



NEWSLETTER

SPORTS MEDICINE INSTITUTE



TENNIS ELBOW

SMI's Thomas Stretton (Physiotherapist/Exercise Physiologist) discusses Tennis Elbow (Lateral Epicondylalgia), a condition resulting from the overuse of the muscles and tendons of the forearm which attach at the elbow.

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CHRONIC WOUNDS & DIET

SMI's Annaliese Phipps (Dietitian) discusses chronic wounds that occur when the normal healing process is disrupted. Chronic wounds may appear in the form of pressure injuries, diabetic foot ulcers or venous leg ulcers.

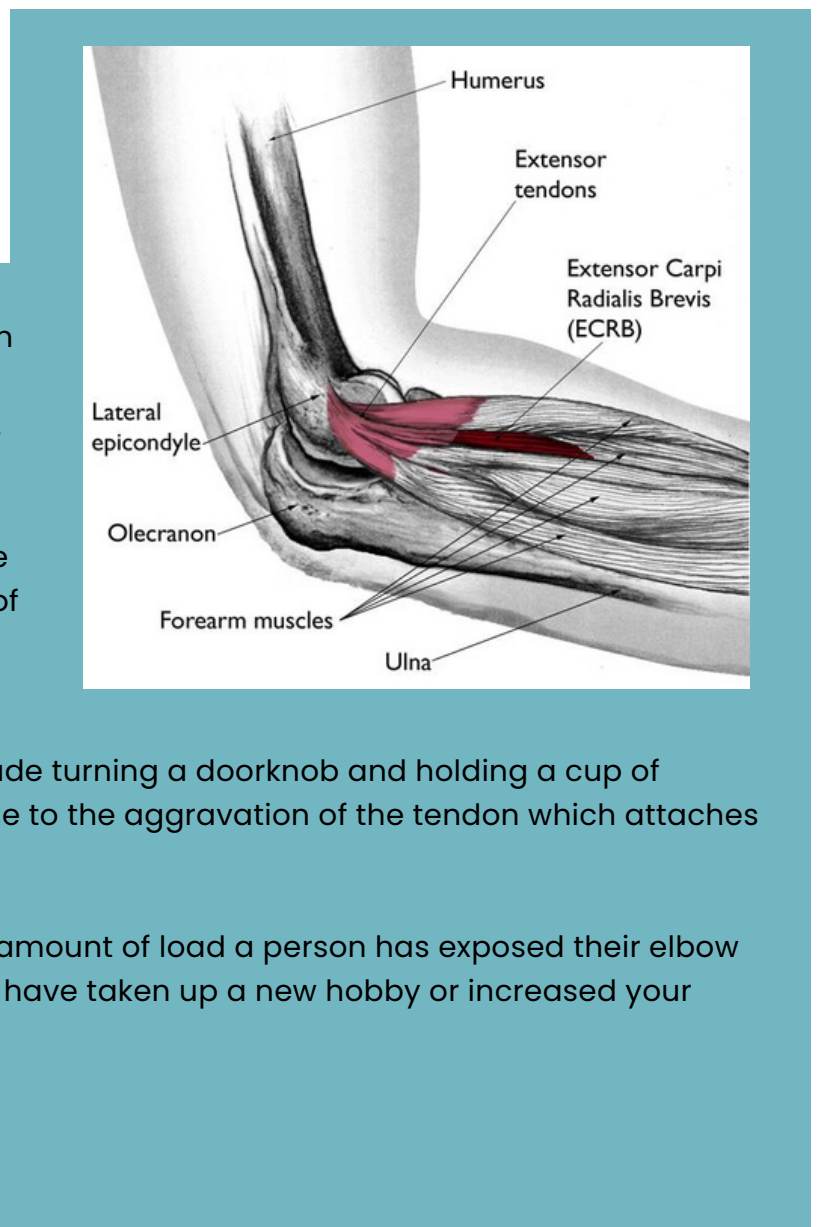
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TENNIS ELBOW

Tennis elbow, also known as lateral epicondylalgia, is a condition resulting from the overuse of the muscles and tendons of the forearm which attach at the elbow. Despite the name, most people who suffer from tennis elbow don't actually play tennis, but it is often linked with repetitive movements of the arm, particularly at the elbow and wrist.



Symptoms will generally include pain on the outside of the elbow that can travel down into the outside forearm muscles. There is generally tenderness over the bone on the outside of your elbow. You may experience pain with tasks that are repetitive and/or require higher forces of grip strength, for example, vacuuming, polishing/cleaning, hammering, etc.

Other commonly painful tasks can include turning a doorknob and holding a cup of coffee. The pain from tennis elbow is due to the aggravation of the tendon which attaches your forearm muscles into your elbow.

There is also generally a change in the amount of load a person has exposed their elbow to in the majority of cases, i.e., you may have taken up a new hobby or increased your intensity at the gym.

