Winter 2013 Newsletter

Burrard Physiotherapy

You're In The Right Hands

Monday to Friday 7am to 7pm
Saturdays 8:30am to 3:00pm

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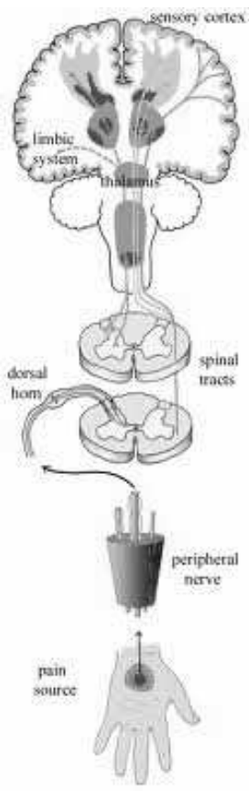
Where did the year go… I must be getting old. I ended up taking the last few months of 2012 off due to ongoing and progressive back pain. During that time I also attended a course by a world renowned expert on pain. It got me thinking about the how, what and whys of pain Read on….

Yours truly,
Kerry Maxwell

TIPS FOR THE SEASON AHEAD

PAIN

Pain in its simplest form is simply a sensation we feel as a response to a noxious stimulus. It is a primitive sensation designed to remove us from dangerous or harmful events. Without pain, the human race would not have survived.



Pain is also one of the most complex of sensations as it involves and is influenced by not only the local pain receptors but also the nerves carrying the signals and most of the central nervous system—the brain and spinal cord. When we experience a noxious event, lets say a paper cut; the pain signal travels up the peripheral nerve, into the spinal cord and into the brain. At the spinal cord level, a reflex reaction is sent down the nerve to cause us to withdraw from the pain and in the meantime, the signal has also gone on up to the brain for processing. Here it is analyzed and stored away for future reference as well as acted upon by making us suck our finger or shake our hand. The signal hits many parts of our brain from the most primitive areas to many parts of the cerebral cortex. The pain we feel is influenced by our experience and emotions.

Pain can be acute (such as the example above) or chronic (lasting longer than 3 months post injury). Chronic pain can occur due to ongoing noxious stimuli such as inflammation in the tissues or stress placed on tissues by poor mechanics or postures. This category of chronic pain includes things like osteoarthritis, rheumatoid arthritis and tendonopathy.

But chronic pain can also occur for no apparent reason—neuropathic pain. Neuropathic pain is still poorly understood, but we are getting there. Neuropathic pain can develop quite quickly or very slowly, and is a response of the central nervous system to stimuli. Sometimes the central nervous system becomes sensitized to normal sensory input such that the nerves seem to fire off on their own or with minimal input from stimuli. This results in an ongoing sensation of pain long after normal healing has occurred. An example of this would be fibromyalgia or in the extreme, phantom pain following amputation. The brain starts misinterpreting signals coming from the nerves and the structures the nerves supply start to become hypersensitive. Thus movement or activities that shouldn't hurt (as there is no damage being done to tissues) may become painful. There is more research being done on this type of pain, but it is relatively recent—only in the last 20 years or so—that we are coming to understand this type of pain. Chronic pain can and should be treated with a holistic approach. To date there is no one cure. Medications may be of some benefit but most pain specialists will prescribe physiotherapy in addition to any drugs. Physiotherapy helps in many ways: by normalizing movement pathways and re-establishing the 'norm' in the brain, by restoring normal muscle length and strength; ensuring that joints are able to move freely through their range of motion. In conjunction to movement and exercise, we may use electrical modalities, acupuncture, intramuscular stimulation, laser, massage or joint mobilization.

In conclusion, if you suffer from chronic pain, be comforted by the fact that you are not alone; about 20% of people suffer from chronic pain and help is not only on the way, but is here.

CLINIC HAPPENINGS:

As mentioned I (**Kerry Maxwell**) am off work at present due to a disc injury. I am not sure when I will be back, but it will be as soon as possible. **Carly** is transitioning from reception to PTA—physiotherapy assistant. You will see **Melissa** at reception on Saturdays from now on. This means that in the New Year, we will be able to offer drop in supervised gym times on Mondays, from 7am to 9:30am & 11 until 2pm and Tuesdays & Thursdays from 5:30 to 7pm. If you have a gym program that has been prescribed by your physiotherapist, you can use our gym for a drop in fee of $10 which may be claimable thru your extended medical plans. **Carly** will also be running rehab sessions for those patients receiving **hip and knee joint replacements**. This is a gym only **rehab** session designed for both pre and post op patients. These sessions will be available as of Feb 1st and will run Monday, Wednesday and Friday from 9:30 to 10:30am. Cost is $10 drop in or $20 per week.

Clinic Schedule as at November 1st, 2012