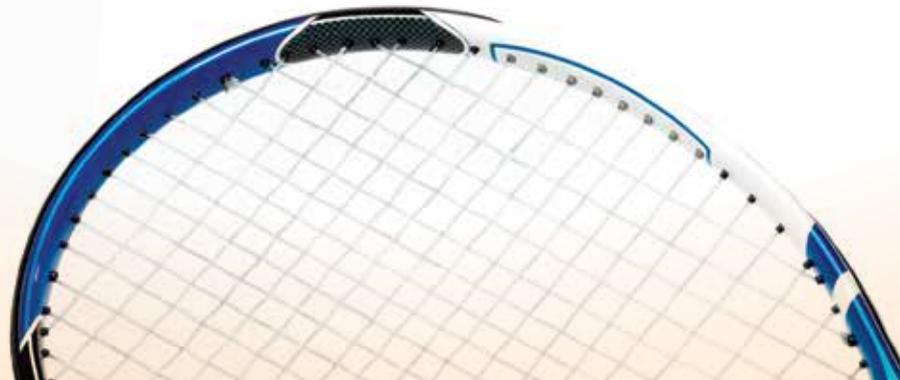


THE BARE BONES GUIDE TO JOINT PAIN



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MY JOINTS AND ME

BY EDWINA CURRIE



“TOO OFTEN, THOUGH, WE CAN FAIL TO TAKE EARLY ACTION ON PERSISTENT NIGGLES.”

MY JOINTS AND ME by EDWINA CURRIE

I'm typing away right now with one leg up on a cushion. My right knee is still quite swollen, and the ankle gets that way too if I don't give it a lot of TLC. At the end of a morning's typing, my fingers and wrists ache. At the not-so-advanced age of 68, I'm beginning to feel like a painful statistic.

The ankle first. That got badly broken, a compound fracture, some five years ago on a dark rainy evening in Liverpool when I took a tumble down steps in the city centre. You know what a crisp celery stick sounds like when you snap it? That was the noise I heard as I collapsed in a heap. Fortunately, one passer-by was an A&E nurse from Stoke, and the ambulance arrived in minutes, but not before another onlooker asked if she could have my autograph. "Not now," I murmured, wincing, "I'm a little busy.."

Cue a leg in plaster, and crutches. Friends from the south of England were kind enough to ask if I'd been injured skiing. Friends in the north thought I'd been drinking (I hadn't). But I must have been lucky with both surgeon and recovery, as eight months later I was in Strictly Come Dancing. Despite a snazzy chachacha, my partner Vincent Simone and I were voted out first. We wuzz robbed.

Hubby and I kept up the dancing and I am sure it helped. I'm convinced that staying active and remaining busy are the best remedies for our ageing joints, much as the research outlined

on these pages shows. But skilled care in enabling the joints to remain whole and work well in the first place, is also essential.

So, the knee, which is still a work-in-progress. It's a standing joke in the family that I miss my footing and fall over quite often; one of my daughters is equally clumsy while the other is always graceful. So it's my genes. But this accident happened on a TV programme, the sort where the "star" disappears down a chute. Underneath is a pile of foam rubber. This time, however, there was a hole in the pile, and my foot hit the deck. Outcome: a torn ligament, bruised bones, torn meniscus, and seven weeks in a leg-brace.

These days the thinking is that surgery should be a last resort; "conservative" treatment means doing very little apart from rest, ice and elevation. Hence the cushion. We've gone through several packs of frozen peas to reduce the swelling, usually when I'm watching other people on TV. But take enough rest and the leg muscles atrophy, especially the quadriceps in the thigh, and then exercise of any kind can be hard work and very painful.

For more information call 0800 092 8667

MY JOINTS AND ME by EDWINA CURRIE

So now with the help of a physiotherapist I've settled into a regime. On alternate days I go to the gym where I cycle, gently, then do some stretches; on the other days I walk the dogs along the beautiful Peak Forest and Macclesfield canals. The scenery is lovely, the decorated narrow-boats slip past, everyone says "Good morning." Even as it's hurting, the sense of well-being is pervasive and I return home tired, the knee a bit sore, but happy.

I have to remind myself not to slouch and not to limp, but to walk upright, nose in the air, much as we were taught as young ladies at school half a century ago. Maybe I should practise at home with a book on my head? The words of the Liverpool surgeon come back to me; he warned that I must do as I was told in the recovery months, and that meant not too much too soon, or "You will have arthritis, and pain all your life."

In these episodes, my treatment came via the casualty departments of hospitals, but one wise precaution was to check out the strength of my bones. The results were

reassuring; the regular daily walks I normally do with our dogs (a German Shepherd and a chocolate Labrador, both getting on a bit too), were the soundest means of keeping everything in working order.

Too often, though, we can fail to take early action on persistent niggles. That pain may turn out to be nothing serious, but ignoring it is probably not the best thing to do. And if it turns out that we might need replacement joints, then the sooner we seek help – while we are still reasonably fit – is by far the best plan. Waiting till pain is excruciating is miserable and unwise. It can mean more drastic intervention is necessary. It can also mean reducing our body's ability to recover from surgery or injury; if I hadn't walked the dogs in the first place, and let myself get unfit, then my chances of a full recovery, both times, would have been that much more slender.

Some of those aches and pains, like my fingers, are probably inherited. My mother had knurled knuckles and twisted

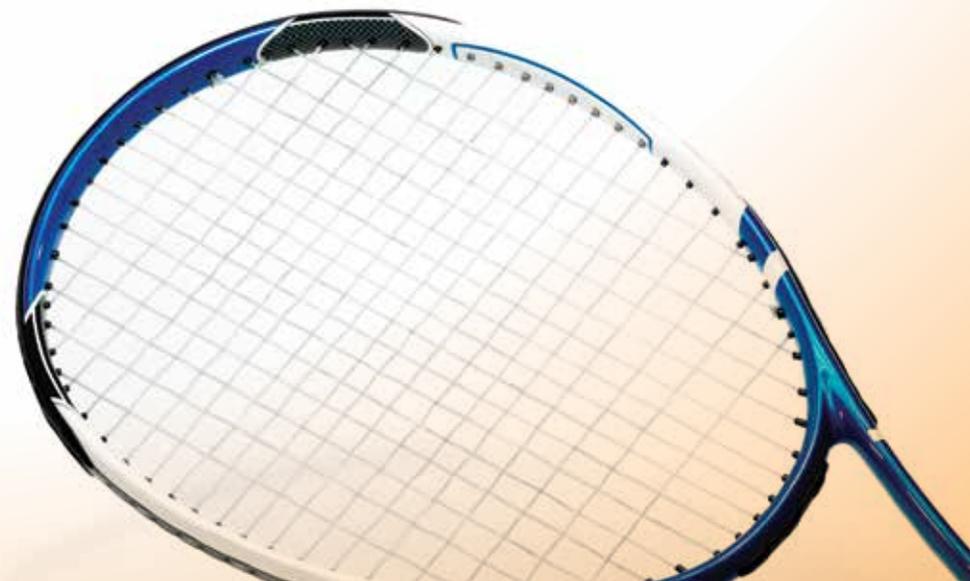
fingers in old age so I'll probably go the same way – my feet are just like hers, now, all bumps and bunions. I once asked her if the process of change had hurt, and she said no, but in part I suspect she just put it out of her mind, like many of her generation. To retain flexibility she crocheted and knitted; to keep mentally alert, she read, and was a whizz at Countdown. Active till the last few days of her life just before her 93rd birthday, her final request to me was that I take her (unfinished) copy of Bridget Jones' Diary back to the library.

