

## AUGUST EDITION

Welcome to the August 2014 issue of News@Movehappy.

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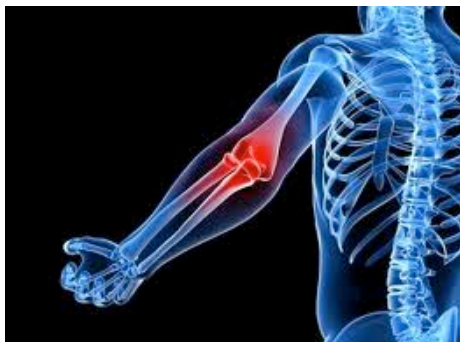
### Movehappy News

Last month we got the sad news that Ray and Roisin will not be returning to us, but rather are staying in Ireland. Roisin has been given a place to study Physiotherapy at Dublin University and we wish her all the best in her future study. But where one door closes another opens. At the start of this month, Jerome's registration finally came through clearing him to now practice. So if you were waiting for Ray to return, book in with Jerome. I'm sure that you will be impressed!

In other news, the nutrition seminar will run again at the start of September. I fear that this one pre sold before any announcements were made, however if it is something that you would like to attend let the girls at reception know and they can put you on a wait list for the next one.

### Condition of the month

#### **Tennis elbow: lateral epicondylalgia.**



Tennis elbow, is a badly named condition which really refers to pain around the outside of the elbow. It can occur in tennis players, however, it is very common in those who have never played tennis, let alone any sport.

The condition is usually due to a breakdown of the tendons on the outside of the elbow, in particular the extensor carpi radialis brevis (ECRB). Like all tendonopathies that we have spoken about in past newsletters (achilles and supraspinatus) one of the contributing factors of this condition is thought to be compression of the ECRB, or sometimes from the overlying extensor carpi radialis longus. Elbow position also contributes to compression. Supination, which is a position in which the palm is up, reduces compression, while pronation, when the palm is down (and the position of mousing and typing) increases compression.

Unlike achilles and supraspinatus tendonopathy, lateral epicondylalgia is commonly complicated by involvement of the radial nerve, or compression of one of its terminal branches, the posterior interosseous nerve. This is a factor which can make this particular tendonopathy slow to respond to treatment.

Crucial to addressing extensor tendonopathy or lateral epicondylalgia is working out where the compression is coming from and whether or not there is neural involvement.

Treatment then involves avoiding the position of compression where possible, addressing the neural involvement with work on the cervical and thoracic spines, and finally strengthening the tendon using eccentric strengthening. Sometimes it is necessary to get an ultrasound scan of the elbow to inject blood or PRP into the tendon, and cortisone around the nerve, if the condition is failing to respond. Like all

tendonopathies, the minimum time frame for this condition to resolve is likely to be 12 weeks. It can however, take many more months.

Unfortunately time alone does very little to improve this condition, as every day activities seem to be sufficient to perpetuate it. If you or someone you know has this condition, I encourage you to get onto treating it early, as it is a formidable foe once it is well established, and even surgery holds poor outcomes.

This condition can be treated by both the osteos and physios at Movehappy. Treatment modalities which are used include dry needling and western acupuncture, joint mobilisation to the elbow and spine, soft tissue work to reduce compression around the elbow and spine, and exercise therapy.

### Exercise of the Month

#### **Mobilisation with movement: MWM**

Pain is usually a limiting factor in strengthening necessary in treating lateral epicondylalgia. Mobilisation with movement refers to a technique where a pressure is applied to pull the forearm laterally on the humerus resulting in reduced pain and improved strength. This is likely due to the position restoring normal joint position and simultaneously reducing compression of the affected tendon. This will be done to you by the therapist, however we then use tape to hold the correction and you can also be taught to do it to yourself. This is done by placing your forearm on a doorframe while you glide your upper arm medially (towards your body). This produces the resultant lateral glide of the elbow that we do in the clinic. By doing this regularly you can practice pain free gripping and get some strength back into the area.



### Product of the Month

#### **The tennis elbow brace**



As I mentioned, one of the big problems with this condition is that normal daily living activities are enough to continually stir this condition up and perpetuate it.

When this is the case, the tennis elbow brace can be highly effective. Unlike taping to glide the forearm laterally, the brace essentially gives the extensor group a new “anchor” allowing them to transmit tension away from the true muscle insertion at the elbow. The brace also has a “bump” in it which helps to massage the extensor group and reduce tone within the area.

Normally the tennis elbow braces sell for \$40, but this month they are only \$25.

#### **MOVEHAPPY TRIVIA**

**What are the boundaries of the femoral triangle in the groin/thigh.** The adductor longus, the sartorius and the inguinal ligament. The floor is formed by the pectineus muscle. The femoral triangle holds the femoral vein, nerve and artery.

**What nerve roots make up the Femoral, Obturator and Sciatic nerve roots in the lower limb?**

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