent. Normal Recovery! 2. Tendon Dysrepair Injury rate > Repair rate Prognosis: Good. The tendon tissue is attempting to heal. You must prevent deterioration and progression to permanent cell death (phase 3). 3. Degenerative Tendinopathy Cell death occurs Prognosis: Poor! Tendon cells are dying! 4. Tendon Tear or Rupture Catastrophic tissue breakdown Loss of function. Prognosis: very poor. Surgery is often the only option. What is Your Tendinopathy Phase? It is crucial to have your tendinopathy phase is vital to direct your most effective treatment since certain treatment modalities or exercises should only be applied or undertaken in specific tendon healing phases. Systemic Risk Factors The evidence is growing that it is more than just the tendon and overload that causes tendinopathy. People with diabetes, post-menopausal women and men with high central adiposity (body morning. The area may be tender, red, warm, or swollen if there is inflammation. You may notice a crunchy sound or feeling when you use the tendon injury, your physiotherapist or doctor will ask questions about your past health, symptoms, and recent exercise regime. They'll undertake a thorough physical examination to confirm the diagnosis. They will then discuss your condition and devise an individualised treatment plan. They may refer you for specific diagnostic tests, such as an ultrasound scan or MRI. Tendinopathy Treatment Tendinopathies can normally be quickly and effectively rehabilitated. However, there is a percentage of tendinopathies that can take months to treat effectively. As mentioned earlier in this article, it is important to know what phase your treatment to fast-track your recovery. Before you seek the advice of your physiotherapist or doctor, you can start treating an acute tendon injury at home. To achieve the best results, start these steps right away: Rest the painful area, and avoid any activity that makes the pain worse. Apply ice or cold packs for 20 minutes at a time, as often as 2 times an hour, for the first 72 hours. Keep using ice as long as it helps. Do gentle range-of-motion exercises and stretching to prevent stiffness. When to Return to Sport Every tendinopathy is different, so please be guided by your physiotherapist. If you start using the injured tendon too soon, it can lead to more damage and set you back weeks! It may take weeks or months for some tendon injury to heal and safely cope with a return to sporting loads. Tendinopathy Prevention To minimise reinjuring your tendon, you may require some long-term changes to your exercise activities. These should be discussed with your physiotherapist. Some factors that could influence your tendinopathy risk include: Altering your sport/activities or your technique Regular prevention exercises. Closely monitoring and record your exercise loads. Discuss your loading with your physiotherapist and coach. They will have some excellent tips. Always take time to warm up before and cool down / stretch after you exercise. Tendinopathy Prognosis While most acute tendinopathies can resolve quickly, persisting tendon injuries may take many months to resolve. Long-term or repeat tendinopathies can resolve quickly, persisting tendon injuries may take many months to resolve. tendon injuries respond differently to muscle injuries and can take months to solve or potentially render you vulnerable to tendon ruptures, which can require surgery. For specific advice regarding your tendinopathy, please seek the advice of your trusted healthcare professional with a special interest in tendinopathies. What Is Therapeutic Ultrasound? What Is Therapeutic Ultrasound? John Miller2021-07-10T21:01:30+10:00 Therapeutic ultrasound is an electrotherapy modality which has been used by physiotherapists since the 1940s. Via an ultrasound probe through a transmission coupling gel in direct contact with your skin, ultrasound waves are applied. Therapeutic ultrasound may effect is quite dramatic, with improvement within 24 to 72 hours. The most common conditions treated with ultrasound in a non-invasive way of administering medications to tissue solutions treated with ultrasound in a non-invasive way of administering medications to tissue solutions treated with ultrasound in a non-invasive way of administering medications to tissue solutions to tissue solutions. The most common conditions treated with ultrasound in a non-invasive way of administering medications to tissue solutions. are uncomfortable with injections. With phonophoresis, the ultrasound probe is in constant motion. If kept in The ultrasound waves generated then pass through the skin cause a vibration of the local soft tissues. This repeated cavitation can cause a deep heating locally though usually no sensation of the local soft tissues. This repeated cavitation can cause a deep heating locally though usually no sensation of the local soft tissues. This repeated cavitation can cause a deep heating locally though usually no sensation of the local soft tissues. fresh injury and the associated acute inflammation. Contraindications of ultrasound include: local malignancy, over metal implants, local acute infection, vascular abnormalities, active epiphyseal regions (growth plates) in children, over the spinal cord in the area of a laminectomy, over the eyes, skull, or testes and, directly on the abdomen of pregnant women. Treatment ultrasound differs from diagnostic ultrasound! Like all medical equipment, when used by highly trained professionals, such as your physiotherapist for their opinion on whether therapeutic ultrasound is very unlikely to cause any adverse effects. Please consult your physiotherapist, therapeutic ultrasound is very unlikely to cause any adverse effects. injury. Therapeutic Ultrasound differs from Real-Time Ultrasound Treatment. How Can You Prevent a Future Leg Injury? down usually includes some simple stretching exercises and plyometric drills. Wear well-fitting shoes, boots or braces that provide excellent joint support. Tape or brace your