If I end up like my Mum I shan't be too unhappy. But unlike her, I don't fear doctors or professional advice. That's why I am glad to contribute a few words to this campaign. Don't put up with that pain: get up, get going, get help. Do not suffer in silence. I wish you always the best of health. Cheers!

Edwina Currie

For more information call 0800 092 8667

PROACTIVE WAYS TO MANAGE PAIN





PROACTIVE WAYS TO MANAGE PAIN

Sadly for many people in the UK, joint pain is an accepted part of daily life. It is estimated that over 10 million people speak to their doctors with joint problems each year⁽ⁱ⁾. And last year, over half a million people took time off work due to pain⁽ⁱⁱ⁾.

But joint pain can be treated in many different ways, from physiotherapy to orthopaedic surgery and there can be a number of ways you can manage pain.

While some sufferers feel depressed and despondent after months or years of chronic pain, others can respond with a sense of determination to find a way to ease their symptoms.

We recently surveyed some members of the website, Gransnet and we found that out of people suffering with joint pain, 63% turned to pills, either prescribed or over-the-counter. Over half tried gentle exercise, and almost half admitted to keeping themselves busy to take their mind off the pain.

A different survey⁽ⁱⁱⁱ⁾ found that for many people, particularly those with back ache, light exercise, physiotherapy and painkillers can alleviate pain, allowing the sufferer to resume normal activities within 12 weeks. However, for others, persistent pain may only be resolved through further medical intervention.

People suffering with acute or chronic pain have a multitude of treatment options available to them. While surgery is not a solution to all orthopaedic concerns, the range of treatment options vary according to the symptoms and diagnosis. For many, a proactive approach to addressing pain is recommended. Most patients have sought out information on available treatment options and actively tried to resolve the health issue before contemplating surgery.

Not surprisingly, the length of time a person lives with pain influences the number of different treatments they have tried and their commitment to finding a solution. This was most relevant with those people who ultimately had back surgery, which correlates with the fact that this group found their condition most debilitating. Those people who eventually had hip surgery were least inclined to bother with different treatments pre-surgery.

For more information call 0800 092 8667

PROACTIVE WAYS TO MANAGE PAIN

Living with pain

Living with the pain caused by a debilitating joint condition can have a tremendous impact on quality of life. Given that mobility is often affected, it's easy to see why joint pain has such an impact on people's ability to get on with their daily lives.

Individuals also experience pain differently. Age, where the pain is, how long a person has been suffering are all factors in a person's pain journey.

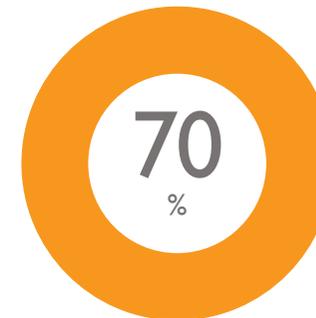
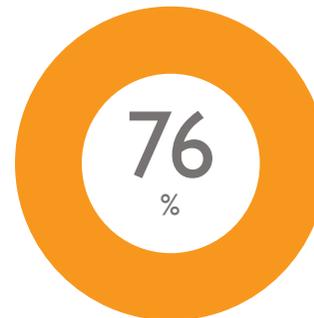
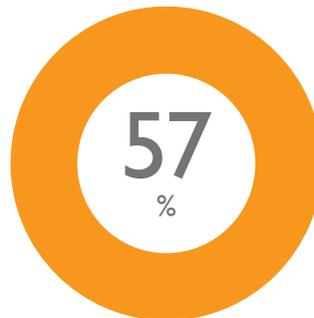
HOW DOES JOINT PAIN AFFECT LIFESTYLE?

Before surgery, how did joint pain affect lifestyle?

Disrupted / poor quality sleep

Limited daily activities

Unable to do certain things



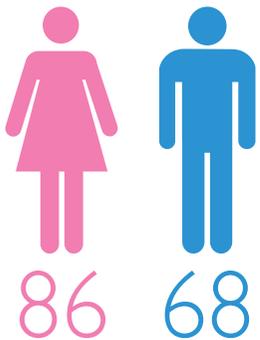
For more information call 0800 092 8667

PROACTIVE WAYS TO MANAGE PAIN

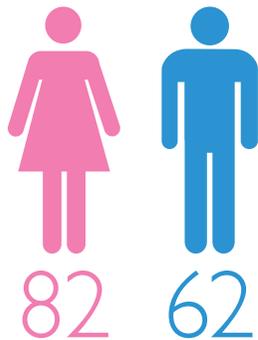
There also appears to be a difference in the way that chronic pain affects the lifestyles of men and women. Women have more trouble continuing with their routine daily lives whilst men, on the other hand, report more problems continuing with sports, hobbies or physical activities.

DOES PAIN IMPACT ON MEN AND WOMEN DIFFERENTLY?

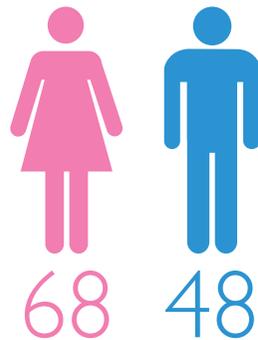
Condition limited their daily activities %



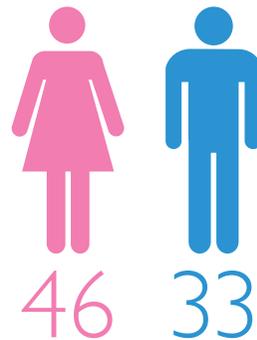
Was physically unable to do certain things %



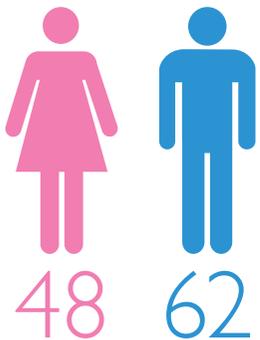
Disrupted and poor quality sleep %



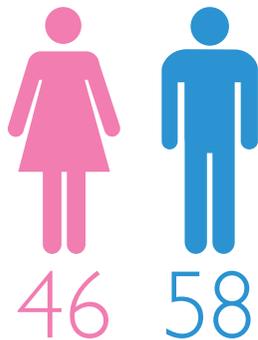
Restricted ability to participate in family duties %



