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## When Physiotherapy Treatment Doesn't Work

### PHYSIO DIRECT

We often hear from patients that they have put off seeking treatment following an injury because they have previously tried physiotherapy and found that it didn't work. Understandably, this can lead to a reluctance to invest time and money into future treatments. While there are never any guarantees in healthcare, in this article we highlight a few reasons why your treatment may not have worked in the past and why it may be worth trying again.

#### 1. You couldn't commit to your exercise program.

With our busy modern lives, finding time to make an appointment with your physiotherapist can be hard enough, let alone making time to complete the exercises they prescribe. The tasks set for you at a home by your therapist are often actually more important than the treatment time and are highly targeted for your individual circumstances. Ensuring you are performing your exercises correctly as well as frequently enough are other factors that might leave you seeing little to no improvement.

#### 2. You weren't able to continue physiotherapy for long enough.

While very occasionally, an issue can be resolved within 1-2 visits, most conditions will require at least 5-6 visits for a significant change to be made. Chronic pain and injuries often need much longer still to make an impact. There are many reasons for not being able to return for treatment, however this is one of the most common reasons physiotherapy fails, there's simply not enough of it to be successful. It is important to discuss with your physio at the beginning of treatment how much time may be needed for a full and

effective treatment program. Once pain and symptoms have resolved, it is also important to complete a full rehabilitation to help prevent future injuries.

#### 3. Your injury required medical or surgical intervention.

There are a small percentage of injuries that will require more intensive treatment to heal fully. It is often recommended that physiotherapy be trialled before attempting more invasive treatments. Your physiotherapist and medical team often work together to evaluate your injury and decide the best course of treatment.

#### 4. Your physiotherapist was simply not the right fit.

While all physiotherapists are trained to an excellent standard, occasionally you might find that the treatment style of one therapist works better for you than another. It can be worth working with a new therapist before giving up on the idea of physiotherapy altogether. Often physiotherapists within the same clinic are happy to collaborate and offer new perspectives.

**Our physiotherapists are happy to discuss any concerns you have regarding your treatment, including issues with previous treatments.**



## Brain Teasers

1. *We are a pair, one dark one fair. One from the land and one from the sea. Found as twin towers is how we will be. What are we?*

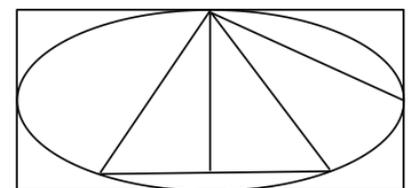
2. *I have oceans but no water, roads but no cars, forests but no trees and countries but no people.*

*What am I?*

## Work It Out

Trace the pattern without taking your pencil off the paper. You must make one continuous line.

You are not allowed to cross the line, or go over any part of it twice.



## PhysioTip

Want to improve your health but don't have time to exercise?

Try to set yourself a challenge to walk 50 extra steps a day.

# Adductor Tendinopathy

## What is it?

The adductor muscles are a group of five muscles located on the inside of the thigh that act to move the hip inwards or control hip movements outwards. These muscles also provide stability to the pelvis while standing, walking and running. The muscles attach to the pelvis via the adductor tendon, at the base of the pubic bone. Adductor tendinopathy is a condition affecting the adductor tendon and is used to refer to the typical pattern of pain and stiffness in the groin and inner thigh that accompany this injury.

## What are the symptoms?

The hallmark of this condition is pain in the groin region with movements of the adductor muscles. There may be a feeling of stiffness, weakness and pain when pressing over the adductor tendon. The pain usually begins gradually and progresses over time. It may build up over a few months and may not go away on its own. In severe cases, the pain may impact day-to-day activities, with pain being present when walking or going up and down stairs. Tendon tears may occur suddenly, however tendinopathy is often already present when this happens.

## What causes it?

Adductor tendinopathy usually occurs due to chronic overuse, particularly for runners and athletes whose sports involve regular changing of directions. Overstretching of the tendon or an increase in training intensity or type often precede the development of adductor tendinopathies. It is thought that excess forces over an extended period of time cause the tendon tissues to degenerate, becoming painful and more prone to tearing.

## What is the treatment?

As many different conditions mimic adductor tendinopathy, accurate diagnosis by a health professional is essential. Certain conditions such as stress fractures of the hip, nerve entrapment or pathologies of the hip should first be ruled out.

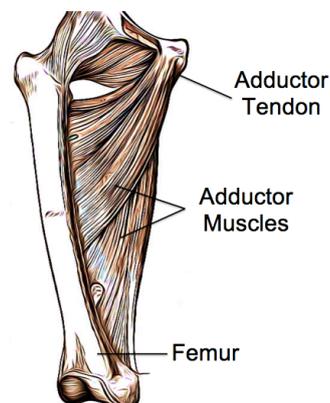
Adductor tendinopathy is treated by first identifying factors that may have led to the development of the condition. Your physiotherapist may recommend a period of rest and suggest that you stop stretching. Common contributing factors are running technique, muscle tightness and/or weakness and training frequency.

Your physiotherapist is able to help you maintain your training program to the highest level without aggravating your symptoms and help support tendon healing. They are also able to provide

support to unload the tendon along with manual therapy and an exercise program, particularly with eccentric exercises, which have been shown to stimulate tendon regeneration.

In most cases, conservative or non-surgical treatment is attempted as the first line of treatment. If this is unsuccessful, cortisone injections are often used to reduce symptoms. In severe cases where the pain persists despite all other attempts at treatment, other medical interventions can be attempted. Once the pain has subsided your physiotherapist is also able to help prevent any further recurrence.

**None of the information in this newsletter is a replacement for proper medical advice. Always see a medical professional for advice on your individual injury.**

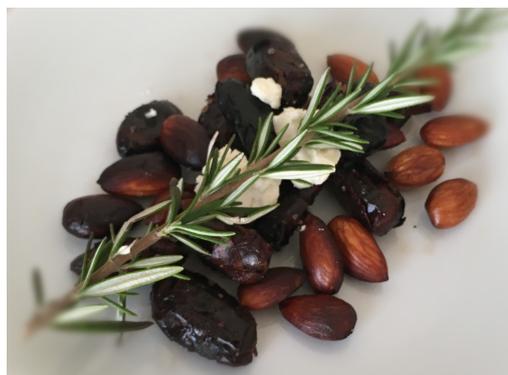


Answers: 1. Salt and Pepper 2. A map

## Roasted Almonds with Dates and Rosemary

### Ingredients:

- 200g Whole Almonds
- 2 Sprigs Fresh Rosemary
- 100g Medjool Dates
- 100g Goats or Feta Cheese
- 1 Clove of Garlic
- 2 Tbsp. Olive Oil
- 1 Tbsp. Fresh Lemon Juice
- Salt and Pepper



1. Preheat oven to 180 degrees Celsius and line a baking tray with baking paper. Spread dates over baking tray and drizzle with olive oil, salt and pepper. Cook for 10 minutes.
2. Add almonds to the baking tray; add a crushed clove of garlic and a sprig of rosemary. Continue baking for a further 10 minutes until almonds are toasted but not burnt.
3. Remove from oven and set aside to cool. Add goat's cheese and drizzle with lemon juice before serving.

**Garnish with rosemary and serve as a delicious starter or snack.**

### Did You Know?

Tendons can tear suddenly however, more often they are injured through overuse. Healing of tendons can be quite slow as they have less blood supply than other tissues of the body, such as muscles.

## Physio Direct

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