



# **BURRARD PHYSIOTHERAPY**

You're In The Right Hands

#1020 – 1200 Burrard Street  
Vancouver, BC. V6Z 2C7  
Tel: 604 684 1640  
Fax: 604 684 1642  
[www.burrardphysiotherapy.com](http://www.burrardphysiotherapy.com)

## Winter 2010 Newsletter

I hope you had a great holiday and got some well deserved rest. The Olympics are now looming and you will find towards the end of this e-mail a map of available parking for the period of the games. We will be open business as usual during the Olympics. (7am to 7pm Monday to Friday and 8 am to 3:30pm) If you are staying in town, I hope you get a chance to partake in this once-in-a-life-time opportunity.

### **TIPS FOR THE SEASON AHEAD**

# PATELLO-FEMORAL SYNDROME

Pain under and around the kneecap (patella) is one of the most common symptoms experienced by people living an active lifestyle. It can affect any age across a wide range of activities and is known as *patellofemoral pain syndrome*.

## PATELLOFEMORAL PAIN SYNDROME (P.F.P.S.)

This syndrome is caused by irritation of the undersurface of the patella and the soft tissues, which surround and support it. The mechanism of irritation is usually poor tracking of the patella in the groove at the front of the thigh-bone (femur). The altered tracking causes uneven pressure and wear under the patella. In the normal state the undersurface of the patella is smooth cartilage. Over time this surface can wear and become roughened, leading to inflammation and pain.

Muscular imbalance brings about tension changes in the soft tissues around the kneecap, which can also produce significant discomfort.

### WHAT ARE THE SYMPTOMS?

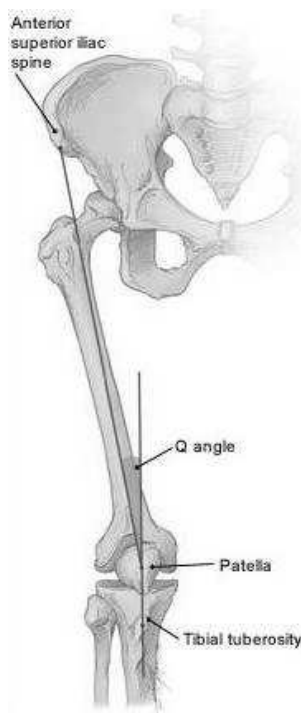
The irritation is usually around or under the patella. It often feels worse after activity, especially walking downstairs or down hill. In severe cases the front of the knee may be swollen and warm. Audible grating sounds or *crepitus* may be heard from the kneecap along with a sense of physical grinding from under the patella. While this noise can be alarming, it is not a problem in itself and can be present in painfree knees.

### WHAT CONTRIBUTES TO P.F.P.S.?

Several factors will contribute to changes in the tracking of the patella. They include:

**Muscular factors** - imbalance in the leg musculature, particularly tightness in the hip,

thigh and calf muscles. Weakness in the inner quadriceps (frontal thigh muscle) increases the problem;  
**Skeletal factors** - differences in patella shape, size or position and rotational or angular variations at the hip and knee joints all make this condition more likely to occur;  
**Foot mechanics** - excessive rolling in (overpronation) of the feet. Midline foot crossover during running effectively results in overpronation;  
**Athletic style and core stability** - poor control of the pelvis from weakness in the trunk muscles can cause compensatory movements which increase leg tightness and muscle imbalance;  
**Training methods** - training too aggressively, especially with excessive mileage or downhill running;  
**Chronic overloading** is often just as significant as faulty mechanics.



### WHAT IS THE TREATMENT?

With so many factors contributing to the cause of symptoms, accurate assessment of each individual case is the key to successful treatment.

The physiotherapists at Burrard Physiotherapy will perform a comprehensive biomechanical evaluation. After settling acute symptoms, chronic underlying biomechanical issues will be dealt with. This may include specific strengthening, stretching, prescription of orthotics, taping, & training advice.

It is important with P.F.P.S. that all the underlying issues are properly addressed in order to prevent any recurrence.