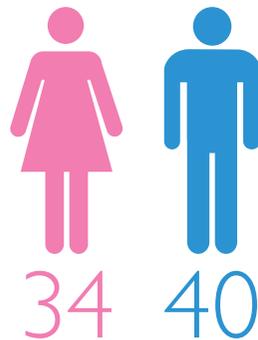
Unable to participate in hobbies %



Unable to play sport %



Unable to play with children or grandchildren %



For more information call 0800 092 8667

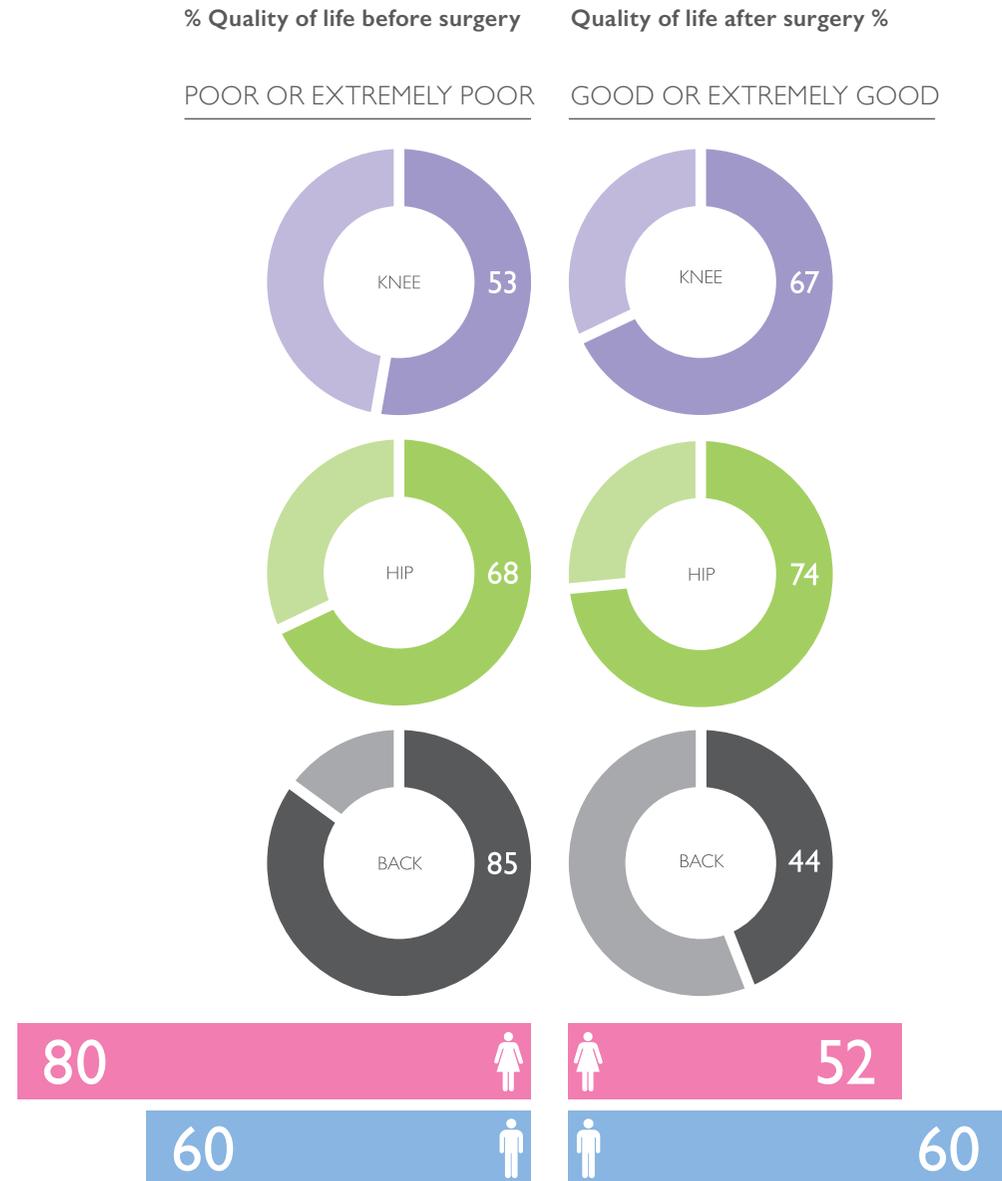
PROACTIVE WAYS TO MANAGE PAIN

Living with pain has a clear effect on quality of life. For many of the research participants, living with joint pain impacted negatively on their quality of life. Those who suffered from back pain had the worst experience and women were more likely than men to say that their condition affected their quality of life.

“BECAUSE OF MY LEVEL OF PAIN, WORK IS LIMITED. I CAN NO LONGER WORK REGULARLY OR IN MY PREVIOUS ROLE.”

Gransnet / BMI Survey respondent

DOES SURGERY MAKE A DIFFERENCE TO QUALITY OF LIFE?



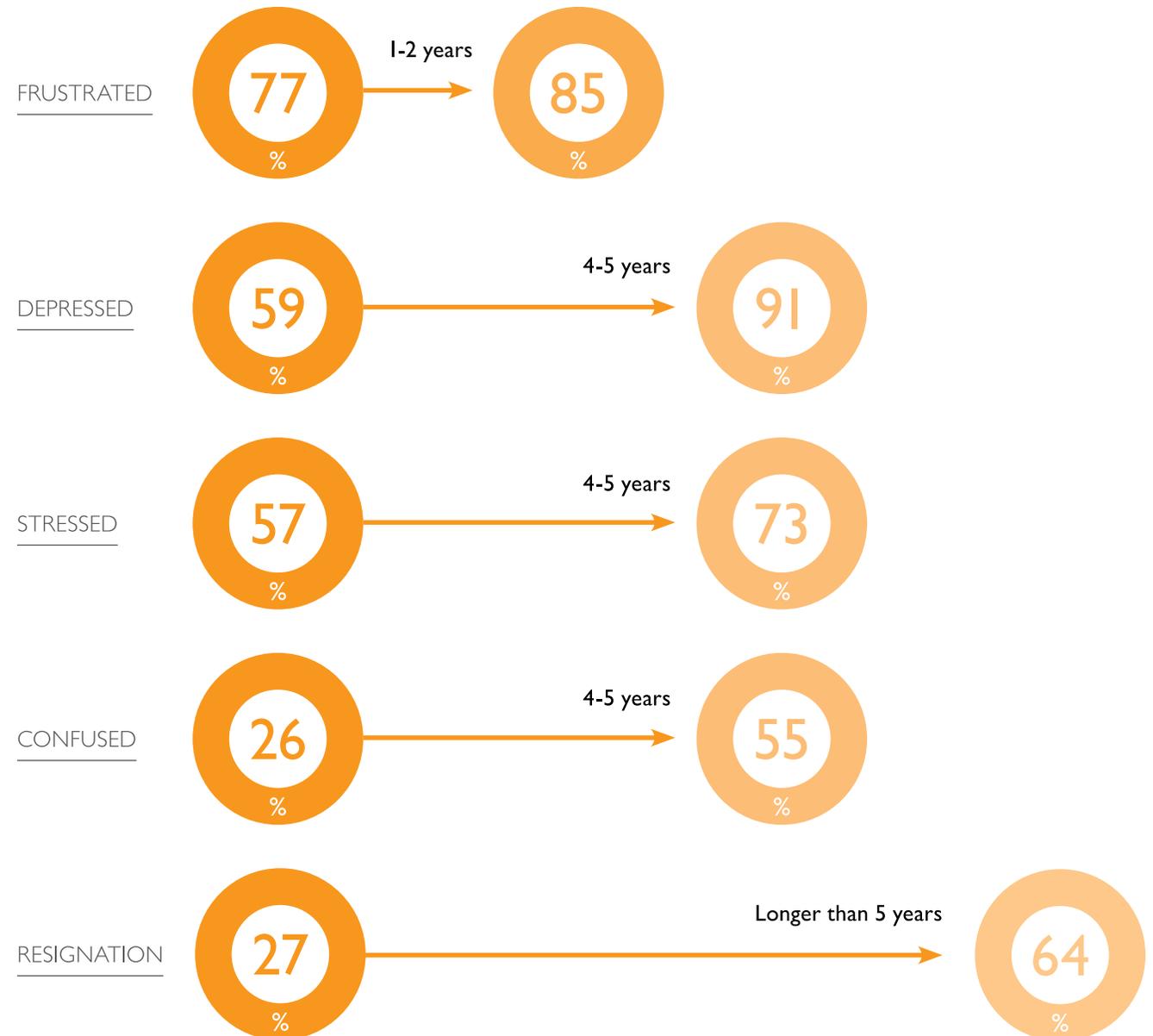
For more information call 0800 092 8667

EMOTIONAL IMPACT

Joint pain not only affects mobility, it can also have a dramatic impact on state of mind and general sense of wellbeing. It's very common for those with knee, hip or back conditions to feel frustrated and depressed by associated physical restrictions. Stress about the long term impact of the condition plays a role in the lives of many of those suffering with pain.

