

NATIONAL PHYSIOTHERAPY MONTH

Physiotherapists Keep Manitobans Moving

The Manitoba Physiotherapy Association (MPA) welcomes you to this Special Feature during National Physiotherapy Month in Canada. Inside, you will find several articles regarding the tremendous benefits physiotherapy provides for health, mobility and independence.

Physiotherapists have an advanced understanding of how the body moves, what keeps it from moving well and how to restore mobility. They are skilled in the assessment and management of a broad range of conditions that affect the musculoskeletal, circulatory, respiratory and nervous systems. Physiotherapists treat and help prevent many physical problems caused by illness, disability and disease, sport and work-related

injuries, aging and periods of inactivity. Physiotherapists are also skilled in the treatment and management of pain – and there is no risk of medication-induced side effects or addictive aspects to such treatment.

Although physiotherapists work collaboratively and are often part of a health services team, they are primary health-care professionals like doctors, dentists and nurse practitioners, which means you do not need a referral to access their services. Physiotherapists provide services at private clinics throughout Manitoba, as well as through the province’s regional health authorities.

The fact is physiotherapists provide some of the most thorough and cost-effective

treatment you will find anywhere in the medical community. They are also some of the most caring and dedicated health professionals you will meet, and they want nothing more than to improve your quality of life.

You can find great physiotherapists near your home or workplace. Ask your friends and family where they have had a good experience or visit the MPA website’s Find a Physiotherapist search feature for assistance in selecting a physiotherapy clinic that provides treatment for your situation.

In the meantime, read on to discover some of the ways physiotherapists help keep Manitobans moving.

WHAT DOES THIS MEAN FOR ME?

Physiotherapists should be the first choice for soft tissue injuries, as the primary care provider with advanced assessment skills to ensure timely, effective management of injuries before they become chronic.

Did you know?

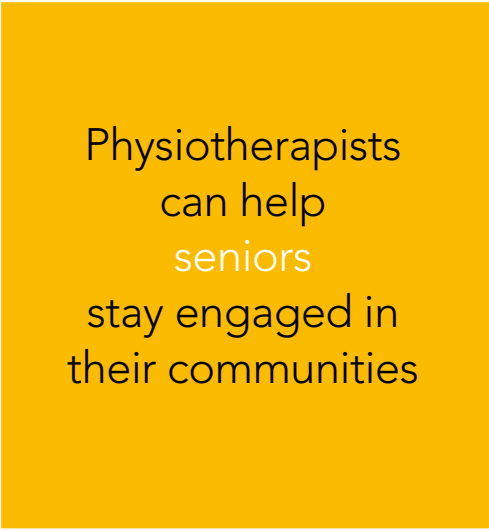
Physiotherapists can help you get back to work



You don’t need a referral for physiotherapy



Physiotherapists can help athletes safely return to their game

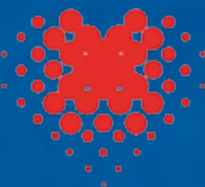


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YOUR PHYSIOTHERAPIST HAS THE ABILITY TO USE A BROAD RANGE OF TREATMENT TECHNIQUES TO HELP YOU GET BETTER.



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To find a physiotherapist in your area, visit [www.mbphysio.org](http://www.mbphysio.org)





# A Pain in the... Jaw...

Have you even woken up with tension in your face? Do you have more than one headache a week? Do you ever hear a “click” or “pop” in your jaw? The jaw is an area of the body that is often not discussed, thought about, or even considered as a cause for pain in the head, neck, or face. Jaw pain, also referred to as TMJ (temporomandibular joint) syndrome or TMD (temporomandibular dysfunction) is a very common problem. People are often given conflicting information surrounding the source of their jaw pain. The etiology is complex and remains controversial. Trauma, like whiplash or a direct blow to the jaw bone, the mandible, is a risk factor for the development of jaw pain, but the majority of patients have no history of trauma. Symptoms in this area can resolve on their own, however persistent symptoms may require further treatment, like physiotherapy.

