

## JANUARY EDITION

Welcome to the January 2014 issue of News@Movehappy.

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And be sure to look out for our new website: [www.movehappy.com.au](http://www.movehappy.com.au)

## Movehappy News



We hope that you all had a wonderful Christmas and that 2014 is full of good things for you and your family.

Last month saw Dave run a seminar to dispel a number of nutrition myths which have resulted in significant increases in disease and obesity over the last two to three decades.

Entitled "**to eat or not eat, fat, is the question**" the talk covered subjects such as the out of balance food pyramid, why eating saturated fat won't make you fat, but rather the opposite, and why our obsession with cholesterol and lowering it with Statin drugs is a fallacy.

With food to go with the seminar prepared by Melissa, the talk was a resounding success. Dave will be running the seminar again in February, so if you are interested, please let reception know. The cost of the seminar is \$20 per person. In other news, Dave turns 40 this month, Cameron has now completed half of his Master's Degree, passing all subjects with flying colours, and Will and Jen are about to have another baby any day now!

## *Staff profile: James Pearce*



Our staff member profile for January is new Movehappy Physiotherapist James Pearce. James is a St Edmund's College old boy who completed a Bachelor of Medical Science at the Australian National University in 2010. He then went on to receive a Doctorate of Physiotherapy from the University of Melbourne.

An avid sportsman, James has a particular interest in basketball, gridiron and rugby union, and especially enjoys treating hip, knee and ankle pathologies. His love of sport allows him to understand the importance to his patients of being able to get back to doing the activities that they enjoy as soon as possible, while aiming to prevent recurrence. James has completed further education in Pilates and Kinesio taping. We are very excited to have James join us this month

## Condition of the month

### **Achilles tendonopathy**

Achilles tendonopathy, previously called Achilles tendonitis is pain which occurs, as the name suggests, in the tendon behind the ankle. It is no longer called tendonitis, as the name suggests inflammation and the condition is not truly inflammatory in nature.

Often the pain will start as a mild niggle at the start of exercising, which warms up. The pain returns on cooling down. The condition progresses to the point that it does not warm up and the pain persists all the way through the activity. The next step is when non sporting activity becomes painful. The final, but relatively rare step is a rupture of the tendon.

The key to Achilles tendonopathy management is early intervention and diagnosis, as the longer the condition goes on, the more the structural nature of the tendon changes, resulting in tendon softening, collagen disorganisation and blood vessel and painful nerve ingrowth into the tendon.

If the condition is reactive to an acute overload, the most important management is chemical, using the wraps described below, ice and rest. This presentation is often associated with paratendonitis which is an irritation of the tendon and the sheath around it (the paratendon). Trying to exercise through this presentation can have disastrous and long lasting effects.

Once the initial irritation settles and in the case of degenerative tendonopathy, the best management is addressing the biomechanical causes of the condition and starting on an eccentric loading program for the tendon.

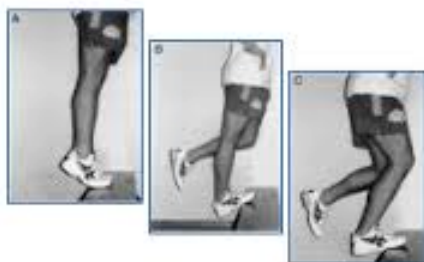
### Exercise of the Month

#### **Eccentric loading the Achilles tendon**

You will recall from our description last month about the importance of tensile loading to fix tendonopathic conditions. The Alfredson protocol of heel drops for Achilles is the most tested and proven of all of these protocols, with an estimated 75% success rate when performed religiously over 12 weeks.

Rise onto both toes, then remove the non affected leg before lowering yourself slowly with the affected leg. Perform with both straight and bent leg to address both of the gastroc and soleal components of the tendon.

Ensure that you seek some guidance from a physiotherapist in starting the program as sometimes you need to do the program on the flat to avoid tendon compression .



### Products of the month **Lasonil and Voltaren Creams**



These two gels are some of our biggest selling products. Hirudoid penetrates to the dermis layer in effective concentrations to break up bruising and aid in reducing inflammation. We use it here combined with Voltaren gel in the early treatment of tendonopathy, particularly achillies tendonopathy. Apply the two gels to the surface of the skin, then wrap the area in glad wrap. The glad wrap will serve to ensure that the ointments stay on the skin and not the bed sheets, and will also make the pores open and aid in absorption. This is really effective for that morning stiffness associated with Achilles tendonopathy.

#### **MOVEHAPPY TRIVIA**

*Last month: What type of bone is the patella in the knee? A sesmoid bone*

*This month: In what joint of the body would you find the talus bone?*

*Answer next month*

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