

NATIONAL PHYSIOTHERAPY MONTH

PHYSIOTHERAPY:

Essential to your health, mobility and independence!

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

Physiotherapy can help:

- Address physical challenges associated with pain, arthritis, repetitive strain injury etc.
- Assist in the management of incontinence
- Attend to sports injuries and provide advice on prevention and recurrence
- Help manage the physical complications of cancer and its treatment
- Manage and treat neck and back pain and other joint injuries
- Maximize mobility for clients with neurological disorders such as stroke, spinal cord injury or Parkinson's disease
- Oversee rehabilitation in the home after injury or illness
- Pre- and post-natal care and other women's health conditions
- Provide care for children with Paediatric conditions such as a developmental delay, fractures, cardiorespiratory and orthopaedic conditions
- Recover after surgery
- Treat and manage respiratory and cardiac conditions

PHYSIOTHERAPISTS CARE ABOUT YOUR GOALS!

Physiotherapists assess for impairments and analyze the effect of illness, disability, injury and inactivity and develop specific treatment plans based on their assessment and the individual client's goals.

Your physiotherapy treatment plan will be as unique and individual as you are, and your active participation will be essential for success. Your physiotherapist will develop your treatment plan in close consultation with you and adjust it as necessary in keeping with your goals and personal circumstances.

Depending on your needs, your physiotherapist may draw upon various practice skills:

- Corrective techniques to improve heart and lung function and cardiac conditioning
- Electrical modalities and acupuncture
- Manual therapy interventions to reduce pain and stiffness
- Posture and gait retraining and individualized conditioning regimes
- Techniques to correct muscle imbalances and postural alignment
- Techniques to improve movement coordination and balance
- Techniques and modalities that reduce pain
- Therapeutic exercise to build strength, flexibility and mobility

DO I NEED A REFERRAL FROM A DOCTOR?

No doctor's referral is required since physiotherapists are primary health care professionals just like doctors and dentists – which means you can go directly to a physiotherapist. However, some insurance plans do require a doctor's referral, so it is best to check on your coverage.

WHO PAYS FOR PHYSIOTHERAPY SERVICES?

Manitoba Health now only covers physiotherapy treatment that is provided in a hospital setting. In a private clinic setting, most extended health benefits plans cover physiotherapy services. In addition, Manitoba Public Insurance, the Workers' Compensation Board and the Department of Veterans Affairs will cover physiotherapy services when approved as a treatment plan.

HOW CAN I FIND A PHYSIOTHERAPIST NEAR ME?

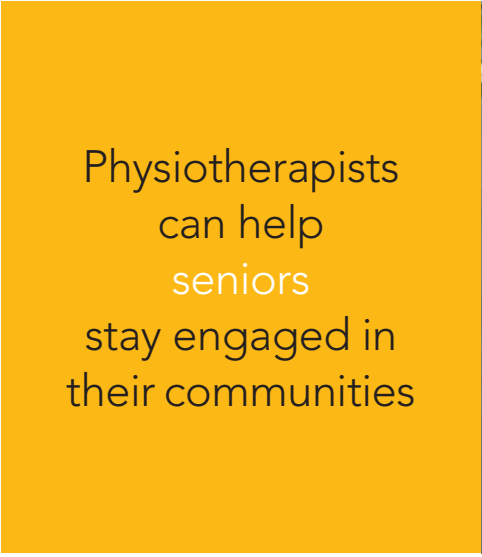
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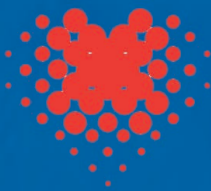


Physiotherapists can help seniors stay engaged in their communities



Physiotherapists can help women with urinary incontinence after childbirth

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



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Vertigo and Dizziness

Physiotherapists can help with....your inner Ear?!



By Aynsley Fraser Kiernicki, BMR-PT

Chances are when you hear the word “Physiotherapy” the first body part that comes to mind may be a knee, or a shoulder, or perhaps the low back. But physiotherapy for the ear?

Dizziness is one of the leading reasons individuals visit their physician’s office in any given year, and it can be caused by a variety of factors. A problem within the Vestibular System (balance sensors in the inner ear) is a common cause of dizziness and may cause other sensations, including vertigo, dizziness, blurred vision, nausea, disequilibrium, and poor balance.