It is clear the emotional cost is higher for those who have suffered for years, rather than months, the emotional impact of constant pain is felt most keenly by those awaiting back surgery. These people were most likely to feel worried, stressed or frustrated.

DOES LENGTH OF TIME INFLUENCE THE EMOTIONAL IMPACT OF PAIN?

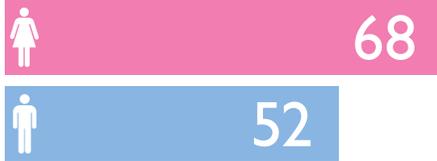


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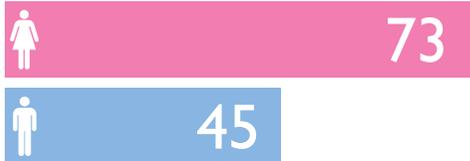
EMOTIONAL IMPACT OF CHRONIC PAIN

Emotional impact by gender %

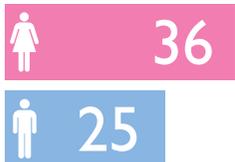
DEPRESSED



STRESSED



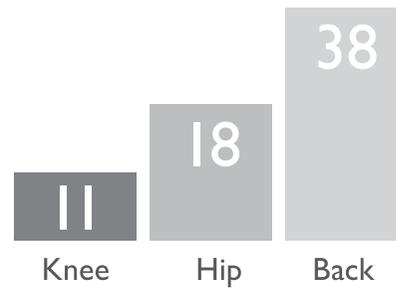
NEGATIVE & PESSIMISTIC



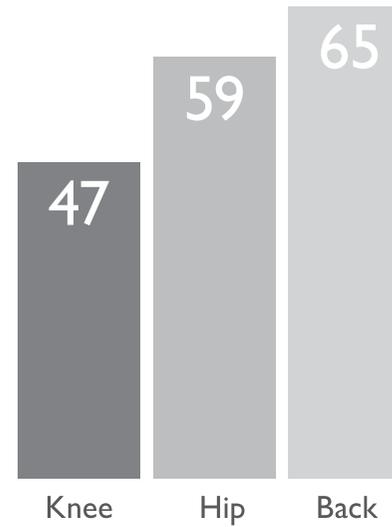
DOES GENDER AND CONDITION TYPE IMPACT THE EXPERIENCE OF EMOTIONAL PAIN?

Influence of condition %

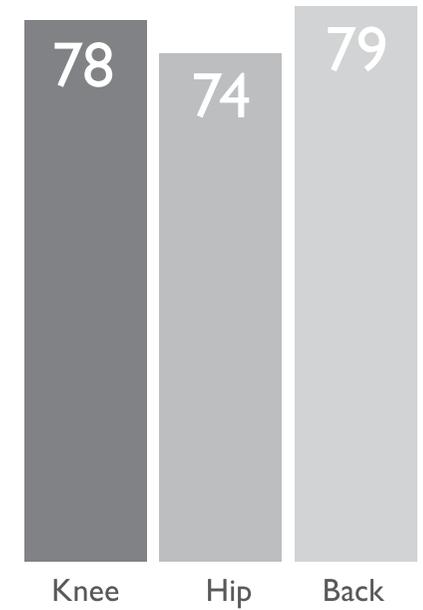
WORRIED



STRESSED



FRUSTRATED



5 TIPS FOR PREVENTING PAIN





5 TIPS FOR PREVENTING PAIN

Recurring bouts of pain can have a serious impact on your life, preventing you from doing the things you enjoy or even going into work, as well as stopping you from getting a good night's sleep.

If the pain continues over a long period of time, it can also have an impact on your emotional wellbeing, leaving you moody or depressed.

If you are prone to joint pain problems, there are a number of steps you can take to help prevent and reduce the pain, leaving you to get on with your life.

Think about your weight

Excess upper body weight can put a strain on people's back and joints, meaning losing weight can help ease the pain for some people. This is especially true for people with back pain who carry their weight on their stomachs, as it pulls the pelvis forward and strains the lower back.

To determine whether weight loss could help improve your back pain, work out your Body Mass Index (BMI) using your height and weight. A BMI of 25 or over is classed as overweight.

Stay active

While it may be tempting to sit and rest if you are suffering from pain, regular exercise is actually a great way of reducing and preventing it.

Light exercises such as walking and swimming help strengthen the core and back muscles without being too strenuous, while yoga and Pilates can help improve flexibility.

If you want to try some simple exercises at home, leg raises and bottom lifts can help get you moving.

Any exercise programme will bring the biggest rewards if performed regularly, with experts recommending 150 minutes a week for maximum impact. It is advisable to consult your doctor before starting an exercise regime.



5 TIPS FOR PREVENTING PAIN

Manage stress

As mentioned before, pain can impact on your emotional wellbeing, and it can also be brought on or worsened by stress and anxiety.

Stress causes tension in the muscles which can exacerbate pain and can also slow your recovery as stress makes it harder for the body to bounce back.

Getting rid of stress is a lot easier said than done, but you can help your body cope by maintaining a healthy, nutrient-rich diet, exercising regularly and getting a good night's sleep.

There are also a number of stress-reduction techniques including deep breathing exercises and progressive muscle relaxation which can help calm you down.

Sit up straight

The way you sit and stand can have a serious impact on your pain and good posture can help alleviate any aches and pains.

Many people suffer from pain as a result of sitting incorrectly at work all day. To avoid this, make sure you have support at the small of your back and your feet flat on the floor, with your hips and knees level. If you use a computer, ensure it's positioned so your elbows are at right angles and your forearms are horizontal.

Your posture when driving is also important, especially if you spend a long time commuting. When behind the wheel make sure you can easily reach the foot controls and position the wing mirror correctly so you aren't constantly twisting round.

Invest in the right furniture

What you sit on can impact on your joints just as much as how you sit on it so it's important to invest in the right furniture.

It may be worth investing in specialist chairs which are designed to support the natural curve of your back and offer support to hips. Some models even come with 'lift and rise' features which make it easier for people to get up without straining themselves.

Protecting your achy joints in bed is also vital. After all you spend a huge chunk of your time there. Mattresses which are too soft can contribute to back and hip problems as they don't offer your spine or hips sufficient support. A good orthopedically-designed box spring and mattress should help people get a good night's sleep and will be worth the cost in the long run.

For more information call 0800 092 8667

“EXERCISE HELPS TO INCREASE THE FEELING OF WELLBEING.”

5 TIPS FOR PREVENTING PAIN

Lucy Hughes is a physiotherapist at BMI Thornbury. As a teenager, she received treatment from a physiotherapist and watched him help other individuals conquer their pain, which inspired Lucy to become a physiotherapist herself.

“Before starting any new exercise regime it is always wise to seek clearance from your GP. You are not trying to win a race, but rather an exercise regime that will help ease your pain and ensure that you maintain a healthy weight. Non-impact exercise such as swimming, cycling and walking, even tai chi and yoga, are an excellent place to start.

Too much exercise, especially initially, can cause problems especially when the muscles surrounding the sore joints are weak. Exercise more than 5 times per week vastly increase the chance of further injury, so a programme of

3 x week of 20-30 minutes, or split into 10 minute blocks if needed is seen to be the most beneficial.

If weight is an issue, controlling your calorie input whilst increasing exercise can help. Losing 5 pounds is the equivalent of 20 pounds less stress across the knees.