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Imaging is rarely needed for diagnosis of this condition and first line treatment will consist generally of physiotherapy which will help to relieve pain through the use of manual therapy (e.g., massage, trigger point release). Strength of the muscles of the elbow and the upper limb will also be targeted to condition the tendon gradually so that it can perform the tasks you need it to without aggravation. Finally, a graduated plan of load management is the key to treatment of this condition.



This means that the aggravating load must be identified, reduced in the short-term then gradually increased to the desired level. Completely resting from activity for an extended period in many cases will not resolve the symptoms completely. Often, pain will reduce in the short-term only to return upon resumption of activity. It is the reduction in load followed by the gradual increase in loading of a prescribed load management plan in which reduces the aggravation of the tendon and gradually builds up its tolerance in order to perform the desired tasks pain free.

Tom is available for appointments Monday, Wednesday, Thursday, Friday and Saturday. To book an appointment with Tom or any other of our practitioners, call reception on 9525 3444.



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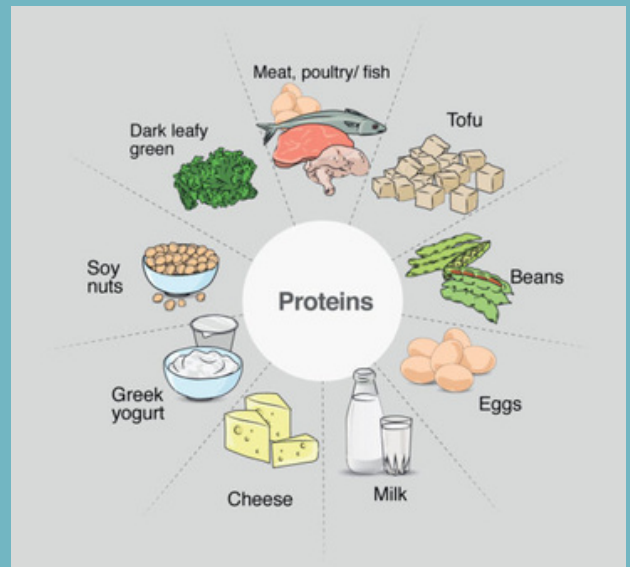


CHRONIC WOUNDS & YOUR DIET

Chronic wounds occur when the normal healing process is disrupted (1). Chronic wounds may appear in the form of pressure injuries, diabetic foot ulcers or venous leg ulcers. Pressure injuries are very common on skin areas that are often being pressed against a surface for a long period of time such as the heel, elbow, or sacrum (2).

They occur in 13% of Australians, and mainly occur in the elderly population, people with dementia, people with poorly managed diabetes, people with spinal cord injuries, people who have experienced trauma, or people who are malnourished (3-8).

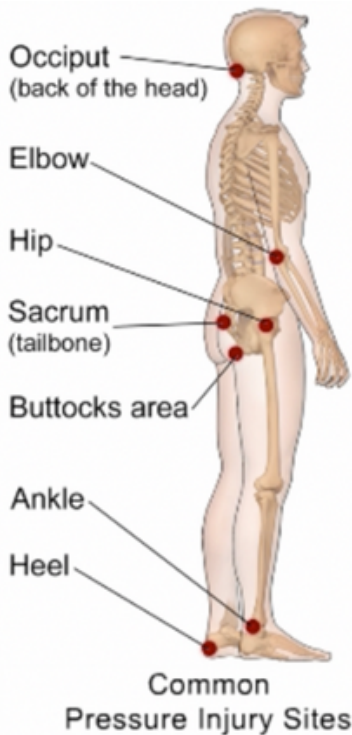
Food and nutrients play a very important role in healing wounds, particularly chronic wounds. Did you know that for the body to heal and repair chronic wounds, the energy (often known as calories or kilojoules) requirements are 50% higher and the protein requirements are 250% higher (9)! This can be difficult to manage when you have multiple dietary requirements to juggle, such as, when you have diabetes. This is where seeing a dietitian can be very helpful!



Another very important nutrient in wound healing is an essential amino acid called L-arginine. It is found in foods high in protein, such as yoghurt, lentils, tofu, meat, and nuts. This nutrient is incredibly helpful for chronic wounds that are classified as a pressure injury stage 2-5, unstageable or a deep tissue wounds (10). This nutrient significantly speeds up how long it takes for these wounds to heal and typically reduces the size of the wound by half (11-12). There are also supplements your dietitian can prescribe that have a therapeutic dose of L-arginine, such as enprocal repair, cubitan nutricia, or arginaid.

Annaliese is available in clinic on Wednesdays. To book an appointment, call reception on 9525 3444.

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CHRONIC WOUNDS & YOUR DIET

These are often necessary as it can be hard to get enough L-arginine from food. There are multiple ways to take these supplements and your dietitian will direct you on how best to take them if you have multiple conditions, such as diabetes.

There are multiple other important nutrients in wound healing such as zinc and antioxidants. Your dietitian will help you get enough of these nutrients through your food and will recommend a supplement if needed.

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