A Physiotherapist with additional training in Vestibular Therapy can take you through a detailed assessment to help diagnose the cause of your vertigo or dizziness, provide treatment to resolve or reduce your symptoms, and equip you with the exercises and education needed to get you feeling better. Your physiotherapist is an important part of your health care team, and will communicate with your physician. You can directly access private practice physiotherapists without the requirement of a doctor’s referral.

Two of the most common conditions that cause vertigo and dizziness are BPPV, and Vestibular Neuritis. These two different conditions have very different treatments. Other conditions that may cause vertigo and dizziness include Meniere’s Disease, Canal Dehiscence, damage from certain medications, or even from dysfunction in your neck.

SO HOW CAN VESTIBULAR PHYSIOTHERAPY HELP?

BPPV (Benign Positional Paroxysmal Vertigo) is a condition in which tiny crystals in the inner ear become dislodged and shift into the semi-circular canals where they do not belong. Movement of the head into certain positions may cause these crystals to move through the canal, resulting in a sensation of vertigo. Common triggers of vertigo related to BPPV are positions such as lying flat in bed, rolling over in bed, bending forward, and tipping the head backwards. BPPV is treated with an exercise called a “canalith repositioning maneuver” which involves moving the head through a series of positions to help guide the crystals out of the canal and back in to place. There are a variety of maneuvers that may be used, depending on which semi-circular canal is affected. A physiotherapist trained in vestibular therapy will use specialized equipment called Frenzel goggles to determine which ear, and which canal is affected. Sometimes, individuals are directed to “look up a maneuver on Youtube” to treat BPPV themselves. This may be challenging, as it is important to know which ear and which canal is affected in order to effectively treat BPPV. Most cases of BPPV can be effectively treated in 1-3 sessions with a series of simple exercises without the requirement of medication.

Vestibular Neuritis or Labyrinthitis (inflammation of the balance nerve or balance and hearing nerves) are also common causes of vertigo. Vestibular Neuritis is most often caused by a virus in the inner ear. While sometimes an individual will have recently had a cold or flu which triggers the Neuritis, more commonly this condition will seem to occur “out of the blue”. Vestibular Neuritis/Labyrinthitis is typically characterized by 1-3 days of sudden, intense and constant vertigo. An affected individual will often also experience vomiting, have difficulty walking due to imbalance, and generally need to stay in bed. As the inflammation subsides the vertigo improves, although the individual will often continue to feel dizzy or woozy with head movement, experience motion sickness with some visual stimuli, and generally demonstrate poor balance. These symptoms usually fade over the course of several weeks, but in some cases the brain struggles to “re-calibrate” itself and the symptoms persist. Vestibular Rehabilitation exercises help to re-set your system, reduce dizziness, and improve balance function. Vestibular rehab often involves eye and head movements (gaze stability exercises), balance exercises, and habituation exercises to reduce the dizzy signals your brain is producing.

Vertigo, dizziness, and problems with your balance can be very frightening and debilitating, and greatly affect your quality of life. A Vestibular Physiotherapist can help clear your head, reduce your risk of falling, and get you back to your life!

Aynsley Fraser Kiernicki is a Vestibular Physiotherapist at Physiotherapy ‘n Balance. You can find Aynsley and many other great physiotherapists in the find a physiotherapist section of our website www.mbphysio.org



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Putting Your Best Foot Forward

By Mark Beatty

All too often we take for granted pain-free movement and activity. Anyone who has experienced acute toe pain or chronic heel pain knows that pain-free movement is not something to be taken for granted. Foot pain may not be life threatening, but it does have a significant impact on a person's quality of life.

