

WINTER 2015!

This edition of our newsletter is brought to you by Angela Waters (Physio).

STAFF PROFILE:

Angela studied at the University of Newcastle and has spent time in several areas of rehabilitation. With a keen interest in sport she enjoys working with the individual in their recovery from sporting injuries.

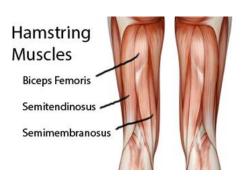


WINTER SPORT!

With the winter months upon us the sporting season is in full swing. A particularly common injury in winter sport is a muscle strain/tear. Muscles strains occur due to rapid acceleration/deceleration and changing movement patterns. They are classified into three categories depending on severity. Recovery time and treatment varies dependent on the extent of the injury. Let's look into detail about hamstring strains.

HAMSTRINGS:

The hamstrings are a group of three muscles located at the back of the thigh. The hamstrings attach from the lower pelvis to the tibia and fibular just below the knee joint. The action of the hamstrings are to flex (bend) the knee and extend (straighten) the hip.



HAMSTRING STRAINS:

Risk factors for hamstring strains include decreased strength, flexibility and fatigue. Hamstring strains have a high recurrence rate so it is important that any underlying biomechanical factors are addressed during the rehabilitation process. Recovery time from a hamstring strain depends on the severity and location of the strain. The muscle tear may occur in the muscle belly, the tendon or at its attachment to the bone. The grade of strain indicates amount of tissue damage.

Grade I- Minor disruption to the muscle fibres, no loss of strength and localised pain.

Grade II - Tear of a moderate number of muscle fibres, decrease in strength, limited movement, swelling, bruising and muscle contraction elicits pain.

Grade III - Complete Tear of the muscle.

INITIAL MANAGEMENT:

As with all acute injuries immediate management will greatly assist recovery and prevent further injury. The R.I.C.E.protocol (Rest. Ice. Compression. Elevation.) should be followed for 48-72hours. The athlete should cease playing immediately and rest the leg in an elevated position applying ice in 20minute intervals (NB: ice should not be applied directly to skin – an intermediate layer should be used). A compression bandage should be applied.



REHAB AND RECOVERY:

Follow up with a physiotherapist is important to ensure correct diagnosis and management of the injury. Your physiotherapist will perform a full biomechanical assessment to ensure contributing factors are addressed. This will include assessment of the spine, pelvis, hip and knee as well as assessing muscle length, strength and neural pathways. You will then work through a rehabilitation program that addresses relevant factors. This will likely involve a combination of massage/soft tissue release, stretches, specific strengthening exercises and pelvic and postural stability exercises.

I hope you all stay safe this winter and if you have any questions about acute injuries please don't hesitate to come and see one of our team. We are more than happy to see you for injury prevention and biomechanical assessment. Don't forget to follow up on any injuries that you encounter out on the field to ensure you can enjoy the whole season.