Exercise helps to increase strength and flexibility around joints, promote bone growth and the feeling of wellbeing through stimulating the release of our natural feel good hormone, endorphins.”

For more information call 0800 092 8667

PHYSIOTHERAPY AND MANAGING PAIN





PHYSIOTHERAPY AND MANAGING PAIN

Physiotherapy or Physio can help with a wide range of injuries and conditions including back and neck pain, repetitive strain injuries, joint pain and arthritis, muscle injuries, post-surgery rehabilitation, and sports injuries. It can be used for rehabilitation either after surgery or to recover from an injury or strain.

Physiotherapists will typically use a combination of manual therapy and exercise to treat injuries. There are other treatments and services available such as acupuncture, hydrotherapy, therapeutic ultrasound and pilates.

Manual therapy

Manual therapy includes massage, stretching and manipulative techniques to improve the range of joint movement and reduce pain. It can also reduce swelling, mobilise muscles, joints and nerves, and promote blood circulation to improve healing. Physiotherapists will feel injured or swollen tissues during movement analysis, to examine how your muscles, tendons and joints are moving and working together and to see what can be done to help.

Exercise

Exercise forms an important part of physiotherapy. The aim is to increase mobility, muscle strength, and general fitness, build core stability, and reduce symptoms.

Regular, moderate exercise can help many of the conditions that physiotherapists can treat. Your physio will probably give you a tailored programme of exercises to strengthen particular groups of muscles, or may recommend particular classes such as pilates.

Gym equipment

Purpose-built physio-gyms let physiotherapists work with you to provide expert advice and develop an exercise programme which meets your specific needs.

Traction

Traction means 'steady pulling'. It can be helpful in relieving pain in the neck or lower back. Traction is also used in medicine to straighten and align broken bones that are too difficult to align with a plaster cast. It is often necessary when treating fractures of the shaft of the thighbone and fractures of the spine.

For more information call 0800 092 8667

PHYSIOTHERAPY AND MANAGING PAIN

Electrotherapy

Electrotherapy is the use of electrical energy to manage pain, rehabilitate muscles and increase the range of motion. TENS is a form of electrotherapy that uses surface electrodes to stimulate nerve fibres, primarily for pain relief. Another form of electrotherapy is called biofeedback. Equipment is used to reveal internal physiological events. This feedback is then used by the physio to train the patient in how to better control their movements to minimise pain.

Physiotherapy Ultrasound

Ultrasound is very high frequency sound that cannot be heard by the human ear, but can be detected using a machine called an ultrasound scanner. It can be used therapeutically within the physiotherapy session. It is mainly used for soft tissue injuries and more chronic conditions, with a view to promoting healing and relieving pain. It can also be used as a diagnostic tool to look at soft tissue structures and blood vessels.



For more information call 0800 092 8667

“EXERCISE IS VITAL TO MAINTAIN HEALTHY MUSCLES AND JOINTS.”

PHYSIOTHERAPY AND MANAGING PAIN

Mr Henry Bourke, Consultant Orthopaedic Surgeon, BSc(Hons), MBBS, FRCS(Tr&Orth) on managing pain. BMI The Princess Margaret Hospital.

Henry's father and grandfather were doctors and when one of his siblings would have a small injury, he was there first to help with any necessary treatment. Now, as an orthopaedic surgeon, Mr Bourke is passionate about providing individual care tailored to each patient's needs and offers this advice on managing pain.

“Joints and muscles are designed to move. When they are immobile for some time they get stiff making the pain worse. Gentle exercise is good for general joint health and can help to alleviate pain. The latest research about osteoarthritis shows that exercise can and does improve the condition and can even slow its progression.

It is important to ensure the joint is not significantly damaged before exercising particularly if you have had an injury. For this advice you should see a qualified physiotherapist, your GP or an orthopaedic consultant.

Depending on the type of condition you have gentle, low-impact exercise is recommended in the first instance. Low-impact means only small forces are going through the joints. These exercises can be done where some or all of the body weight is supported (such as swimming and cycling) or just simple walking.”

For more information call 0800 092 8667

“EXERCISE CAN ALSO HELP IMPROVE OTHER CONDITIONS THAT MAY BE LINKED TO MSK DISEASE SUCH AS DEPRESSION, FATIGUE AND SLEEPING PROBLEMS.”

PHYSIOTHERAPY AND MANAGING PAIN

Physiotherapy is usually the first step to beginning rehabilitation of an injured or painful joint or limb. A qualified physiotherapist will assess your condition and target exercises specifically for you. Often you will be shown how to carry out these exercises. This will give you the confidence to exercise safely at home or in the gym in between sessions. Further sessions can then keep an eye on your progress and then to up your level of activity accordingly.

Joint injections either encourage an accelerated healing process (corticosteroids and platelet rich plasma (PRP)) or attempt to replace some of the lost cartilage with synthetic cartilage (hyaluronic acid). These injections rarely cause a long-term improvement but can have excellent short-term results. Often, it can make all the difference by improving the joint pain enough to allow movement to start and other treatments such as weight loss to begin.

Surgery does come with small risks and so surgeons will only consider an operation when simple conservative measures have failed. Surgery should be timed to when the problem is really not getting better and begins interfering with day to day activities and/or is stopping you performing your job or your favourite sports

Joint replacements are designed to allow mobilisation without pain. They are an excellent treatment for joint arthritis once the cartilage in the joint has worn down to bone. Orthopaedic technology has advanced dramatically in the last 30 years now allowing most large joints in the body now to be replaced and some of the smaller joints too.

OTHER WAYS TO MANAGE PAIN





OTHER WAYS TO MANAGE PAIN

Joint injections

Joint injections either encourage an accelerated healing process (corticosteroids and platelet rich plasma (PRP)) or attempt to replace some of the lost cartilage with synthetic cartilage (hyaluronic acid). These injections rarely cause a long-term improvement but can have excellent short-term results. Often, it can make all the difference by improving the joint pain enough to allow movement to start and other treatments such as weight loss to begin.

Diet

A healthy, balanced diet helps build strong bones and will allow you to keep your weight within a healthy range. Deficiency in some vitamins and minerals can also be linked to a degeneration of bone and joint health, in particular:

Calcium

There is more calcium in the body than any other mineral and it has several important functions including helping your body build strong bones. A lack of calcium can lead to a condition called rickets in children or osteoporosis in later life. You should be able to get all the calcium you need from your daily diet. It is recommended that adults should have 700mg^(iv) of calcium a day.

Foods naturally rich in calcium include: dairy products such as milk, cheese, yogurt (low fat ones are best – skimmed and semi-skimmed milk contains more calcium than full-fat milk), calcium-enriched varieties of milks made from soya, rice or oats and fish that are eaten with the bones (such as sardines). If you are unable to have enough calcium through your diet you should take a daily calcium supplement providing 400-600mg of calcium as well as 5-10mcg^(v) of vitamin D. It is always recommended that you take these supplements with food to help aid calcium uptake. Those that have been diagnosed with osteoporosis would be advised to take supplements at doses recommended by the doctor

Vitamin D

Vitamin D has several important functions. It helps calcium uptake in the body from our food to help strengthen bones and keep teeth healthy. We get most of our vitamin D from sunlight on our skin as the vitamin is made by our body under the skin in reaction to summer sunlight. But, if you are out in the sun, take care to cover up or protect your skin with sunscreen before you turn red or get burnt. Vitamin D is also found in a small number of foods such as oily fish including salmon, sardines and mackerel. It can also be found in cod

For more information call 0800 092 8667

OTHER WAYS TO MANAGE PAIN

liver oil supplements, eggs, fortified fat spreads, fortified breakfast cereals, powdered milk and fruit juice. Cod liver oil supplements provide 10mcg of vitamin D in 1-2 teaspoons. Cod liver oil should not be taken by pregnant women as it also contains high levels of vitamin A which can be harmful to the unborn child.

