

JULY EDITION

Welcome to the July 2014 issue of News@Movehappy.

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Movehappy News

Education continues to be high on the Movehappy agenda. Ben and James have recently completed more education in needling, Melissa is continuing to work on her Marketing and Small Business Diploma, and Cameron continues to work through his Masters degree in Sports and Manipulative Physiotherapy through Griffith University. In case you missed it on one of our recent Facebook posts, Cam scored the HIGHEST EVER mark to be awarded by Griffith University in the Master's program for his Clinical placement in Semester three; a cracking 98%.

Condition of the month

The anterior cruciate ligament sprain



There are not many injuries that inspire fear to the sports person as much as the ACL. The anterior "cruciate" ligament, also often called the "crucial" ligament, is tissue within the knee that controls rotation. It is what allows us to change direction and

land on one leg with ease.

Surprisingly to many, the ACL is normally torn in a non-contact situation; that is, when the athlete steps or lands with no opponent near them. The pain is immediate and severe, and the knee gives way. As the ligament normally completely ruptures, it is not uncommon for the pain to fade within a few minutes, leaving the athlete feeling that they can continue to play on. This always ends badly, as without the ACL, as soon as the athlete attempts to change direction they fall down.

A hallmark of the ACL injury is rapid onset swelling, called a haemarthrosis. Usually the knee will also adopt a slightly bent position and be unable to straighten.

Early diagnosis of this injury is crucial. Left on its own, the pain and swelling will normally fade within two weeks, however the instability will not. It is important to seek the advice of a physiotherapist with experience in orthopaedic testing to evaluate the knee. They will perform a test called a Lachman's test (and possibly a "pivot shift" test) to assess the integrity of the ACL, in addition to testing the other ligaments and structures within the knee.

Failure to get a diagnosis results in people attempting to return to activity with an ACL deficient knee. This can be disastrous, as every attempt to change direction will be met with a subluxation episode, resulting in further damage to the meniscal and articular cartilages, neither of which can be adequately repaired.

If you or your child is unfortunate to suffer a knee injury like this, make sure you see your Movehappy Physio to get a diagnosis and action plan. Best practice for this injury is a period of rehabilitation to restore movement and strength followed by surgery using a hamstring graft to repair the ligament. This is then followed by six to nine months of rehabilitation. An isolated ACL tear has an excellent recovery.

Employee Profile



Jerome graduated from The British School of Osteopathy in London and moved to Canberra to pursue a career with Movehappy Healthcare in 2014.

He has a particular interest in the treatment of back pain, sports-related injuries, arthritis, headache and jaw pain, and is passionate about the role of diet and exercise in preventing injury.

He enjoys working with patients of all ages and backgrounds, including athletes, expectant mothers, children and the elderly. In his spare time he enjoys running, squash and resistance training.

Exercise of the Month

The Single Leg Squat

A number of factors can increase your likelihood of suffering an ACL injury, some preventable and some not. Females for example are at a much higher risk due to their wider pelvis and resultant higher "Q" angle (the angle between the hip and knee), and the fact that they have a greater imbalance between quadriceps and hamstring strength than men. A poor single leg squat, which suggests poor gluteal function can also be a significant risk factor, as it places the tibia in a compromised internally rotated position. Unlike your sex, however, it is highly changeable.

We have spoken in past issues about using an exercise known as the clam to improve gluteal strength. This month's exercise is a progression of that.

When squatting, the knee should track straight ahead

and not drift inward. To improve this, practice in front of a mirror. As you squat, keep your weight on the heel, push your butt back, and attempt to rotate your knee outward. It will take some time to get this right if it does not come naturally. Often the action needs to be broken down into the clam and hip hitch. If you think you have this problem and play a direction change sport, do yourself a favour and come and see a Movehappy therapist to work on correcting this.

Product of the Month

The wobble board

Another thing which can help you to prevent an ACL tear is maximising your proprioceptive awareness. We spoke about proprioceptive training in last month's newsletter. The tool for this is the wobble board. The wobble board has a domed surface on its base which means that when you stand on it, it wants to fall over. By using it in various ways you can challenge your stability and help to improve or retrain the positional blindness that may predispose you to, or be a result from injury. Normally the wobble boards sell for \$70 but this month they will roll out the door for \$45.



MOVEHAPPY TRIVIA

How many cruciate ligaments are there in the knee? Two: the anterior and the posterior

What are the boundaries of the femoral triangle in the groin/thigh

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