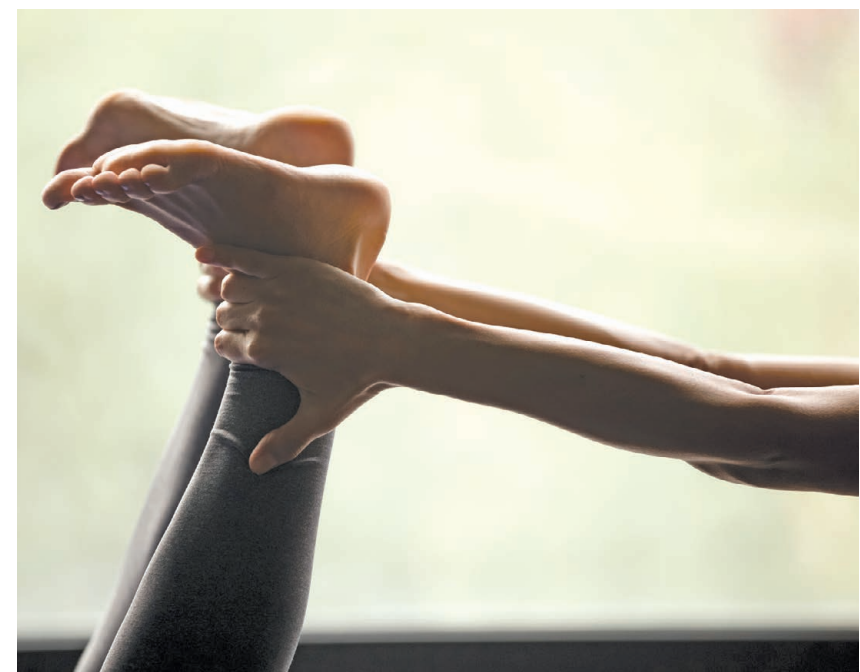
The joints of the foot and ankle are essential for normal walking and they have the ability to act as shock absorbers when we run and jump, and also provide stiffness and rigidity to move quickly without wasting energy. A healthy foot's unique ability to serve these different functions is incredible. When our feet work as intended they are foundational in our lives, but when they cause pain it can derail bigger goals. Take for example a client that has been advised by their doctor to undertake a walking program as part of a strategy for weight loss and to manage blood pressure. When new activities or exercise programs are started there is risk for fussy pains to arise. Being forced to stop a fitness program right when progress is being made can be a terribly deflating experience.

A physiotherapist's education provides the foundational knowledge in anatomy and biomechanics necessary to evaluate the foot and how it works with the rest of the body. To address a painful foot, physiotherapists can offer a variety of treatment options, including manual therapy techniques to treat stiffness and movement restriction, and progressive exercise to stretch tight structures and strengthen muscles. Additional exercises focused on improving balance and control can be used to reduce reinjury risk and to improve athletic performance. Physiotherapists can also suggest alternative activities and exercise options to pursue while issues with the foot are improving due to treatment.

Equipment is another component of care that physiotherapists can help with. The wrong shoe can be a major contributor to foot and ankle issues, but the correct shoe has the potential to reduce pain and increase activity in clients with chronic foot pain. Shopping for the right shoe to help your unique feet can be overwhelming with so many choices and complex features. Having a discussion with your physiotherapist about basic shoe design and what to look for in a shoe can result in happier feet. Physiotherapists can also help with braces and foot orthotics, which can facilitate recovery from foot injuries, protect healing tissues, and optimize foot mechanics.

Physiotherapists can assess how your foot and ankle fits into the bigger picture of how your body works. In some situations, a foot and ankle issue can create problems in the knee or hip. The reverse is also true. Physiotherapists make sure you are moving well by paying attention not just to specific parts of your body, but also in how they work together.

Nothing is more important than a plan! After a thorough discussion and examination, your physiotherapist can work with you to set achievable goals that are specific to you, and outline a plan to help you put your best foot forward!



Mark Beatty is a Physiotherapist at Pan Am Rehabilitation Services. You can find Mark and many other great physiotherapists in the find a physiotherapist section of our website www.mbphysio.org



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Megan Ferrone is a Physiotherapist at Spire Physiotherapy. You can find Megan and many other great physiotherapists in the find a physiotherapist section of our website www.mbphysio.org.

MYTH BUSTERS: PELVIC FLOOR EDITION

By Megan Ferrone (BMR-PT), Spire Physiotherapy

Today’s physiotherapists are practicing in a variety of unique settings broadening the spectrum of medical care categories. This is especially true for physiotherapists with training in pelvic health physiotherapy. As some of the topics discussed in your pelvic health assessment may be less likely to present in daily conversation, it is common to leave with the statement ‘How did I not know about this before?’. Let’s bust some of the most common misconceptions about pelvic floor rehabilitation.