Phosphorus

Phosphorus is a mineral that helps build strong bones and teeth and helps release energy from food. Phosphorus can be found naturally in red meat, dairy foods, fish, poultry, bread, rice and oats.

Vitamin K

There are at least three vitamin K dependent proteins present in the structure of our bones. People with osteoporosis have shown to have low levels of vitamin K, are associated with having lower bone mass and therefore are at higher risk of having hip fractures, particularly older men and women.

The main sources of vitamin K are green leafy vegetables, meat and dairy products.

Zinc

Zinc is a trace element that has several important functions and is known to play an important role in the bone remodelling cycle. Good food sources of zinc include; meat, shellfish, milk, cheese, bread and other cereal products such as wheat germ.

Vitamin C

Poor vitamin C intake has been linked with arthritis. However, if you make sure you have your five portions of fruit and vegetables a day, you're unlikely to have a problem with your vitamin C levels.

Selenium

Mild selenium deficiency is quite common in the UK and may be associated with more rapid progression of arthritis. The richest natural source of selenium is Brazil nuts, but it can be gained through meat and fish.

“Getting free of pain may involve lots of different people and processes to get the right treatment for your specific condition. This can involve trial and error of some things you would never have believed can treat pain. Examples of these are medication (paracetamol), topical creams (capsaicin), physical therapies (massage, acupuncture), footwear changes, weight loss and types of braces and strapping. Often a combination of these provides the optimum management.”

Mr Henry Bourke, Consultant Orthopaedic Surgeon, BSc(Hons), MBBS, FRCS(Tr&Orth) on managing pain

For more information call 0800 092 8667

“IT’S VERY IMPORTANT TO LISTEN TO YOUR BODY; GENERALLY EXERCISES SHOULD NOT INCREASE PAIN.”

OTHER WAYS TO MANAGE PAIN

Elaine Juzl is a clinical specialist hand therapist. She has been interviewed on the BBC for her work with a high profile hand replant patient. Elaine became inspired to become a physiotherapist at school when she visited a local physiotherapy department.

“Remember, stiffness causes pain so reducing stiffness will reduce pain. A chartered physiotherapist or a specialised therapist will be able to find the causes of pain and advise you about appropriate exercises or refer you for further investigations if necessary. They can order X-rays if it’s felt appropriate.

Active exercises use the muscles around the joint to produce movement. They can be used to maintain or increase movement in a specific joint or joints. Always exercise gently and slowly. Hold the position at the end of range for a few seconds, unless specified otherwise.

Passive exercises are accomplished by an outside force, often your other hand. A stretch can be applied slowly at the end of your available range this should not cause pain but a feeling of stretch. Warming the tissues before or during exercise can facilitate the stretch. A stretch should be held for a longer period of time (30 seconds or more) and your therapist will advise you about this.

Strengthening exercises are designed to strengthen a muscle or muscle group which has been identified as weak. Resistance is applied in different ways, by your other hand, a theraband, weights, putty and sponges. Strengthening exercises are often done in series of sets. For a strengthening exercise to be effective the muscle must feel tired after the exercise. As the muscles gain strength the exercises need to be progressed by increasing the weight, the repetitions, the frequency during the day or changing the movement, your therapist will show you how to do this.

There are other things that can be done in addition to exercises. Hand therapists are able to make custom made splints from thermoplastics and neoprene to provide the level of support you need while allowing movement and function of unaffected joints. We also have pen grips and can offer advice on how to write without causing too much discomfort. Ergonomic advice about setting up your desk and computer, better typing techniques and the importance of taking regular breaks along with ‘refresh exercises’ are all good advice for reducing the pain.

For more information call 0800 092 8667

TIPS FOR PREVENTING COMMON SPORTS INJURIES



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If you take part in regular sporting activities the chances are you will suffer an injury at some point. However, some are far more common than others and being aware of the risks and how to prevent them can ensure you are able to continue playing your chosen sport rather than spending lengthy periods recuperating on the sidelines.

Here's our guide to some of the most common sports injuries and what you can do to protect against them.

Achilles tendonitis

Overuse of the Achilles tendon, which is located at the back of the ankle, can lead to it becoming inflamed and painful. If it is ignored it can become chronic, worsening to the point where you can no longer run.

Achilles tendonitis tends to be most common in people who participate in sports which involve a lot of running and/or jumping, however, you can lower your risk of developing it by doing regular strengthening and stretching exercises for the calf muscles.

Tennis elbow

Tennis elbow affects the outside of the elbow and can cause pain when bending the arm, gripping and twisting the forearm. Once again, it is caused by overuse of the muscles, particularly through repeated backhand strokes.

There are a number of exercises regular tennis players can do to ward off tennis elbow, including forearm-strengthening exercises such as wrist curls and squeezing a rubber ball. Wearing an elbow brace could also be helpful.

Dislocated shoulder

Dislocations can occur in any joint, however, they most commonly affect the shoulder, which is the most mobile joint in the body. Pretty much any sport which involves a lot of overhead movement – swimming, tennis, volleyball, basketball, weightlifting and goalkeeping – puts people at increased risk of dislocating their shoulder.



TIPS FOR PREVENTING COMMON SPORTS INJURIES

Once you have suffered from one dislocation, you are more likely to suffer a second, so it is even more important to take appropriate precautionary measures. Repeated dislocations can lead to stretching of the shoulder joint and result in people needing prolonged periods of rest or joint surgery.

To prevent shoulder injuries, you should ensure you exercise the joint regularly, even during the off season.

Sprained ankle

Sprained ankles are common among sports men and women who regularly run, jump or make sharp turning movements which can lead to the ankle twisting and tendons or ligaments tearing.

To bolster the ankle's strength, there are a number of exercises you can do at home, including ankle lifts and light stretches.

It is also important to wear supportive footwear which suits your foot type and trainers should be replaced regularly as the treads and heels wear down.

Hip bursitis

Hip bursitis is common among runners and cyclists and is caused by the inflammation of the bursae, a small sac containing fluid which acts as a cushion between the bones and overlying soft tissue. The inflammation can either be caused by overuse or injury if people bump or fall on their hip.

The best treatment for hip bursitis is rest and a prolonged period of not taking part in activities which aggravate the bursa. Once the initial pain has eased off, stretching exercises and physical therapy can offer some relief.

Regular stretching of the muscles and tendons around the hip, particularly the iliotibial band, which runs down the outside of the thigh from the hip to the shin, will keep them in good condition, helping them glide more easily and reducing the risk of bursitis.

“EXERCISE IMPROVES YOUR JOINT MOVEMENTS AND IMPROVES STIFFNESS.”

TIPS FOR PREVENTING COMMON SPORTS INJURIES

Mr Winston Y Kim, MBChB, MSc, FRCS (Tr & Orth), Consultant Orthopaedic Surgeon went into orthopaedic surgery to make a difference in patient's lives. Helping patients make the right decisions regarding their joint complaints and caring for them gives him a lot of professional satisfaction.

“Improving your fitness with non-impact exercises is my number one tip. It would improve general wellbeing and possibly result in weight loss. If you can manage it, Pilates and yoga may help.

