



South City Physiotherapy & Manual Concepts Physiotherapy

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Director's Message - January 2011



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As **South City Physiotherapy** celebrates its' 20th year, and **Manual Concepts** moves into its' 5th year, I can't help but note how many more physicians, healthcare practitioners and clinics there are in Guelph now – compared to 20

years ago. While growth in scale was required to service the needs of a growing and aging population, I am excited by the changes starting to take place in our health care system.

Traditionally, the Canadian health care system has been largely focused on responding to acute problems, and the urgent needs of patients. Testing, diagnosing, relieving symptoms, and patients expecting the system to provide cures have been hallmarks of our system. While the system functioned well for acute and episodic health problems, there was not a strong focus on preventative health care, and it is in this direction that our health care system has started to move. With an aging population and increasingly, people living with one or more sometimes preventable chronic conditions, this movement towards prevention is very timely.

Given that many of these chronic, expensive to treat conditions are preventable, the development of a more integrated, collaborative approach at the primary health care level becomes more important. Patients, their families, physicians and other primary health care practitioners working together to effectively manage, treat, and more importantly - prevent many conditions, is a welcomed concept. Now if governments show the foresight to develop and support financial systems and policies that support prevention, progress can be accelerated.

Research has proven that when patients are systematically provided with information and skills to reduce health risks, they are more likely to make lifestyle changes and adopt risk reducing behaviours—factors that can dramatically reduce the long-term burden and health care demands of chronic conditions. It is therefore critically important that the public be equipped with needed information, motivation, and skills in prevention and self-management.

As health care workers, we need to take advantage of every health care interaction – yes, to treat symptoms, but also to inform patients about health promotion and

disease prevention strategies.

At **South City Physiotherapy** and **Manual Concepts Physiotherapy**, we continue to try and improve levels of collaboration and integration. We provide family physicians & involved specialists with copies of patients initial assessment reports, findings analysis, treatment goals and anticipated outcomes. We also make every effort to keep physicians informed of patient progress, and never hesitate to contact other professionals involved in the treatment of our patients - to provide information, make suggestions, and ask questions where appropriate.

While this approach has worked well in the past, we are always looking to improve. If there is something specific we can do to improve the way we integrate and collaborate with your group, please let us know.

Please contact **Francine Doré** with questions, comments or for information about our facilities and services at:

Phone: 519-763-2885

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Staff Profiles

Meet our Health Care Practitioners



Stephanie Cherry
B.H.Sc., M.Sc. P.T.
Registered Physiotherapist

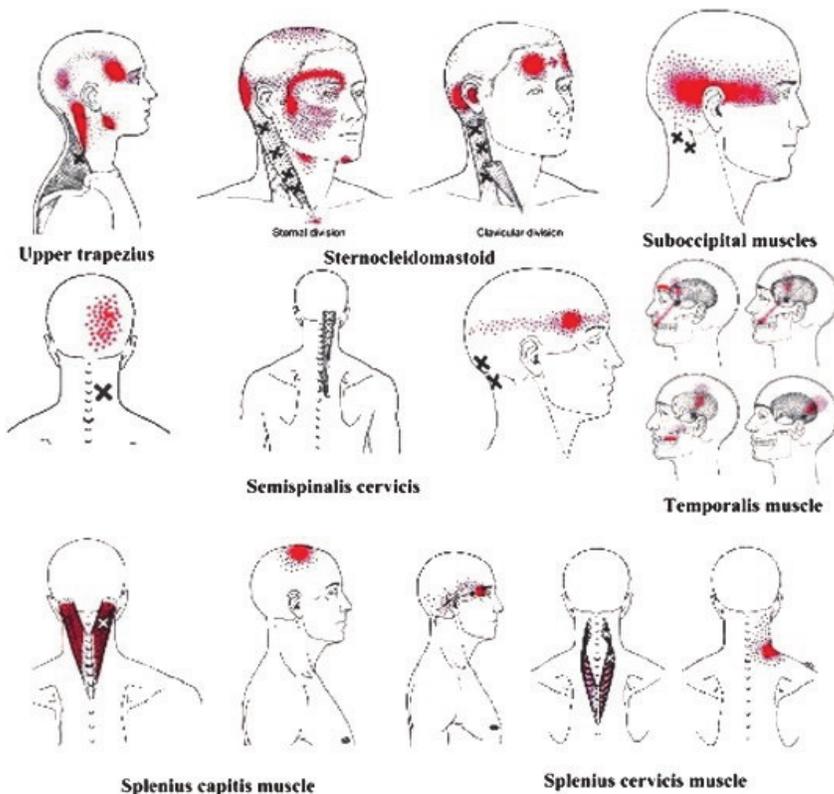
Stephanie has recently re-located back to her home town of Guelph and is the newest professional staff member of Manual Concepts Physiotherapy. After graduating from the University of Waterloo in 2003 with an Honours degree in Kinesiology, she went to McMaster University to obtain her Master's of Science in Physiotherapy (2005).