The human jaw is a powerful hinge joint, created to give us the strength needed to forcefully close the mouth, grind our food, and open wide when needed. The jaw is made up of the mandible, the temporal bone, the joint between them, and a kidney bean shaped disc. There are also many small but powerful muscles that can be felt on the outer part of your temple, outer jaw, and some deeper inside your mouth.

## WHO COULD BENEFIT FROM AN EVALUATION OF THEIR JAW?

Not every patient that enters a physiotherapy clinic will know that they may require some treatment to their jaw. The jaw should be evaluated in individuals that have regular headaches, clicking or pain in the jaw, ear pain or ringing, upper neck pain and stiffness, or if they have had a recent injury to the neck or head region. Some patients will present with chronic headaches or neck pain that they would never guess has any relation to their jaw. In other cases, people know that their jaw is the problem and may have a history of clicking, popping, restricted mouth opening, difficulty eating stemming from their jaw, and interference with laughing, yawning, or talking. Symptoms can range from mild discomfort to severe pain, and some people even experiencing locking.

One of the most common causes of jaw pain is habitual clenching or grinding your teeth, also known as bruxism. This usually happens during sleep but can also happen during the day when stress increases or during heavy lifting like at the gym. In addition to the wear and tear on your teeth, this can result in increased muscle tension. An example of this is when people clench most nights, they often report waking up in the morning with a temporal headache or facial pain. Other causes of jaw pain may include osteoarthritis or fibrosis of the jaw, lock jaw, a jaw that clicks or clunks with each full opening or may have more mobility than expected. Lastly, a history of trauma may contribute. For example, a history of a broken jaw, a dislocation involving the jaw or trauma as a result of dental surgery.

## WHAT SHOULD YOU EXPECT FROM YOUR PHYSIOTHERAPIST DURING A JAW ASSESSMENT?

Your therapist will examine your jaw mobility, looking for any deviations and also at your bite. They will need to put their gloved hand in your mouth to assess the motion at the jaw joint. They will listen and feel for clicks/pops/grating sounds through the movements of mouth opening and closing. Along with a jaw assessment, the physiotherapist will also perform an assessment of your neck.

The treatment techniques to help your jaw dysfunction may include intra-oral muscular release techniques, joint mobilization techniques or use of acupuncture. If your physiotherapist is trained in advanced dry needling, they may recommend needling in some of the muscles of your jaw, your temples and your neck.

After even a few sessions with your physiotherapist, you should notice that you feel empowered and assured on the source of your jaw pain. You should have a good understanding of what structures are contributing to your pain and how self-management is the gold standard for almost all sources of jaw pain. The physiotherapist will prescribe specific strengthening exercises, self-massage techniques and lengthening exercises tailored to your specific diagnosis. Often these exercises will include exercises that target both the neck and the jaw.

The good news is that in many cases, the pain and discomfort associated with jaw dysfunction is temporary and can often be easily managed with the right treatment plan. Physiotherapists have extensive knowledge regarding the anatomy and function of the jaw and neck, and are experts at treating jaw dysfunction. If you are having pain in your... jaw, call your physiotherapist today!

Gina Imbrogno is a Physiotherapist trained in TMJ Rehabilitation and practices at Prairie Trail Physiotherapy. You can find Gina and many other great physiotherapists in the “Find a Physiotherapist” section of our website at [www.mbphysio.org](http://www.mbphysio.org).

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# Footwear:

Some helpful tips on what you need to know

When it comes to footwear, we often have a lot of questions regarding what kind of shoe is right for me? What am I looking for in a shoe?

In general, when it comes to shoes “The least amount of shoe feasible” (Simon Bartold) to achieve your personal goals while maintaining comfort is usually the right shoe for you. Often when we go into the shoe store there are so many things to take into consideration that it can feel overwhelming and complicated. In general, it is good to think about a few different questions. What activities you will be using the shoe for? What type of terrain/surface will you be using the shoes on? What has been your go to shoe in the past and why do you like it?