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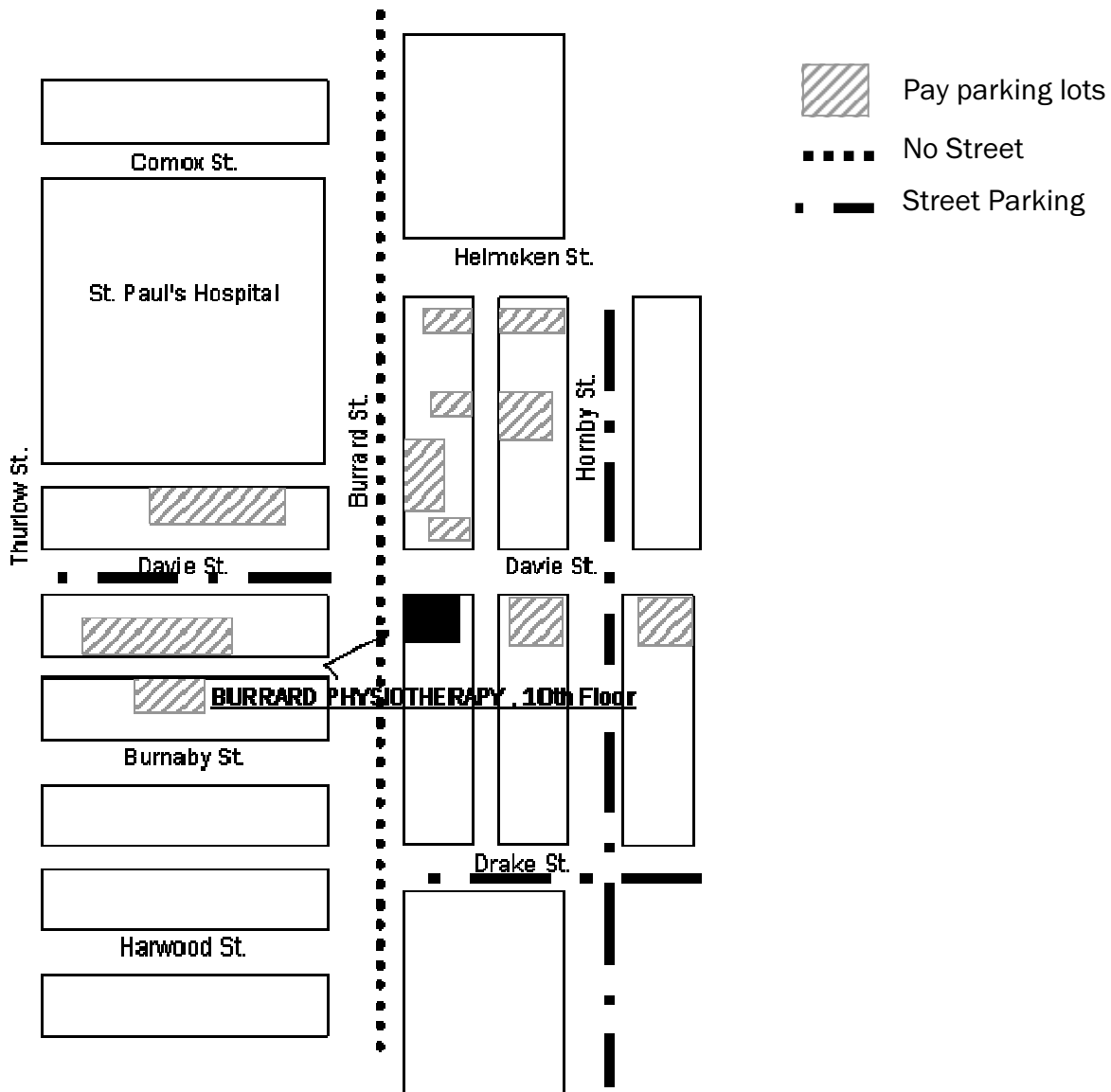
## CLINIC HAPPENINGS:

*Antony Causton* is returning to England. He has decided to go back to his first love in physiotherapy and do his masters in paediatrics. He will be greatly missed, but I am sure his replacement *Sarah Nicoletta* is more than capable to fill his shoes. *Sarah* comes to us from Burnaby Physiotherapy. This move will enable her to spend more time with another of our therapists, *Andrew Ewert*, her fiancé. Congratulations to them both! We have also welcomed aboard *Ruby Qi*. *Ruby* is working reception from Tuesday to Saturdays and is doing a great job. Also leaving is *Bryn Edwards*. *Bryn* is moving over to Nanaimo and will be entering into his own practice. *Bryn* is a great loss to the clinic but we wish him well in his new venture. *Bryn's* position is being filled by *Byron Chan*. *Byron* graduated the same year as *Bryn* and has is certified with the acupuncture foundation.

With the staffing changes will come some significant scheduling changes. Commencing February 1st, I will no longer be working Saturdays. Instead, Andrew and Sarah will be working Tuesday to Saturday and I will be working 7am to 7pm on Mondays. Allison will be working three shifts at the clinic and one shift at Workshape—our return-to-work rehab program.

We will be open business as usual throughout the Olympics. Please see below for a map of parking available during the games as well as our new clinic schedule.

Happy New year and thank you for your continuing support.



Physio Schedule as at February 1<sup>st</sup>, 2010

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7:00						
8:00						
9:00		Barb	Byron	Allyson	Lynn	Shahab
10:00	Linda Warren	Allyson	Barb	Byron	Linda Lawrence	Andrew
11:00	Kerry	Lynda Lawrence	Byron	Shahab	Linda Warren	Sarah
12:00	Byron	Shahab	Lynn	Linda Lawrence	Shahab	
13:00	Barb	Shahab	Byron	Barb	Lynn	
14:00	Byron	Linda Warren	Linda Warren	Byron	Sarah	
15:00	Allyson	Byron	Andrew	Shahab	Byron	
16:00	Lynn	Sarah	Linda Warren	Lynn	Sarah	
17:00	Byron	Byron	Linda Warren	Shahab	Andrew	
18:00	Kerry	Byron	Byron	Linda Warren		
19:00						