ankles/knees in high-risk sports such as football, basketball, volleyball and netball. Avoid activities on slippery, wet or uneven surfaces, or in areas with poor lighting. Strengthen your leg muscles and regularly use a wobble disc or balance board Maintain general functional fitness. What's the Benefit of Stretching Exercises? will require shortly on the field, at the end of your warm-up. For more specific warm-up and injury prevention advice particular to you and your sport or physical activity. Physiotherapy & Exercise Prescription Physiotherapy & Exercise PrescriptionJohn Miller2021-07-10T21:02:56+10:00 The prescription of exercise appropriate to you and your injury or fitness level is one of the many professional skills of a physiotherapist. Whether you have suffered an acute injury, chronic deconditioning or are recovering from surgery, the correct exercise prescription is essential. That's why your physiotherapist's knowledge and skills will personalise your exercise dose. Your physiotherapist to assess and diagnose your injury, plus also to prescribe injury, fitness or age-appropriate activities targeted to you now. Your exercises shouldn't be painful. Please take caution with some overzealous exercise prescribers who believe that the more painful the activity, the better. Thus simply isn't true—notably, the frail, immunosuppressed, deconditioned or post-operative person. You'll find that your physiotherapist will thoroughly examine you and prescribe a supported and predispose you to linger symptoms or further injury. You can also over-activate adjacent muscles that may lead to further damage. It is also essential to understand that even if you are "in good shape", you may have crucial but weak localised or stability muscles. When you have an injury, you should perform specific exercises that specifically strengthen the muscles around your injury and the adjacent joints. Your physiotherapist will assess your muscle function and prescribed will usually be relatively simple, and do not require any special weights equipment, and can be performed safely at home. Your physiotherapist will prescribe your individualised dose or exercises. They are using their professional expertise to optimise your exercise dose. Would you just stop taking your regular blood pressure medication because you were too busy or didn't think it was working? We would hope not! Exercise, when
prescribed by an expert such as your physiotherapist, should be treated as your recommended dose. Just like when you don't take them as prescribed by your health first. If you have any guestions, please contact your Physio Works physiotherapist for your best care. What Causes Post-Exercise Muscular Pain? What Causes Post-Exercise Muscular Pain begins, a mix of lactic and carbonic acids builds up in muscle tissue. These acids are waste products of this metabolic process. The good news is that most of these acids convert back into glycogen. Lactic and carbonic acids are waste products of this metabolic process. The good news is that most of these acids convert back into glycogen. and are restored in preparation for your next bout of exercise. Pain and muscle fatique can exist until the acid levels in your muscles return to normal. Massage helps to eliminate the irritation caused by these acidic wastes. Research shows that massage can increase muscle recovery much quicker than rest alone. Regular exercise causes many body changes. To meet the demand for more oxygen and nutrients, one improvement is the increase in blood vessels to the muscles. This circulation increase helps to eliminate the waste products and toxins that build up with exercise. Importantly, it can take several weeks to develop improved muscular circulation. Until the blood supply increases, you will have trouble with oxygen and nutrients supply. This allows toxic wastes to back up and stagnate. You will experience soreness, pain and stiffness. Many exercise enthusiasts regard aches and pains as the inevitable price to be paid. This is usually not true. Massage eases muscle and joint stiffness. Using massage strokes to reduce muscle tension and passive movement to stretch the connective tissue found around joints, massage aids recovery from soft tissue injuries such as sprains and strains. Tissue repair accelerates by increasing circulation in the injured area. Massage therapy can help speed, improve recovery, and reduce discomfort from soft tissue injuries. Massage is a drugless therapy. Headaches, insomnia, neck and back pain, digestive disorders including constipation and spastic colon, arthritis, asthma, carpal tunnel syndrome and muscular aches and pains are just some of the problems that can respond to massage therapy. Private Health & Third-Party Insurance Private Health & Third-Party Insurance (PHI) usually pays for the majority of your treatment fees, leaving you with only a small gap payment. However, Private Health Funds do vary their rebates payable depending upon the level of cover that you have taken. Some funds have kept up with the costs of modern medicine whereas, sadly others haven't, with rebates similar to what they were a decade ago. HICAPS - Instant Health Fund Claims Most health funds are members of the HICAPS instant claims system. Swipe your health insurance card at our reception counter, and you can instantly claim your physiotherapy treatment via our online Hicaps System. Remedial Massage is claimable via Hicaps for some but not all funds. For more information, please visit Hicaps for the latest funds which can use their instant claiming system. Private health insurance rebates are available for all of our physiotherapists. Instant claims are possible via our in-practice Hicaps system. Third-Party Insurers PhysioWorks practitioners are registered providers for government, Workcover and insurance companies including: Workcover InjuryNet Australia Post; Coles Myer; Woolworths Medicare Department of Veterans' Affairs CTP & Sports Insurers

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