

Common Complaints Treated by Chartered Physiotherapists

- ◆ **SPINAL PROBLEMS** - including prolapsed discs, degeneration, sciatica, lumbago, stiff / painful neck and referred arm and leg pains.
- ◆ **JOINT PROBLEMS** - arthritis, injury, pain / swelling / stiffness in joints such as shoulders, elbows, wrists, hips, knees and ankles.
- ◆ **INJURIES** - to muscles, ligament, cartilage and tendon problems. Work related conditions such as Repetitive Strain Injury (RSI).
- ◆ **AFTER SURGERY** - rehabilitation after orthopaedic surgery e.g. hip and knee replacements or general physiotherapy after general surgery.
- ◆ **FRACTURES** - treatment to increase the healing rate and to gain full function once the bones have healed.
- ◆ **ABDOMINAL PROBLEMS** - such as spastic colon, colitis and irritable bowel syndrome.
- ◆ **GYNAECOLOGICAL CONDITIONS** - including stress incontinence, salpingitis and post surgery rehabilitation.
- ◆ **OBSTETRICS** - including ante and post-natal classes / exercise / relaxation / advice and treatment for backpain during pregnancy.
- ◆ **CHEST CONDITIONS** - both medical and surgical, including hayfever, asthma and sinusitis, pneumonia, cystic fibrosis, emphysema, bronchitis and bronchiectasis.
- ◆ **NEUROLOGICAL CONDITIONS** - such as strokes, head injuries, nerve injuries, multiple sclerosis, shingles, cerebral palsy and ME.
- ◆ **PAEDIATRICS** - for childhood conditions including postural and walking problems.
- ◆ **CIRCULATORY PROBLEMS** - such as Raynauds disease, wounds, ulcers, cardiac rehabilitation.

Chartered PhysioFirst physiotherapists will not only treat the problem but, by spending time with the patient, will often be able to show the patient how to help prevent the problem happening again.

Why see an independent physiotherapist ?

- specialist expertise
- convenience
- flexibility
- speed of service
- education and advice
- individual attention and treatment

Early treatment can mean a quicker recovery with less time off work. An independent physiotherapist can often provide treatment within 24 hours.

A Physiotherapist takes the wider view of a patient's lifestyle to treat the condition and avoid a recurrence - a truly holistic approach.

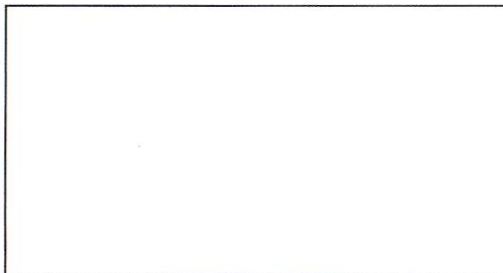
Physiotherapy is the orthodox therapy - there are a growing number of complementary forms of medicine and the treatment methods they use differ widely.

Most of the basic theories and principals which govern them are included as standard practice in physiotherapy.

How do I arrange to see an independent physiotherapist ?

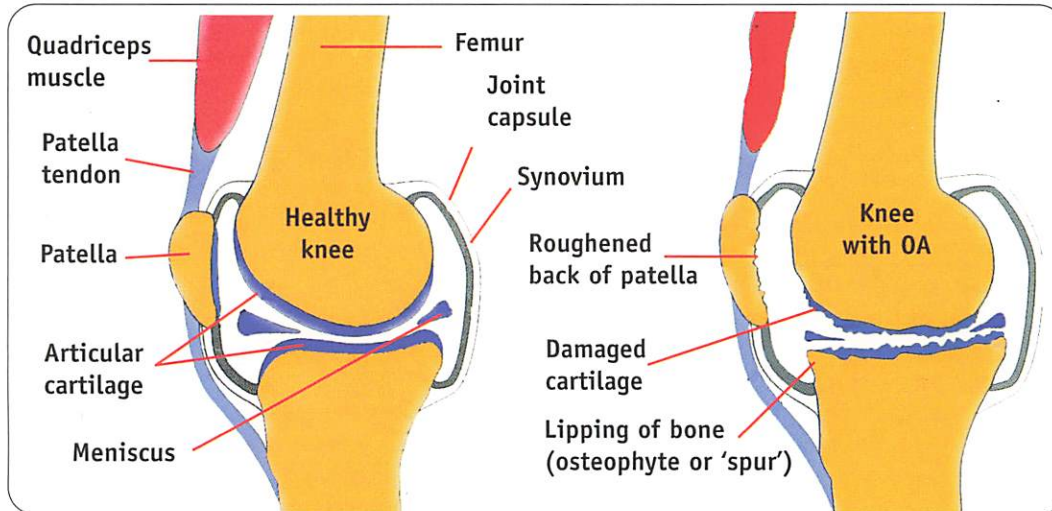
Ring for an appointment. The physiotherapist works closely with the GP, and will keep them advised of treatment undertaken. There is no need for a patient to see their GP first and most patients simply contact the physiotherapist direct.