Since graduating Stephanie has been working in Orangeville, and has completed courses in manual therapy, acupuncture, Mulligan mobilizations, and exercise prescription. Stephanie successfully obtained her CAFCI certification in acupuncture in 2008. She has completed her level 3 manual therapy courses and is working towards completing her intermediate manual therapy exams.

Tension-type headaches

By Stephanie Cherry P.T.

Headaches are one of the most common reasons for a visit to a medical practice (1). The most prevalent form being the tension-type headache (TTH) (1,2,3). It is postulated that 47% of all headaches are TTH (4). The reports on lifetime prevalence of TTH vary, but the general consensus is 38% for episodic type (1,2,3,5) and 2-3% for the chronic form (1,2,5,6). Box 1 is the criteria for a tension type headache from the international classification of headache disorders second revision (7). TTH are considered chronic if the headaches occur ≥ 15 days a month and frequent if they occur >1 and <15 days a month (7). The exact cause of TTH is unknown; however the most accepted theory is that they occur due to activation of hyper-excitabile peripheral afferent neurons from several head, neck, and shoulder muscles (1,2,6). Figure 1 shows specific referral patterns of muscles in the neck and shoulder (2). Patients with TTH often self medicate and only seek medical attention if they become chronic in nature (6).



Box 1

Criteria for diagnosing a tension-type headache

- (1) At least 10 episodes satisfying the criteria 2-4:
- (2) Headache lasting 30 min to 7 days
- (3) Headache has no less than 2 of following:
 - bilateral
 - pressing/tightening quality (non pulsating)
 - mild to moderate intensity
 - not aggravated by physical activity (walking, climbing stairs)
- (4) Both:
 - No nausea or vomiting
 - No >1 episode of photophobia or phonophobia
- (5) Not attributable to another disorder

Physiotherapy as treatment for TTH

Due to the fact that many patients self medicate, there are few controlled trials of non-pharmacological treatment of chronic TTH (8). The following reviews two recent studies demonstrating the benefits of physiotherapy in the management of TTH.

Torelli, Jensen and Olesen (3) performed a controlled study to examine the use of conventional physiotherapy for TTH. Forty-eight patients completed the study and were randomly assigned to two groups. Group 1 received 8-weeks of standardized physiotherapy and group 2 had an 8-week observation period first and then received the same course of physiotherapy as group 1. Physiotherapy treatment included individual treatment 2X/week for 4 weeks and then physical exercise for another 4 weeks in small groups (4-6 people). Each patient received massage, basic relaxation techniques, smooth stretching, and a daily exercise program at home. Outcome measures were headache diary and pericranial tenderness. Results showed that the number of days with headache was significantly decreased after physiotherapy and the effect was maintained throughout the 12-week follow-up period for both groups. Drug consumption was significantly reduced in the follow-up period for both groups. In 14 patients out of 48 the number of headaches was reduced by $>50\%$.

The authors concluded that their randomized controlled trial demonstrated a significant reduction in the number of days with headache following physiotherapy.