These are all great questions to start thinking about when going to look for your newest footwear purchase.

Whenever you go to a shoe store, the shoes will most likely fit into these four common categories: Cushioned, Stability, Motion Control and Natural foot-wear. Each of these categories have differences in the stack height, heel drop, heel counter, last shape and toe box width:

Stack Height refers to the amount of cushioning from the ground to lining of the shoe.

Heel drop is the difference in height when you look at the heel of the shoe to the toes.

Heel counter is the stiffness you feel when grabbing the very back of the shoe, the area where the heel sits.

Last shape refers to the curve you see when looking at the bottom of the shoe if you drew a line from the heel to the toe.

Toe box width is how wide the end of your shoes are where we want our feet to be able to spread out.

Cushioned shoes are typically given to people with a stiff foot, a foot that looks rigid and doesn't generally flatten out when you take a step. If you look at the bottom of a cushioned shoe, you will usually see a slight curvature from the heel to the toe. When holding this shoe, you should be able to twist the middle and feel that there is some flexibility to it. Stability or Neutral shoes tend to have a straight line from the bottom of the heel to the top of the toe. They will be moderately flexible if you try to twist or bend the shoe in half and if you press the back of the heel, it would bend down. The stiffest of all shoes is the motion control, typically this shoe is only used in certain situations when a person lacks significant control of their foot or needs to offload tissue. In general, before considering moving to a motion control shoe it would be best of consult with your physiotherapist. This type of shoe is very rigid and provides almost no flexibility for the foot to move through the walking or running cycle.

Most people go into a shoe store commonly self-describing their feet as flat, but it is important to speak with your physiotherapist to determine whether this is the case. There is nothing wrong with having a “flat” looking foot, but does your foot have control? To help determine if you have a rigid foot, a structural issue such as bunions or even a flat foot, your physiotherapist will perform a proper gait assessment and biomechanical exam to help guide you in the right direction when looking for your next pair of shoes.

A great test to try the next time you go look for shoes is to do the liner test! If you can, take out the insole liner of the shoe and stand on it. Spread all the toes out nice and wide. If all your toes fit easily on the liner, then that is a great indication the shoe is wide enough for you and won't leave you with feet that feel compressed or tight.

There are so many different things to look for when choosing the correct shoe. Consulting your local physiotherapist to guide you in the right direction is always a good approach to help navigate all your footwear questions.

Emily Sobering B.Kin, M.PT is a Physiotherapist at Sage Creek Physiotherapy. You can find Emily and many other great physiotherapists in the “Find a Physiotherapist” section of our website at [www.mbphysio.org](http://www.mbphysio.org).



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# Osteoporosis are you at risk?

YOU ONLY HAVE ONE LIFETIME TO  
PREVENT FRAGILITY—GET ACTIVE!



Osteoporosis is a condition characterized by low bone mass and deterioration of bone tissue which can lead to an increased risk of fracture. In Manitoba, 1 in 3 women and 1 in 5 men will suffer an osteoporotic fracture in their lifetime.

The following are warning signs that your bones may be weakening and at increased risk of fracture:

1. HAVE YOU LOST HEIGHT?

One of the first signs of osteoporosis due to vertebral compression fraction can be height loss of ¾ inch (2 cm) in one year or 2 ½ inches (6 cm) since your mid-twenties. While occasionally painless, it is more common that the patient experiences severe back pain, deformity of the spine (increased kyphotic curve or scoliosis) and height loss.

Your physician will refer you for spinal X-Ray and a Bone Density Test to assess for spinal fracture and osteoporosis.

2. HAVE YOU SUFFERED A FRAGILITY FRACTURE?

A fragility fracture in adults is a broken bone caused by a fall from sitting or standing height, a slight bump or a hug. The common wrist fracture that occurred slipping on ice this winter is a prime example of a fragility fracture and may be a sign that you should be tested for osteoporosis.

Discuss this with your physician.