Steroid injections are used as an aide to facilitate your rehab or exercise, but do not generally cure joint pain. Off-loader knee braces for mild to moderate knee arthritis may help in some patients. Ideally you should firstly be assessed by a physiotherapist, Orthopaedic surgeon or your family doctor, but non-impact exercises (exercise/stationary bicycle, swimming, and use of the cross-trainer) is best, particularly if you have knee or hip arthritis. It improves and maintains fitness, which is important as a starting point to strengthen core, hip and knee muscles.

Exercise improves your joint movements and improves stiffness. It has general health benefits and enhances general wellbeing. If you have discomfort and pain whilst exercising

which is worse two to three days after exercise, you have done too much. Too much exercise may cause muscle sprains, making things worse. The key is to gradually increase the intensity and frequency of exercise. A good physiotherapist will supervise an appropriate exercise regime based on the individual patient. He/she will monitor, adjust, motivate and ensure progress is made with the right exercises.

If non-operative measures such as exercises and injections are not effective, then surgery may be suggested. The primary benefits of joint replacement surgery include an improved quality of life and significant improvement in pain once you've recovered from surgery. You are likely to have a better range of movement and better overall function. Most patients after hip and knee replacements are very happy with their clinical outcomes.”

For more information call 0800 092 8667

WHAT DOES ORTHOPAEDIC SURGERY DO?



WHAT DOES ORTHOPAEDIC SURGERY DO?

Mr Richard Harker, MA FRCS (Trauma & Orth) Consultant Orthopaedic & Spinal Surgeon

Orthopaedic surgery can reduce pain; and increase function allowing people to return to normal activities. Often the two things go hand-in-hand, in that pain itself will reduce people's function. For example an arthritic hip will be held stiffly, with pain preventing people walking, standing or sitting comfortably, rather than the degree of arthritis in the hip itself. It is only occasionally that arthritis is so severe it causes the hip to become fused, preventing movement.

Pain has a useful protective function in the body. If we hurt ourselves the pain produced by the injury reminds us not to use (and further injure) the damaged area. People show "fear avoidance" behaviour, avoiding activities for fear they will increase their pain and worsen the situation. This can have a severe impact on quality of life. Often people tell me their condition is not really that painful, but on closer questioning, they have stopped all sporting or leisure activities due to pain. If you ask people to return to their activities, they find them too painful. Only then do they realise how much pain is actually affecting them.

One of the great benefits of modern orthopaedics is we now have effective treatments for many very painful and disabling conditions. For example, a microdiscectomy is an effective treatment for ending sciatic pain. With a small incision, the fragment of disc causing the inflammation and irritation of the nerve is removed. This operation, which takes under an hour, and often only requires an overnight stay, gives dramatic relief in leg pain, and patients can return to most of their normal activities within a few weeks of surgery.

The area of joint replacement has achieved some of the most dramatic improvements. We now have effective replacements for most of the major joints in the body. Approaches to these operations have been refined over years, are generally muscle-sparing and allow rapid recovery to normal function with a minimal hospital stay of three to four days. Many associated complications that previously impacted joint replacement surgery have been addressed. Infection rates are now very low and effective coagulation therapy is available to avoid complications of deep vein thrombosis.

For more information call 0800 092 8667



WHAT DOES ORTHOPAEDIC SURGERY DO?

Previously, hip replacements were delayed as long as possible, so the new hip would last for the rest of the patient's life. This approach can be problematic. Younger patients are more active than the elderly, often with children who want to be played with and active social lives and moderate intensity sports to be enjoyed, therefore, tend to modify their activities to avoid pain. If we can take pain away for these patients, they will lead much fuller and more rewarding lives.

Modifications in hip designs give a better range of movement and more closely resemble the patient's own anatomy. Materials used in hip replacements have also changed to polyethylene inserts, which are much stronger, and the introduction of ceramics that show small amounts of wear and good long term durability. Many patients worry about having a hip replacement, thinking their function will be less than before. But in the absence of pain, these joints function remarkably well. It is not uncommon for people to comment that they did not realise quite how much pain they were in, until its absence after surgery.

For more information call 0800 092 8667

LIFE AFTER SURGERY

“What would I do if I was pain free? I’d go to the gym for a run and then take a fitness class finishing off with a swim.”

Gransnet / BMI Healthcare survey respondent

“I’m so excited to have my health back. I love the outdoors, I love my bikes and I love keeping fit. I’m not ready for a marathon yet, but maybe next year. It’s all thanks to my new hip.”

John, Hip Replacement at BMI Carrick Glen Hospital

Encouragingly, for the majority of people questioned in the research surgery had a positive effect in resolving many of their problems. Those who had knee surgery were rewarded with the best outcomes.

Although surgery was able to resolve some of the physical problems suffered by people, the greater impact was on quality of life with most sufferers experiencing enough relief to enable them to live a happy and fulfilling life afterwards.

The musculoskeletal system is complex. Associated conditions and issues related to it are often difficult to diagnose, manage and treat.

Although surgery is not the solution to every orthopaedic issue – where there is a clinical outcome which can only be achieved through surgery, delaying surgery can often lead to a negative emotional and social impact.

Even where surgery did not resolve the problem wholly, seeking consultant-led advice was seen as an avenue which should have been explored earlier, either to understand the options available and to be best placed to manage pain or long term solutions.

Recent developments in joint replacement surgery include minimal incisions; computer guided surgery; mobile bearings; gender specific knee replacements (more women have total knee replacements); retaining one of the cruciate ligaments during knee surgery and patient specific replacement joint replacements.

Continued research and technological advancements are helping surgeons reduce length of hospital stays and improve outcomes for patients. The research highlights how pain is more than a physical condition. The impact of living with pain has physical, emotional, social and psychological effects on each and every individual who lives with it.

Understanding the impact of orthopaedic pain on quality of life enables both individuals and healthcare professionals to best evaluate the return on investment treatment might bring. Given the number of people in the UK living with some form of arthritis is estimated to be around 10 million, the cost of pain to individuals, the work place and the healthcare sector cannot be underestimated.

For more information call 0800 092 8667

TIPS FOR PREPARING FOR JOINT REPLACEMENT SURGERY



TIPS FOR PREPARING FOR JOINT REPLACEMENT SURGERY

Undergoing joint replacement surgery can immeasurably improve your quality of life, however, while most people will look forward to reaping the rewards of the procedure, in the weeks before the surgery they are likely to be more focused on their concerns about the risks of surgery and the length of the recovery period.

One way to ensure you feel as confident as possible going into the operating theatre is to prepare thoroughly for the procedure.

Ask questions

Preparation starts one, to two weeks before surgery to ensure that you are in optimal condition.

Ahead of the operation you should have a pre-operative assessment session where you will meet members of our integrated multi-disciplinary team who'll be involved in your care. Prior to surgery, you will be seen for an outpatient consultation where you will meet the surgeon.

While the main aim of such sessions is to make sure you are healthy enough for the procedure, it is also a great time to ask any questions you may have. Keep a notepad on you in the weeks leading up to the session and jot down any queries that pop into your mind. Ask your family if they have any concerns or questions too.

Get exercising

It's important to go into the surgery in as healthy condition as possible so if you are able to perform some light exercise in the weeks leading up to the operation it could be beneficial.

Swimming and walking are good examples of activities which shouldn't put too much strain on you, or a physiotherapist may give you some exercises to improve muscle strength and movement, such as standing on one leg for short periods or laying flat on your back or stomach for 20 minutes.



TIPS FOR PREPARING FOR JOINT REPLACEMENT SURGERY

Plan for recovery

Following the surgery, movement may be limited and you will need to plan for how you are going to cope at home.

Small changes such as adding a seat to the shower, placing useful objects where they are easily reached or investing in a grabber, and pre-cooking and freezing meals can all help make the recovery process go smoothly.