H van Ettekon and C Lucas (4) examined the treatment of physiotherapy that included craniocervical training for patients with TTH compared to a more traditional physiotherapy approach. This was the first study to examine the use of craniocervical training to deal with specific deficits in muscle control. Seventy-eight patients completed the study and were randomized into either the physiotherapy intervention or the craniocervical training program. The physiotherapy treatment included conventional massage techniques, oscillation techniques, and instruction on postural correction. The craniocervical training program consisted of low-load endurance exercises in order to train/regain muscle control of the cervicospinal and craniocervical regions (see figure 2). The outcome measures used were all subjective and included the Numerical Rating Scale, Short-Form General Health Survey, and the Multidimensional Health Locus Control (MHLC) scales. Results showed that both groups reported significant reduction in headache frequency, intensity, and duration immediately after treatment. The craniocervical training group had the additional benefit of continued reduction of headache frequency, intensity and duration at follow-up 6 months later. The craniocervical treatment emphasized motor control rather than strength and was continued daily to twice a week in the post-treatment period (week 6 to 6 months). The authors stated that this training program is easy, takes little time to perform, and is effective. They concluded that physiotherapy including craniocervical training is effective in managing TTH over a prolonged period of time.

Figure 2 (a) Starting position in craniocervical extension.



(b) Final position with craniocervical flexion.



These two studies demonstrate that physiotherapy can help reduce the number of days with headache, decrease in drug consumption, and a decrease in the intensity and duration of the headache.

References

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Clinic News

Manual Concepts Physiotherapy

A big welcome to physiotherapist Stephanie Cherry who has joined the Manual Concepts team.

Congratulations physiotherapist Steven Guy on completion of the Gunn IMS program - Part I.

Physiotherapist and partner Scott Whitmore attended the Orthopaedic Manual Therapy conference in Zaragoza Spain in November 2010. He was there representing Canada as the Chair of the Education Committee for the Diploma of Manipulative Therapy Program. Scott co-presented at the conference on the Development of Online Education Courses; a Canadian perspective at an International teachers meeting.

The conference was very well received by International delegates and OMT lecturers.

South City Physiotherapy

In October 2010 South City Physiotherapy celebrated it's 20th anniversary. A huge thank you to all of you who helped make this possible—and to those who joined us for the celebrations.

South City also has a new website— and we timed the launch to coincide with our 20th. Check it out at www.southcityphysio.com

Congratulations to physiotherapist Teresa Fox who has obtained her Certificate in Advanced Manual Therapy (FCAMT). Teresa is also set to launch her new Pre/Post Natal Program.

Physiotherapist Kathleen O'Reilly is now heading up South City's industrial physiotherapy program.

Welcome back physiotherapist Veronique Girard—who has returned from maternity leave after giving birth to twins

Physiotherapist and clinic owner Francine Doré has developed a new vestibular rehabilitation program at South City. More information to follow!

South City has also continued our Osteoporosis Prevention exercise program. The program will continue to follow the Melio Guide model. Check the website for the next classes.

Clinic Hours and Services

Manual Concepts Physiotherapy

Services

- Post MVA programs
- Intramuscular Stimulation (IMS)
- Work injury rehabilitation
- Sports physiotherapy
- Acupuncture
- Massage Therapy
- Manual Therapy
- Neck & back pain

Hours:

Mon, Wed & Thur. 12:00pm – 8:00pm
Tuesday & Friday 8:00am – 4:00pm

Typical Conditions Treated

- Musculoskeletal pain syndromes including tendonitis, bursitis, fasciitis, sprains & strains
- Sports injuries
- Repetitive strain injuries including carpal tunnel syndrome, deQuervain's and tennis elbow
- Arthritis & degenerative conditions
- Postural dysfunctions

- Handicapped Access
- Ample Free Parking

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South City Physiotherapy

Services

- Post MVA programs
- Intramuscular Stimulation (IMS)
- Work injury rehabilitation
- Sports physiotherapy
- Fitness assessments & programs
- TMJ treatment programs
- BPPV treatment programs
- Acupuncture
- Massage Therapy
- Pedorthic services & Orthotics
- Manual Therapy

Hours:

Monday – Thursday 7:00am – 8:00pm
Friday 8:00am – 3:00pm

Typical Conditions Treated

- Musculoskeletal pain syndromes including tendonitis, bursitis, fasciitis, sprains & strains
- Sports injuries
- Repetitive strain injuries including carpal tunnel syndrome, deQuervain's and tennis elbow
- Neck & back pain
- Postural dysfunctions
- Arthritis & degenerative conditions
- Osteopathic treatments
- Functional Abilities Evaluations

- Handicapped Access
- Ample Free Parking

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