YOUR LOCAL CHARTERED PHYSIOTHERAPIST



Physiotherapy - getting people back to work - a low cost alternative

Exercises for osteoarthritis of the knee



OSTEOARTHRITIS

Osteoarthritis (OA) is a disease of the joint cartilage associated with secondary changes in the underlying bone which may cause pain and compromise the function of the affected joint. OA is the result of aging and general wear and tear.

Exercise is important in order to maintain a full range of movement at the knee, improve strength and preserve joint function. Be careful not to over-exercise as this may cause increased pain. Controlled rehabilitation exercises have been proven to increase leg muscle strength and decrease disability without increasing pain in patients with OA of the knee.

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USEFUL RESOURCES

- Arthritis Research Campaign - 01246 558033 and www.arc.org.uk
- Arthritis Care - 0808 800 4050 and www.arthritiscare.org.uk
- The Organisation of Chartered Physiotherapists in Private Practice - 01327 354441 www.physiofirst.org.uk

Exercises for osteoarthritis of the knee

Your rehabilitation programme

This exercise programme has specific exercises to help maintain your range of joint movement, and strengthen the muscles around your knee. In order to achieve these goals it is important to ensure the exercises are performed with a good technique. The following leaflet includes some exercises to help in your rehabilitation.

Warm up and warm down

It is important that you warm up if possible with a gentle pain free walk for 3-4 minutes before you start your exercises. This increases your circulation and helps prepare your muscles for the activity to come.

When you have finished your exercises it is also important to allow your heart rate to slow down gradually by ending the session with a gentle walk for a few minutes.

General guidelines

During acute attacks, rest will help by decreasing inflammation but you're likely also to experience increased stiffness and reduced muscle power.

When attempting the following exercises there should be no pain but it is relevant to work the muscles as hard as feasible. If the exercises cause pain and swelling then you should allow a period of time, perhaps two days, for the irritation to settle.

All exercises should be performed gently, slowly and ideally little and often.

Early rehabilitation exercises

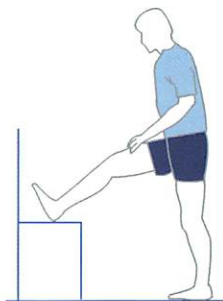
1 Quadriceps stretch – Lie on the floor (or bed if the floor is difficult) with your knee straight, slowly bend the affected knee as far as possible (moving your ankle as close to your bottom as possible). When you feel a stretch in the thigh muscle hold the position for 10 seconds then return to a straightened position and hold again for 10 seconds. **Repeat 10 times.**



2 Quadriceps tense – Remain lying on your back with your legs straight and place a rolled up towel under the knees. Tighten the front thigh muscle (quadriceps) by pushing the knee in to the towel. Hold for 10 seconds and then release for 20 seconds. **Repeat this process 10 times.**



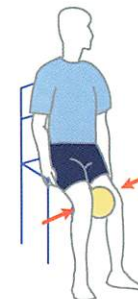
3 Hamstring stretch (tight hamstrings are a common finding in OA) – Stand upright and place the foot of your affected leg on a stool or chair. Try not to push down on



your knee with your hands but slowly lean forward until you feel a stretch at the back of the thigh. Hold the stretch for 20 seconds. **Repeat 5 times.**

4 Inside thigh muscles and gluteal muscles

tense – Sit on a chair, place a towel or ball between the thighs, tighten buttocks and squeeze thigh muscles together. Hold for 10 seconds. **Repeat 5 times.**



Later rehabilitation exercises

1 Straight leg raise – Lie on your back, lean on forearms with the knee of the affected leg straight and foot pulled up (bend the knee of the unaffected leg for balance).



Lift the straight leg about 4-6 inches off the ground and hold for 10 seconds. **Repeat 10 times.**

2 Quadriceps strengthening – Sit on a chair with your arms folded, slowly stand up without using your arms. When



upright, return slowly to the sitting position again without using your arms. **Repeat 10 times.**

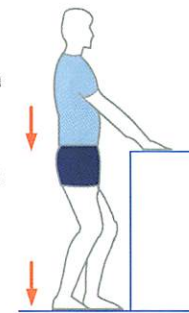
3 Quadriceps strengthening - step down

– Place the affected leg on a shallow step about 3 inches high. Step down with the good leg (slowly), taking 3-4 seconds to complete the step. **Repeat 7 times.** You can hold on to a bannister for support.



4 Quadriceps strengthening - minisquats

– Using a chair, squat down bending both knees but keeping the back straight. The squat should be to approximately 45 degrees. **Repeat 10 times.**



Additional exercises

Swimming and cycling are also good for people with osteoarthritis as mobility, strength and lung/cardiovascular capacity can be increased without weightbearing and therefore too much stress to the joint.