

Manual Concepts?



Scott and Shelley
Whitmore
Clinic Owners

We often get asked about the significance of the name of the clinic. I am sure from a patient's perspective it must seem like a strange name for a clinic. The **Manual** part of the name makes reference to a specialized form of physiotherapy called Manual Therapy. This is a type of physiotherapy with a specific focus on the management of muscle and joint pain using gentle, hands-on techniques in combination with a specifically tailored exercise program. All of our Physiotherapists have completed postgraduate training in the use of manual therapy techniques. The **Concepts** part of the name signifies the evolving world of rehabilitation. Each patient provides a new challenge, which requires an individualized assessment and treatment program based on the most recent scientific and clinical evidence available. We strive to implement these new and evolving concepts into our practice to provide our patients with the best possible care.

What about the Logo? It is an adaptation of the ying and yang symbol representing balance and health. We strive to restore balance to the musculoskeletal system through the use of Manual Therapy, "Gunn IMS" and acupuncture for the treatment of acute and chronic pain. If you have any questions about the clinic please feel free to ask us anytime.

The Labrum Tear

As an avid hockey fan, the summer months can be long. The only news that I find interesting on SportsCentre is the NHL trades, free agency and the injury reports. Both Taylor Hall (Edmonton) and Ryan Kesler (Vancouver) appear listed on the injured list, and both are in the midst of intensive rehabilitation following shoulder surgeries for labral tears.

The shoulder, or glenohumeral joint, is classified as a ball and socket joint. The "ball" refers to the head of the humerus, and the "socket" being the glenoid fossa of the scapula. The labrum is a narrow, wedge-shaped, fibrocartilaginous structure that surrounds the outside of the glenoid fossa. By deepening the "socket" for the "ball", the labrum provides stability to the shoulder, and creates a negative pressure seal. The labrum blends with the shoulder joint capsule, ligaments and the long head of biceps tendon, thus providing further stability.

Injuries to the labrum can result from a single trauma (ie, fall onto an outstretched arm, a traction force on the arm while lifting a heavy object, motor vehicle accident force while holding the steering wheel). Repetitive micro trauma can also lead to degenerative tearing or fraying (ie. overhead throwing and activities).

The most common symptom of a labral tear is sharp, intermittent catches or locking of the shoulder, especially with overhead activities. The pain is often sharp and severe, and described as located deep in the shoulder joint. Athletes will also report a reduced performance and greater weakness ("dead arm") with overhead activity (swimming, throwing). Due to the reduced stability of the humeral head, the rotator cuff and/or long head of biceps tendon have greater stress on them, usually resulting in symptoms of tendinopathy.



Written by:
Stephen Guy
Physiotherapist

Labral tears are difficult to diagnose, due to the variety of symptoms, but there are clinical tests that can be used to examine the likelihood of a labral lesion. However, an MRI with contrast dye (arthrogram) is the gold standard for diagnosing the type and severity of the tear. Small tears to the labrum can be managed well conservatively with extensive rotator cuff and scapular strengthening exercises. Medium to larger tears require extensive surgery, as the stability of the glenohumeral joint is compromised.

The prognosis is quite good, but post-surgical rehabilitation is long, ranging from 4-6 months to return to physical work and activities. So, if you are a Vancouver Canucks fan, don't expect to see Ryan Kesler back in the line-up before November.

Women's Health

Dyspareunia: Pain During Intercourse



Written by:
Jennifer McKay
Physiotherapist

Dyspareunia, or pain during intercourse, is a very common issue among women, although not many people feel comfortable talking about the subject. Studies have shown that 10-15% of women in North America suffer from dyspareunia, and the pain that is experienced may be felt superficially or deep. The most common type of dyspareunia in pre-menopausal women is vestibulodynia. When a woman seeks physiotherapy for help with dyspareunia, a physiotherapist completes an in-depth interview that will provide a picture of the woman's history including medications, diet, menstrual cycle, pain cycle, childbirth history, bowel and bladder habits, and sexual activity. At this point, the physiotherapist will do an assessment of the pelvic floor musculature and determine potential internal causes of pain. The physiotherapist will provide the patient with information regarding a home exercise program and, at the same time, will inform the patient about physiotherapy procedures that will be completed in the clinic on weekly (or bi-weekly) visits. Dyspareunia is an issue that women do not have to live with and with the help of a trained physiotherapist; there may be a significant reduction in pain.

Tip of the Month

The Human body is 55% water. On these hot summer days remember to keep hydrated. Dehydration can result in increased muscle soreness and headaches



"Looks like you're out for the season —
you've got a torn rotator cuff."