

SMI NEWSLETTER

ISSUE 8 NOVEMBER 2022

IN THIS MONTHS EDITION

ACL INJURY



ACL Injuries - about the ACL, ACL Injuries, Diagnosis, Treatment, Preventative Measures & How can SMI Help?

TIMELINE OF RECOVERY



Recovery after Hip & Knee Surgery - Stage 1, Stage 2, Stage 3 & Stage 4, How can SMI Help?

DIETETICS



Inflammatory Bowel Disease & FODMAPs - What are FODMAPs? Where are FODMAPs Found? Who Should Follow a FODMAP Diet? How does a FODMAP Diet Help? How to Start a FODMAP Diet.



ACL INJURIES



ABOUT THE ACL

The ACL is one of 4 main ligaments in the knee that connect your thigh bone (Femur) to lower leg bone (Tibia). The 4 ligaments combine to provide stabilisation to the knee.

ACL INJURIES

Most non-contact ACL injuries occur when there is abrupt deceleration, sudden direction change or pivoting when running. The speed you are running and the way you twist or turn will determine the extent of the injury.

SYMPTOMS

With an ACL tear you can experience a combination of the following:

- Feeling of a “pop” in the knee
- Swelling
- Pain deep in the knee joint
- Instability – knee is giving out or slipping
- Difficulty straightening the leg

DIAGNOSIS

The key to determining the extent and specific treatment of an ACL injury is establishing a definitive diagnosis. A Sport and Exercise Physician (who is a specialist in their field) is specifically trained to undertake a thorough history, examination, and investigation into your injury. They will take into account the mechanism of the injury, undertake specific testing of the knee joint and order appropriate imaging to determine the extent of the injury and best possible treatment pathway going forward.

ACL injuries are graded 1, 2 or 3, with grade 1 being a strain to the ligament and grade 3 being a complete tear. Grade 3 tears are often associated with damage to surrounding ligaments and cartilage in the knee joint, which adds to the complexity of the injury.



ACL INJURIES



TREATMENT

There are many treatment pathways for ACL injuries and it is highly dependent on the diagnosis. Once the definitive diagnosis of the ACL injury has been determined, the treatment pathway can range from a conservative approach such as physiotherapy, through to surgical intervention and rehabilitation.

PREVENTATIVE MEASURES

Whilst ACL injuries are at times unpreventable, strengthening, flexibility, balance and agility exercises can greatly assist in the prevention of non-impact ACL injuries.

HOW CAN SMI HELP?

Prevention

Our fully equipped gymnasium has all of the equipment to assist in strengthening, balance, and agility exercises, with professional exercise physiology staff able to guide you through an extensive, specific and outcome-based program.

Treatment

Our Sport and Exercise Doctors are specialists in the assessment, diagnosis and treatment pathway of all musculoskeletal injuries. We have a world class surgical team available should surgical intervention be required.

Rehabilitation

Our allied health staff are able to provide all your rehabilitation needs to get you back to your pre-injury condition. Our multi-disciplinary rehabilitation centre includes physiotherapy, exercise physiology, dietetics and massage, all based in our community-based rehabilitation gymnasium.

Lifestyle

At SMI we believe that returning to your lifestyle is just as important as your rehabilitation program, and our full scale gymnasium (Genisys Gymnasium) allows you to continue to exercise and return to your lifestyle in a community minded all-inclusive atmosphere.



RECOVERY AFTER HIP & KNEE SURGERY



COMMON TYPES OF KNEE & HIP SURGERY

- Complete Hip/Knee Replacement
- Knee Meniscus Surgery
- High Tibial Osteotomy
- ACL Reconstruction
- Patellar/Quadriceps Tendon Repair
- Joint Resurfacing
- Fracture Repair

STAGE ONE - 1-2 WEEKS POST SURGERY

Physiotherapy during this stage focuses on wound healing, pain reduction, reducing swelling and weaning off crutches. Active range of hip/knee flexion and extension is a major focus, and this is facilitated by manual therapy and a home exercise program working in with recommendations from the treating specialist depending on the type of surgery. Non-weight bearing exercises can be progressed to weight-bearing exercises to promote strengthening in manner that promotes early function.

STAGE TWO - 2-6 WEEKS POST SURGERY

Physiotherapy continues to promote full range of motion of all knee/hip movements. The goal at this stage of rehabilitation is to normalise gait and increase load tolerance. Motor Control exercises can be started if pain is controlled. Gym-based exercise equipment is incorporated to progressively develop muscular strength and proprioception.

STAGE THREE - 6-12 WEEKS POST SURGERY

By this stage, full range of motion should be achieved unless restricted by the surgeon. The aim is to restore strength to 90% of the opposite side and targeting single leg strengthening is the ideal way of achieving this. Single leg strength is important as it often dictates the level of performance when returning to sport or other physically demanding tasks. If possible, exercises targeting muscle power will be introduced as this is often slow to recover following surgery. This stage often requires an extensive gym program.