‘Pelvic Floor Physiotherapy is only for new mothers.’

The pelvic floor anatomy system is not unique to the female anatomy - everyone has a pelvic floor! Although childbirth is a common reason to have a referral to a pelvic floor trained physiotherapist, it is certainly not the only reason for a visit. Did you know men also require pelvic floor rehabilitation for a variety of concerns such as pelvic pain, erectile dysfunction, pre/post-operative prostate related interventions, gastrointestinal and bowel related disorders and more?

‘Urinary incontinence is normal after childbirth.’

The dreaded trampoline jump, many mothers know so well; although as common as 1/3 of women will experience urinary incontinence at some point of their lifespan, it certainly is not a normal finding. This can be due to completely reversible and treatable causes discussed in your pelvic health visit.

‘I just have a small bladder.’

A famous phrase that many individuals with overactive bladders use. Did you know that in many cases, with the correct exercises and bladder training you may actually be able to make the long road trip, or not plan your outing or fitness around the closest washroom? In healthy bladders, we would anticipate approximately 8 voids per day with 2-3 hour gaps in between each void. Ask your pelvic health physiotherapist to help with bladder voiding frequency!

‘Pelvic Floor Physiotherapy is Kegels.’

If it were that easy - we would have cured most pelvic health conditions by now! Let me reassure you it is so much more than one muscle group. Pelvic Floor trained physiotherapists will provide education and feedback regarding the pairing of your pelvic floor with the rest of your musculoskeletal system. Your physiotherapist will assess the correct prescription for an underactive or overactive muscular system. The exercises will be applied in a functional and individualized goal orientated approach.

‘Painful intercourse is normal.’

Pleasurable intercourse contributes positively to quality of life in many individuals. There are a variety of reasons intercourse may suddenly become painful such as childbirth, post-operatively, with scarring, a fall/trauma or during major hormonal changes which alter the hydration and blood flow to the tissue. Please do not be shy to discuss this with your physiotherapist, it is important!

‘Endometriosis is rare.’

Endometriosis may affect up to 1 in 10 women. Endometriosis affects 70% of women with chronic pelvic pain (Carter, 1994). Unfortunately, for many of these women there is often a delay in diagnosis of endometriosis resulting in unnecessary suffering and reduced quality of life. Pelvic floor physiotherapy may help in symptom management of this common source of pelvic, low back or abdominal discomfort.

‘I cannot lift or exercise, I have a pelvic organ prolapse’.

Exercise and movement that bring you joy is important. With the appropriate education, muscular foundation and strength there is no reason you cannot continue to participate in the exercise you love. Your physiotherapist will help ensure the treatment goals match your own goals!

‘Clogged and blocked milk ducts in breastfeeding mothers always require antibiotics.’

There are many cases where, left to the point of infection, medical intervention will recommend the use of antibiotics as the appropriate course of action for clogged milk ducts. However, quite often a physiotherapist will be able to offer some treatment solutions to improve your chance of avoiding mastitis. Pelvic floor trained Physiotherapists are also knowledgeable in women’s health and can help you with many treatment options such as therapeutic ultrasound, taping, acupuncture, massage, thermal modalities and education.

Physiotherapists are primary health care providers which means you do not require a medical prescription or referral to visit. However, it is always advised that you discuss your visit with your entire medical team for an inclusive and cohesive team based care approach. Conservative management of pelvic health conditions should always be the first line of defense. Whether it grants the opportunity to avoid or prolong medical intervention or surgery, or it offers the opportunity to educate and protect your medical intervention in the pre or post operative journey, your physiotherapist should be along your side.





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Physiotherapy and Neurological Rehab

By Lisa Mills-Hutton, Tuxedo Physiotherapy

Did you know that Physiotherapists have an extensive education program and can assist you with various injuries, pain and breathing dysfunction? They also work with individuals with neurological conditions or injuries such as a stroke, traumatic brain injury, Parkinson's, multiple sclerosis or dystonia. Neurological conditions or injuries require a health care team approach including physiotherapy that may be able to help you in the hospital and in the community. Physiotherapists with a special interest in neurological rehabilitation or neurological physiotherapy are here to empower you to reach your movement and independence potential.