3. IS YOUR DIET NUTRITIOUS?

Osteoporosis can worsen by a diet low in calcium, protein and vegetables. Also, digestive conditions, such as Crohn's, Celiac Disease or Irritable Bowel Syndrome, may disallow proper nutrient absorption.

Dietary calcium is easier for the body to absorb than supplemented calcium. A diet low in calcium will cause the body to "borrow" calcium from your bone bank (your bones and teeth) to maintain a constant level of calcium in your blood. Calcium not only strengthens your bones, but it is required for every heartbeat, every muscle contraction, and each nerve impulse in your body. If this deficit continues, you may develop osteoporosis.

Vitamin D assists in calcium absorption. Few foods contain adequate amounts of vitamin D. From October through March, Manitobans are deprived of enough vitamin D sourced through sun exposure. Therefore, all Manitobans are encouraged to take a vitamin D supplement suitable for their age and condition.

Dietary protein is also a key nutrient for bone health and bone remodeling throughout your life. To ensure your body receives adequate amounts, include plant or animal protein in each meal.

Registered dietitians are a great resource for a dietary assessment.

4. ARE YOU ACTIVE AND STRONG?

Being an active child and young adult can build great peak bone mass. But to retain sufficient bone mass, we must remain active. When you are active, your muscles pull on your bones to move them. This pulling action strengthens the bone. The greater the force on the bone, the stronger the bone becomes. Bearing your body weight, moving against gravity, surprising your bones with different activities are all excellent ways to maintain bone strength.

Walking or running is not enough! Walking poles added to your walking program use more muscles and strengthen more of your skeleton than just walking. Resistance training for upper and lower limbs, mat exercises for trunk strengthening, gardening and dancing are all examples of exercise that can maintain bone strength.

Many people sit too much at work and in their leisure activities, weakening the entire body (muscles and bones). A good full body exercise program must be adopted and maintained to offset this lack of movement throughout your day. Choosing activities that are varied and ones that you enjoy will help you maintain your program.

A physiotherapist can assess you, your lifestyle and your interests to develop an exercise program appropriate, effective and safe for you.

If you have been diagnosed with osteoporosis, or have one or more of the above signs, choose a physiotherapist that has a special interest and education in treating and training osteoporotic clients.

Your program should include cardio/weight-bearing, balance, posture, full body strength and flexibility components. Developing good body mechanics will protect your spine, and your physiotherapist will teach you these techniques.

If you do not have a physiotherapist, find one that you can work with. They are a wealth of information.

You only have one lifetime to prevent fragility—get active!

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Emily Hunter is a physiotherapist at Hunter Physiotherapy and volunteer with Osteoporosis Canada. You can find Emily and many other great physiotherapists in the “Find a Physiotherapist” section of our website at [www.mbphysio.org](http://www.mbphysio.org).





# Physiotherapy for Young Athletes

## Spring is here and that means kids are ready and excited to get outside and get moving!

After months of lock downs, sports and activities have been or are finding new and creative ways to safely resume. Although this is great news for the health and fitness of our youth, the joy of trading winter boots for flip flops or soccer cleats can quickly be dampened by soreness or injuries. As a gymnastics coach and physiotherapist who works solely with gymnasts, I am aware that injuries and problems can arise with active and athletic kids. As physiotherapists, we have the tools to get them back to their athletics as quickly as possible.

### LET US HELP BEFORE INJURIES ARISE!

For example, if baseball season is right around the corner and your child has lots of pitches and swings in their future, a physiotherapist can help ensure their body is ready for this. We are experts in movement and strength/flexibility assessments and can identify potential areas of weakness or trouble before they develop into an injury. We can design a custom exercise plan to help prepare your child for the demands associated with their sport or activity.

### INJURIES DO HAPPEN, EVEN WITH KIDS.

Many injuries in kids are of the acute nature, but they can develop chronic injuries as well. An acute injury is one that has a sudden onset and often occurs because of one specific event. Think of a rolled ankle or a fall off a bike. These events can lead to various types of injuries (ligament sprains, contusions, fractures, etc). Luckily kids are quite resilient and have much more favorable recovery times than would be the case with their parents or grandparents. Physiotherapists like to assess these acute injuries to ensure smooth recovery and to make sure they don't become problematic or a source of a chronic injury at a later date.