You may also wish to move your bed downstairs if you have a bathroom on the ground floor or set up a base camp in the room you plan to use the most. Your physiotherapist or nurse at the pre-assessment will be able to discuss this with you.

Remember, recovery can be a long and trying process, so be patient and don't try to do too much too soon, or you could risk setting yourself back.

Rally the troops

Recovering from joint replacement surgery will be a lot easier if you have the help and support of your friends and family. Speak to them before the operation and ask if they are willing to help out and what sort of time commitment they'll be able to make.

Even just having someone to drive you to and from the hospital can be a huge weight off your mind.

If loved ones can help with tasks such as shopping, cleaning and keeping you entertained then you will have fewer things to worry about in the run-up to having surgery.

For more information call 0800 092 8667

“PHYSIOTHERAPISTS UNDERSTAND THE MUSCULOSKELETAL SYSTEM AND HOW IT WORKS IN THE HUMAN.”

TIPS FOR PREPARING FOR JOINT REPLACEMENT SURGERY

Mr Mark Flowers is a Consultant Orthopaedic Surgeon at BMI Thornbury. We asked him how exercises can help patients in pain.

“Joint surfaces are lined with cartilage which breaks down in arthritis. Keeping joints moving nourishes the cartilage and keeps it healthy longer. This is one of many ways in which exercise can reduce pain, in this case, from arthritis. Before you try any sort of exercise, speak to your GP. They can advise you on the best sort of action to take, which will depend on a number of things – which joints/ muscles are causing your pain, the underlying diagnosis and whether you have any other health issues (e.g. angina).

Exercise has beneficial effects in various areas including strengthening muscles, nourishing cartilage through movement, reducing weight and improving cardio-respiratory function. It also commonly generates a feeling of well-being. You will know when you have done enough, as your body will feedback this information to you simply through fatigue and an awareness to stop. Excessive activity can certainly harm bone and soft tissues which will cause pain and functional impairment.

Physiotherapists understand the musculoskeletal system and how it works in the human. They are therefore able to assess your abilities and encourage you to gain the most you can through exercise and conditioning without damaging your body. Joint injections are valuable in some forms of arthritis and in moderate to severe arthritis where for one reason or another surgery is not an option. I would suggest asking about surgical options if you have an inability to function normally, sleep disturbance and a need for higher orders of painkillers.

The primary benefit of joint replacement surgery is pain relief. After that comes improved sleep, less medication and increased functionality.”

For more information call 0800 092 8667

TIPS FOR RECOVERING FROM KNEE SURGERY:

5 BENEFICIAL SPORTS AND ACTIVITIES



TIPS FOR RECOVERING FROM KNEE SURGERY: 5 BENEFICIAL SPORTS AND ACTIVITIES

Most people can't wait to get back to normal activities following their knee replacement surgery. Rehabilitation is an important process and should never be rushed, and your physiotherapist and consultant will assess your progress and advise you at each stage of your recovery.

Unfortunately high impact activities like running and contact sports such as rugby or martial arts are not advised for anyone who has undergone knee replacement surgery due to the increased risk of failure of the new joint and further injury. But there are certain sports and physical activities that are beneficial.

NB: It's important to remember that everyone's recovery from knee replacement surgery is different, so always listen to your physiotherapist or consultant who will understand your unique clinical needs.

Walking

Walking is one of the best forms of exercise to engage in following a knee operation and is a vital part of recovery from day one. At first you will be walking with the aid of a frame, crutches or sticks and progress will be slow but as your recovery progresses you will eventually be walking unaided. It's important to walk every day and aim to steadily increase the duration and distance. Always listen to your body and rest as required.

Swimming

Because swimming is not a weight bearing form of exercise it is suitable following knee replacement surgery. However you shouldn't begin swimming until 3 months after surgery. As always start out slowly and take particular care with breast stroke. Make sure whatever stroke you're doing it feels comfortable and ensure your movements are careful and controlled.



TIPS FOR RECOVERING FROM KNEE SURGERY: 5 BENEFICIAL SPORTS AND ACTIVITIES

Cycling

This is a popular sport to engage in after knee replacement surgery because it is low impact. Cycling also engages and strengthens all the major leg muscles including the quadriceps as well as moving the knee through a full range of motion. At first it's important to begin on a stationary and stable exercise bike to build up strength and endurance before cycling on the roads.

Golf

As long as your surgeon or physiotherapist believes you are sufficiently recovered from knee replacement surgery you can play golf. Because much of the sport involves upper body work and walking it doesn't put too much strain on the knee but as always take things easy by starting out on the driving range first and then building up to a full game.

Dancing

Sports or activities that put excessive pressure or torque on the knee are advised against following knee replacement surgery, which means that fast paced or strenuous dancing may be unsuitable. However in general dancing classes such as ballroom dancing are fine and help build strength and flexibility in the knee.

These five activities are all suitable to try following your knee replacement surgery once your health professional agrees. And of course listen to your body, if you try one of these activities and find it causes undue pain and discomfort stop and discuss with your physiotherapist or consultant.

For more information call 0800 092 8667

“PHYSIOTHERAPY CAN HELP GUIDE AND PLAN FURTHER TREATMENT.”

TIPS FOR RECOVERING FROM KNEE SURGERY: 5 BENEFICIAL SPORTS AND ACTIVITIES

Arti Upadhyay, Physiotherapist at the Clementine Churchill hospital loves her job. She says that her career highlight is “every patient who has smiled and gave me a tight hug showing their gratitude.” Arti enjoys being able to help and work with people who want to help themselves to improve their quality of life.

Suitable exercise, if done correctly, can help to reduce pain. Speak to your GP/Physiotherapist first. There are special questions that you will be asked by any of these professionals that lead us to determine whether the pain requires physiotherapy or conservative treatment or any interventions. Exercises are usually tailor made depending upon the presentation of the symptoms and also depending upon the assessment finding. Normally, exercise needs to be prescribed as not all exercises suit everyone.

If while exercising if you experience more pain, you should stop and consult your physiotherapist, however do remember some ache following an exercise session is normal. We call it DOMS (delayed onset muscles soreness) and it usually subsides within 12-24 hours.

In general, musculoskeletal (muscles and joints) exercise will help improve circulation will improve joint movement and will strengthen the muscles and keep the body supple. Special exercises can help improve balance as well as reaction time; it too helps building the confidence of people to move. Everybody has their own capacity of how much and what exercise they can tolerate. It's always important to start gradually and progress slowly. Too fast, too soon, often leads to injury rather than benefit.

Pain is an unpleasant sensory and emotional experience and is unique to every individual. Depending upon the cause, understanding the pain helps, managing it with proper medication, local application of ointments, doing regular tailor made exercises prescribed by physiotherapist after a thorough assessment and gradually increasing the fitness and overall well-being can all help.

Supports like bespoke braces or corsets can help support the weak part of the body and can increase ease, however supporting or bracing should only be done for required amount of length of time and not for ever, unless this is strictly indicated.

Following thorough assessment, physiotherapy can help guide and plan further treatment. We use the physical means and by directing people for corrective movements and safer techniques, it aids in to quality of life to those suffering. We believe in our patients using mindfulness and believe in empowering people for their management of the symptoms and improving quality of life.

There are certain symptoms we refer to as ‘red flags’ and on assessment, if any of these are present your assessing physiotherapist will refer you for urgent surgical intervention.

For more information call 0800 092 8667

ABOUT BMI HEALTHCARE



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- (vi) Research for BMI Healthcare carried out by Opinion Matters between 08/03/2013 and 14/03/2013. Sample 104 Adults who have had knee, hip or back surgery.
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