The aim of physiotherapy in neurological rehabilitation is always to increase one's quality of life and it is tailored to the specific needs of each individual with a personalized goal-oriented target. Goals will be different for every patient and can vary quite vastly from being able to play golf, walk up the stairs or transfer from a wheelchair to bed.

Neurological physiotherapy always begins with a thorough assessment and subjective history to ensure the patient's primary goals and key impairments are identified. Then the physiotherapist will create a rehab plan using the patient's goals to determine the most appropriate functional activities, exercises, stretches and movements to help them achieve their goals. Neurological physiotherapy is very active for the patient and involves a significant amount of skilled hands-on treatment to help stabilize the 'wobbly bits', facilitate the weaker areas or to lengthen the tighter parts. This can be viewed as the physiotherapist's hands "talking to the brain" to facilitate positive change through neuroplasticity and allowing what is abnormal to settle into more normal and automatic patterns.

Neuroplasticity refers to the brain and spinal cord's amazing capacity to adapt and recover functions affected by injury. Essentially, neuroplasticity is the brain's ability to modify, change, and adapt both structure and function throughout life and in response to experience. In other words, the healthy area of your brain is capable of taking over the functions of the injured part of the brain. Neuroplasticity may be activated throughout the recovery process. Whether it has been a few months or a few decades since a stroke, the brain is still capable of healing and rewiring. This means that recovery is continuous.

Whenever you stimulate your brain with positive, consistent and repetitive movement or tasks, the brain will respond. Change takes time. You will need to continuously practice specific tasks, in specific patterns and sometimes in a specific order in everyday life to improve your skills and rewire your brain.

Physiotherapists are here to guide you throughout the process of neurological rehabilitation from hospital to your home. Speak to a physiotherapist today with a special interest in neurological physiotherapy. We are one of the many health care team members that may be involved in your care and we aim to work together to maximize your function, movement, independence and overall quality of life.

The joy of empowering individuals to get back to what they love to do is the most fulfilling part of our job!

Lisa Mills-Hutton is a physiotherapist at Tuxedo Physiotherapy, you can find Lisa Mills-Hutton and many other great physiotherapists in the find a physiotherapist section of our website www.mbphysio.org.



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A HAPPY RUNNER



By Elliott Cooke, MPT

Running is one of the most unifying activities, and also an experience that is intensely individual. Whether it's a drive for fitness, friendship, freedom, or fierce competitiveness, ask any runner and they'll have their own specific reason to get up and get out.

It is seemingly simple, but has many health benefits, and promotes the resilience and confidence necessary to overcome difficult situations. The sense of accomplishment that follows a session is the draw that brings people back to the sport day in and day out, or years later. Even myself, as a previously competitive runner, have taken time away from the sport only to be clawed back by that feeling.

Despite these positive aspects, running is often associated with discomfort, so it's worth asking:

Does running cause injury, or is running just what it takes to uncover the issue?

Running requires a complex balance of mobility, power, endurance, tolerance to load, and technique (yes, there is technique to running). Add in cross-training, appropriate progressions of intensity and duration, and you can begin to realize the variables leading to success, or running-related injury. Physiotherapists can help identify and address these areas individually.

After discussing goals, current activity levels, and your dog's name, one of the first things a Physiotherapist looks at is your mobility. Simply put, if you don't have the available range of motion, you are more likely to run into issues. A thorough assessment is helpful to determine where you stand in this regard.

Power and tolerance come next. Many injuries can be attributed to too much, too soon, or a specific deficit. Again, a thorough history and physical assessment by a Physiotherapist can help identify if these are an issue. Studies show that cross-training, or just doing other activities (mine

are cross-country skiing, squash, and some general workouts) helps counteract common deficits, while making you faster. As for progressions, running with a pal can help push you a little farther, and having a plan can help keep you on track.