Chronic injuries are often due to overuse of a part of the body over time. They are more common in children than you would think, especially during periods of growth. They are often just different than the type of chronic injury you would see in adults. Growth plates are thin cartilage discs at the end of long bones in children and adolescents. Bone growth and lengthening occurs at these growth plates. Once physical maturity has been reached these growth plates fuse to form solid bone. However, during our growing years these growth plates can be a common site of pain or injury themselves. The other frequent issue with growth is that bones typically grow first which can cause pulling and tightening of nearby muscles and tendons that don't tend to lengthen as quickly. The repetitive movements often seen during sports can lead to pain and swelling in the areas where these muscles and tendons attach to the growth plates on bones. We most often see this in the heel and knee but it can also occur in the shoulder and elbow especially in throwing sports.

## WHATEVER THE INJURY MIGHT BE, WE HAVE TOOLS TO HELP ENHANCE THE RECOVERY AND RETURN TO PLAY.

Rest is often advised to allow these areas to settle and heal but rest for an injury does not have to mean stopping all aspects of sport or exercise. After a thorough assessment a physiotherapist can provide guidance on the appropriate amount of rest and what exercises or amount of activity can be performed safely while the injured area is still recovering. Keeping other areas moving and strong is the best way to ensure the child can get back to sport or activity as quickly and safely as possible.

### ATHLETE, PHYSIO & COACH

When it is time and your child is ready to return to their sport after an injury, with the parents' permission, physiotherapists are happy to provide advice and guidance to the athlete's coach. Clear communication between the athlete, physiotherapist and coach can be the perfect recipe for a smooth and successful return to play.

Enjoy the fun and activity that warmer weather can bring and remember that physiotherapists are here to help kids keep moving!

Brooke Merrifield is a physiotherapist and Athlete Development Director at Springers Gymnastics and solely treats the competitive gymnasts at the club. You can find Brooke and many other great physiotherapists in the "Find a Physiotherapist" section of our website at [www.mbphysio.org](http://www.mbphysio.org).



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# Returning to Work

## How Physiotherapists Can Help!

Returning to work after an illness, surgical procedure, motor vehicle accident, workplace injury or a slip and fall at home can be challenging and sometimes scary for many people. Getting back to work has lots of benefits and often there is a misconception that a worker needs to be pain free to return to work. It's common to feel anxious to go back to work and it could even be harder if the injury occurred on the job. Physiotherapists are experts in rehabilitation, exercise, and return to work programming, and are here to make the process easier for you and your employer.

Returning to work in a timely manner after an incident helps reduce the chance of your condition becoming chronic, reduces lost work time, improves mental health, decreases lost income, and prevents re-injury. Studies have shown that attending work enhances the workers sense of purpose, identity, independence and self-worth by being able to participate in society where being employed is the norm. The sooner someone can return to work the sooner they can also return to the activities they enjoy such as hobbies, social groups, sports and recreational activities.

Physiotherapists are trained health-care professionals that are able to diagnosis and treat an illness or injury following an evidence-based approach. With completion of a thorough history with you and your unique job demands, a customized plan will be created with a timeline and realistic goals and expectations about your return to work. To aid you in a timely recovery the physiotherapist will provide hands-on treatment, education,

pain management techniques, and safe exercises to simulate your work demands. Physiotherapists are here to support you each step of the way, and to make the transition back to work as seamless as possible.

A return-to-work plan can involve safe and suitable work as part of your recovery process. Temporary modification to your duties can be discussed with you, your employer, and the physiotherapist to allow you a trial of return to work while you are still recovering. Modified duties can include reducing heavy loads, limit overhead reaching, avoiding repetition in tasks, and reducing the pace with adding micro-breaks for stretching. A gradual return to work plan could involve modifying your hours or number of days per week that you attend work.