RECOVERY AFTER HIP & KNEE SURGERY



STAGE FOUR - 3 MONTH PLUS POST SURGERY

Once muscle strength is restored, the aim would be to normalise power at slower and then higher velocities. Sport specific or functional tasks should be resumed in a progressive manner according to the tolerance of the athlete or patient. Patients should be screened for any potential risks of further injury during sport specific tasks. While the surgery may have only been at only the knee or hip; deconditioning can occur over the entire body during this process and should be reversed at this stage of the rehabilitation in preparation for returning to sport.

HOW CAN SMI HELP?

Sports Medicine Institute is proud to be one of the leading physiotherapy services in Miranda and the Sutherland Shire, with a focus on sports and musculoskeletal physiotherapy, post-operative management and workplace injuries.

Our physiotherapists are able to make use of the facilities at our very own Genisys Gymnasium. Our fully equipped gym offers comprehensive state-of-the-art equipment to assist with the rehabilitation of Sports Medicine Institute patients.





INFLAMMATORY BOWEL DISEASE & FODMAPS



WELCOME TO THE TEAM ANNALIESE PHIPPS

Anna is an Accredited Practising Dietitian (APD) and looking forward to joining the team at Sports Medicine Institute this December. Anna has worked in healthcare for 6 years and is passionate about relieving uncomfortable digestion symptoms, sustainable lifestyle changes and empowering clients to be their most confident self. Anna is FODMAP certified and equipped to rebuild your gut health, manage your digestive symptoms, and pinpoint your food triggers. With a background as a professional athlete and shift worker, she understands how busy life can be and hopes to offer easy and effective solutions that fit your lifestyle.

INFLAMMATORY BOWEL DISEASE & FODMAPs

One in seven adults suffer from inflammatory bowel disease. Inflammatory bowel disease is a chronic condition characterised by recurring symptoms of lower abdominal pain and discomfort, bloating, wind, distension and/or altered bowel habits (ranging from diarrhoea to constipation), but with no abnormal pathology.

A low FODMAP diet is now recommended as the first treatment choice for people diagnosed with IBD. Monash University and research groups from across the world have shown that IBD symptoms improve in 3 out of 4 people who follow a low FODMAP diet.¹





FODMAPs are found naturally in many foods and food additives. They are a group of sugars that are not completely digested or absorbed in our intestines. When FODMAPs reach the small intestine, they move slowly, attracting water. When they pass into the large intestine, FODMAPs are rapidly fermented by gut bacteria, producing gas as a result. The extra gas and water cause the intestinal wall to stretch and expand.

FODMAP is an acronym for:

Oligosaccharides (Gructans, galactans)

Monosaccharides (fructose) and

WHERE ARE FODMAPs FOUND?

High FODMAP foods are not “bad”, many foods high in FODMAPs are healthy foods. The diet is about understanding what foods trigger symptoms and how much of each FODMAP you can consume comfortably.



INFLAMMATORY BOWEL DISEASE & FODMAPS



WHO SHOULD FOLLOW A LOW FODMAP DIET?

A low FODMAP diet is intended for people medically diagnosed with IBD. This diet should only be followed if a doctor has diagnosed your gastrointestinal symptoms as inflammatory bowel disease. There are many conditions with symptoms that are similar to IBD, such as coeliac disease, endometriosis and bowel cancer. Because of this, a medical doctor must assess your symptoms, run any tests needed to rule out other conditions and give you a clear diagnosis of IBS before you start this diet.

The low FODMAP diet is not only limited to IBD. It has also been shown to improve symptoms in more than 50% of patients with inflammatory bowel disease who are experiencing ongoing gut symptoms despite having inactive disease. In patients without a colon, the issue of frequent loose stool production was also reduced significantly.²

The low FODMAP diet is not a “No FODMAP diet” and it should not be followed for a lifetime without re-testing.

HOW DOES A LOW FODMAP DIET HELP?

Improvements are usually seen within 2-6 weeks of following a low FODMAP diet. The diet has been shown to:

- Reduce pain and discomfort,
- Reduce bloating and distension,
- Improve bowel habits (reduce diarrhea or constipation),
- Improve quality of life.

Of course, the diet does not cure IBD symptoms, it just helps people to live more comfortably with their condition. Notably, the diet does not improve symptoms in all people with IBD; 1 out of 4 people with IBD found their symptoms did not improve on the diet. For these people, other diet therapies may be needed in addition to, or replacement of a low FODMAP diet. Other IBD therapies to consider include stress reduction, gut directed hypnotherapy, over-the-counter medications such as laxatives, fibre supplementation, or prescription medications. These therapies should be trialled under the care of a health professional.¹



HOW TO START THE LOW FODMAP DIET

The low FODMAP diet requires the expert guidance of an Accredited Practising Dietitian trained in the area.

Our trained dietitian Annaliese will guide you over 6–8 weeks on how to start the elimination section of the diet and how to gradually reintroduce FODMAPS back into your diet.

The aim is to pinpoint the exact types of FODMAPs that trigger symptoms and how much of each food can be comfortably consumed in a day.

References

¹ <https://www.monashfodmap.com/about-fodmap-and-ibs/>

² <https://aboutibs.org/treatment/ibs-diet/low-fodmap-diet/>

WHEN IS ANNALIESE AVAILABLE?

Annaliese will be available for appointments from this December