Another important factor is technique and how bouncy you are. If you move up and down a lot, you'll have a greater risk of injury, specifically stress fractures. If you become less bouncy, you'll expend energy in the forward direction, rather than wasting it going up and down. Physiotherapists are trained to examine gait, and can help fine-tune a runner's technique for optimal performance.

You may still be thinking through all of this that running causes arthritis in the knees, or causes bodily pain, but the contrary is actually true. Those that run actually exhibit less osteoarthritis, and less pain compared to those that do not run. The only group of runners that is worse off is world-class athletes. As we can imagine, it's probably because they need to run to get paid, no matter how they're feeling.

Cycling back to our original question: is running the cause, or the canary in the coal mine?

All activities have the potential for injury. It's important to note, however, that running might be what it takes to notice that your ankle is tight, or that something's going on with your hip, or you actually don't even have a dog and that you're more of a cat person. What I'd really like to stress, though, is that running isn't bad for you. There is evidence that shows it can be a net benefit. There might just be a few things you need to address to keep doing it.

As a final thought, I figured it was worth quoting my previous U of M teammates who said:

A happy runner is a successful runner.

It seems just as relevant today as it was at that time. If you're not a happy runner, maybe it's time to speak to a Physiotherapist.

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Elliott Cooke is a physiotherapist at and the owner of Up and Running Physiotherapy. You can find Elliott and many other great physiotherapists in the "Find a Physiotherapist" section of our website at www.mbphysio.org.

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Physiotherapy and Your Joint Replacement

Kristy is a full-time physiotherapist at Prairie Trail Physiotherapy and Sports Injury Clinic. She also works casually at Concordia Hospital.

By Kristy Maksymyk, BMR-PT.

Total knee and hip replacement surgeries are becoming more common in our aging population. The leading cause for needing a joint replacement is due to osteoarthritis (degeneration due to chemical and physical changes) in your hip or knee joint. Due to the COVID-19 pandemic, wait times for these surgeries have increased, leaving people struggling with how to deal and live with a painful joint. Many people in this situation may have questions about what they can do before their surgery to increase their quality of life, get stronger, have less pain and be prepared for a joint replacement. Many people think the role of physiotherapy is only for after surgery, but seeing a physiotherapist pre-operatively can have great benefit too.

What to Expect Seeing a Physiotherapist Pre-Operatively

An assessment will take place where your physiotherapist will ask numerous questions about your history of pain, your goals, and your current activity levels. Your therapist will then assess general movement which may include walking, balance, range of motion and strength. After a thorough assessment your physiotherapist can prescribe an exercise program targeted to your goals and current function. Your therapist may also educate you regarding walking aides (cane or walkers), what to expect during and after surgery, and how to transfer in and out of a bed. Physiotherapy pre-operatively can begin at anytime, whether surgery is one to two weeks away, or you have yet to receive a surgery date -- it's never too late. The main goal of preoperative physiotherapy is to optimize movement and strength to help increase quality of life and promote the best outcomes post surgery. The stronger you are before surgery, the better you'll be after.

What to Expect Seeing a Physiotherapist Post-Operatively

Physiotherapy treatment will start postoperatively in the hospital on the same day as surgery and will continue far long after that. In the community, it is usually safe to begin physiotherapy once you are home and the staples from the incision have been removed (10-14 days after surgery). Much like pre-operatively, an assessment will be completed by your physiotherapist looking at walking, transferring in/out of bed, balance, range of motion and strength. After the assessment your physiotherapist will tailor an exercise program targeted towards your specific goals and current function. Seeing a physiotherapist in the community may also include soft tissue massage, joint mobilization techniques, acupuncture, dry needling, heat and ice therapy. These techniques can help reduce pain and gain function. Many physiotherapy clinics also offer group hip and knee classes, where a physiotherapist leads an exercise class targeted at lower extremity strength. Group classes are a great way to meet and talk with people who have all been through the same surgery which can be very helpful and motivating!

Common Questions

Many people going into a joint replacement surgery have many questions about when they'll be able to return to certain activities, or when will they be able to walk without a gait aide. Everyone heals differently and achieves these milestones at different times. This is where your physiotherapist can help guide and motivate you, and adapt your treatment plan according to your specific needs, which are constantly changing as the healing process happens!





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