Changing your work environment can also be a suggestion a physiotherapist can make to your employer. This could involve an ergonomic assessment of your desk set-up, modifications to the weight of your work belt, anti-fatigue mats for standing positions, and any specialized equipment that can aid you in your job while respecting your recovery time. If you have been off work for an extended period, a work hardening program could be recommended with attending the clinic a few times per week to address issues of strength, endurance, flexibility, postural tolerance and cardiovascular fitness.

Recovery is not straight forward, and you may feel ready to return to some duties but remain hesitant with others. A coordinated plan between your physiotherapist, employer and you usually result in a safe, and successful return that you can feel confident in!

Melissa Smith – MPT, B.Kin is a physiotherapist at Pine Ridge Physical Therapy. You can find Melissa and many other great physiotherapists in the “Find a Physiotherapist” section of our website at [www.mbphysio.org](http://www.mbphysio.org).

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# Turning on Light Switches

## a Look at Shoulder Pain and Immobility

According to Sport Manitoba Clinic Director and physiotherapist Rickie Walkden, there is a lot of misinformation on shoulder pain and rehabilitation on the internet. Requiring painful rehabilitation for successful shoulder rehabilitation is one of them. Walkden has seen her fair share of shoulder injuries over the years. As a physiotherapist at a sport focused clinic, she treats various injuries, including shoulder pain and immobility. Education, she explains, is a key part of rehabilitation, including assessment and treatment.

Walkden is surprised how many people assume they must live with pain. Many patients wait six months to a year before seeking help, Walkden said. To address shoulder pain and immobility, she recommends seeking assessment sooner rather than later. Shoulder pain does not usually get better on its own. Patients who have pain caused by trauma, such as through a slip or fall, should contact a doctor right away. It may be that an orthopedic surgeon has to reattach a torn tendon, a torn labrum, or manage a fracture or dislocation. Left untreated, surgery later may have a less successful outcome. Physiotherapy treatment should then follow.

### CLINICAL ASSESSMENT

Assessment by a physiotherapist is often a key part of making a diagnosis. Walkden explains that the shoulder is a complicated ball and socket joint. Unlike the hip, which is built for stability, the shoulder sacrifices boney stability for mobility. Stability in the shoulder comes from soft tissues, which can be at risk of being torn, inflamed or injured.

Often patients Walkden treats come with shoulder injuries involving what is called “impingement”. Impingement is a process that happens when there is dysfunction or imbalance in the soft tissues that give our shoulders stabil-

ity - this may mean tendinitis, bursitis, a cuff tear, posterior capsule tightness, and also a muscle imbalance in the postural muscles in the neck and upper back. Impingement is essentially caused by inflammation which results in pain. Pain, Walkden explains, “turns off the light switches in the rotator cuff”. In other words, the pain prevents the cuff from firing properly and communicating with other muscles of the shoulder. This results in improper movement of the shoulder and can cause ongoing impingement of the rotator cuff tendons and bursa causing more pain and inflammation. It becomes a vicious cycle that your physiotherapist can help break, Walkden said.

### TREATMENT

People may find that when they rest the pain goes away, but when activity is resumed, it comes back. When treating a patient, Walkden usually advises patients to take, “a hard stop on all activities outside of daily living”. With education, a strengthening regime, and weekly treatment visits, patients can often achieve non-surgical management of pain and restored mobility.

Along with education and treatment, patience is needed. The human body has tremendous capacity to heal, but it often takes place gradually with regular treatments and exercises. In most cases, Walkden said, impingement can take six to eight weeks of rehabilitation with proper management, as physiotherapists need to help manage the underlying cause of the impingement.

There is a lot more that could be said about shoulder pain and immobility, Walkden explained. Shoulder rehabilitation, managed with the intervention and support of a physiotherapist often results in successful outcomes of significant pain reduction and restored mobility. You don’t have to live with pain and immobility.

