

SPRING
2019



Lisa Hansen **Physiotherapy**
You're in good hands!

welcome Spring

DON'T GET "SPRUNG" BY SHOULDER PAIN THIS SPRING...



Well they tell us it's spring but I have yet to feel the weather agrees with that, but when it does we notice improved weather means many people get out in the wonderful outdoor areas to spruce them up ready for summer and head into the garden to tidy up and plant afresh.

This often leads to what we call Boom and bust type injuries and the shoulder is often the one that suffers the most.

Shoulders both conservative and post operative rehabilitation has always been a passion of mine and I have passed on that enthusiasm to many of my team.

There is some good tips to follow but there as so many more we can help with if you do happen to have got sprung with shoulder pain we are always happy to help.



WE VALUE YOUR REFERRALS! If you recommend a friend, colleague or a family member – get them to let us know you recommended us. We would like to give away a **FREE** one hour massage to one person each month by way of thanks for your loyalty!

Don't Say OH!
SAY
PHYSIO!

Physiotherapy uses proven techniques to help restore movement and function to anyone affected by an injury, disability or health condition. It's a therapy that can help you achieve movement for life.

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What is "Rotator Cuff Related Shoulder Pain"?



Symptoms of pain and signs of weakness related to the rotator cuff when loaded, and movement related shoulder pain without significant stiffness.

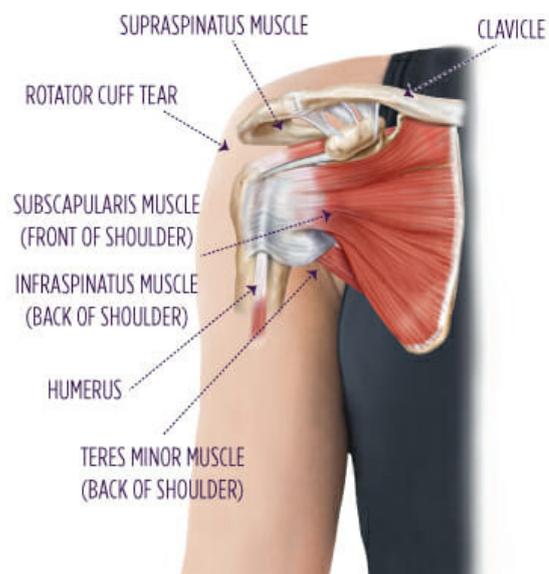
Disorders associated with the rotator cuff have many names ie: subacromial pain, impingement, bursitis.

The majority opinion is that pain should be broadly over the deltoid and upper arm region, pain is usually activity related and typically worse reaching overhead or behind the back. There is usually minimal pain at rest except when lying on the affected shoulder.

It is suggested that imaging findings in the early stages of management do not influence physiotherapy and if anything can potentially be a barrier to patient engagement.

Based on recent randomized controlled trial and systematic reviews, where clinical intervention is required, EXERCISE is recommended as the FIRST-LINE intervention of choice. Physiotherapists recommend: active exercise prescribed in relation to the clinical assessment and not the structural pathology, mild to moderate pain is accepted (<4/10) after exercise but must subside within 12 hours. The quality of the performance of exercise is crucial. Exercises should be simple, slow and unloaded to begin with. The number of exercises should be limited to a maximum of FOUR.

Reference: Physiotherapists' recommendations for examination and treatment of rotator cuff related shoulder pain: A consensus exercise. Physiotherapy Practice and Research 40 (2019) 87-94



Three ways to SLEEP if you have rotator cuff related pain:



- If you lie on the affected shoulder try to lie on the back of the shoulder more rather than the tip. Have pillow in front of you so your forearm has a place to rest on rather than 'dangling'.
- Try to lie on your unaffected shoulder – have a pillow to place your affected arm onto in front of your so it does not hang forward or back
- If you lie on your back – have a small roll under your upper arm to keep the shoulder joint in a comfortable position. DO NOT do lots of exercises just before bed!

LISA HANSEN CLINIC ACTIVITY

- LHPC has BABIES arriving soon! – good luck to Katrina and Kelly who are both due their first babies in November.
- Congratulations to Alysha on the birth of Charles
- Well done to the Hand Therapy team on attendance by all our therapists at Hand Therapy New Zealand conference in Wellington