Rickie Walkden is Clinic Director/Physiotherapist at Sport Manitoba Clinic. You can find Rickie and many other great physiotherapists in the “Find a Physio-therapist” section of our website at [www.mbphysio.org](http://www.mbphysio.org).

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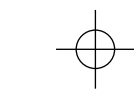
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COMMON QUESTIONS A PATIENT MAY BE ASKED INCLUDE DETERMINING THE WHAT, WHERE, WHEN, AND WHY. ALL OF THESE QUESTIONS HELP A PHYSIOTHERAPIST BETTER UNDERSTAND THE NATURE OF A PATIENT'S PAIN.

# Why is it so hard to explain my pain, and who can help me?

Pain is something many of us are all too familiar with. For some, it comes after suffering an injury during a sporting event or being involved in a motor vehicle accident. For others, it's as simple as closing a door on our finger. Sometimes it just seems to appear for no good reason. Very often we know someone who has suffered an identical injury, but for some reason their experience of pain is vastly different than our own. How is it possible there can be such a difference in one person's experience of pain compared to another with the same injury?

Pain currently is defined as "an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage" (as defined by the International Association for the Study of Pain or IASP). This just means that pain is influenced by many factors. Some are more biological in nature, such as pain that arises from inflammation after an acute ankle sprain. Other factors may be psychological, such as our beliefs on the cause of our pain or the emotions we experienced during or as a result of an injury. Social factors are also important, such as the effect on one's abilities to work. Patient's past experiences will have a significant impact on how one perceives pain and can explain why 100 people with the same injury will provide 100 slightly different descriptions of their pain.

Deciphering the language of a patient's pain can be difficult, however, physiotherapists are well equipped to translate. Physiotherapists are much like a detective who must solve an unexplained mystery. Perhaps you could call us "detectives of pain". Like a detective talking to a key witness about what they know to help solve the crime, we must interview our patient to help solve their pain. Our ability to ask the right questions and listen to our patient's story is one of a physiotherapist's greatest tools to help solve this mystery.

During the first physiotherapy session, patients may feel they are on "the hot seat". They will be asked a great number of questions to help better find the right "clues" and solve the mystery of their pain. Common questions a patient may be asked include determining the what, where, when, and why. All of these questions help a physiotherapist better understand the nature of a patient's pain.

Some questions may even seem somewhat out of place, but to your

physiotherapist they are important. For example, someone who was involved in a motor vehicle accident may be asked about their feelings regarding the experience during or after the accident. Some may state they were quite fearful of being severely injured as the impact of the car accident was quite significant, while others may suggest it was mild as they have been involved in worse accidents before. Some may have been required to attend a hospital for imaging to rule out significant injuries. This can be comforting for some, while for others, the requirement of imaging at a hospital could be overwhelming and add to the experience of pain.

Other questions may pertain to how you feel about returning to work after suffering an injury while on the job. Many may be relieved to return to work as they can begin to provide for their family again, while others may feel worried that a return to work could result in reaggravation of their pain.

These are only a few examples of questions you may be asked during your first session with a physiotherapist, but they can all be crucial in determining the root cause of one's pain and moving people towards recovery. These questions not only help physiotherapists determine what may be contributing to a patient's pain but will also help a physiotherapist individualize a patient's rehabilitation program.

Understanding a patient's thoughts and beliefs not only towards the cause of their pain, but also how to fix it can be a powerful tool in our quest to help resolve pain. Physiotherapists can provide a number of various treatment approaches to help manage a patient's injuries and resulting pain experience. These include manual techniques, exercise therapy, electrophysical agents, ultrasound, and acupuncture to name a few. Patients who have experienced a positive outcome with one form of treatment, or who perhaps believe a certain form a treatment may be beneficial based on a trusted friend's advice, can greatly improve the likelihood of a positive impact on their pain/symptoms compared to a treatment they may be hesitant to try.

So, when you attend a physiotherapist for an initial assessment to help with your pain/injuries, be ready for some questions. Hearing your story can be the greatest key to helping a physiotherapist solving the mystery of your pain, which is why we spend the time listening.



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