

## March 2017 - the month of changes

Bringing you our news and tips to help keep you in shape and get the best out of your rehabilitation experience and life.



### *To foam roll or not to foam roll.....*

Jo-Ann Scott-Noye, PT

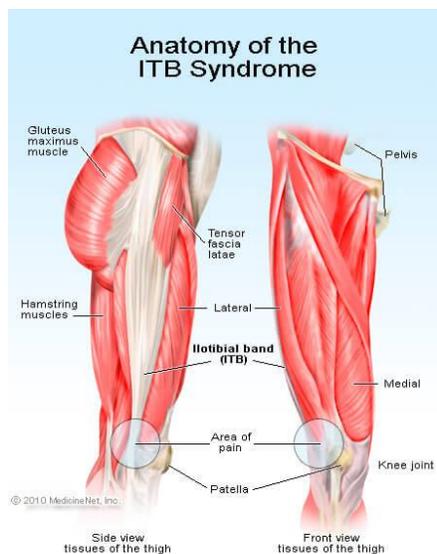
BScPT, BScPsych, MScRehabSci, CAFCI

A couple of years ago, I had a conversation with one of my trainers at the gym and she determined that I was “an unconventional Physiotherapist” because I didn’t advocate foam rolling the **iliotibial band** (ITB). WHAT was that Jo-Ann? **Are you serious?** But everyone knows you should foam roll your ITB’s!

True, foam rollers are a popular and useful tool in rehabilitation and recovery; they are popular with athletes young and old. **Chances are that if you’ve ever used a roller, you’ve used it to roll out your ITB, or a trainer or friend has recommended you do so.** But should you?

I understand why people do it, really, I do. It seems logical - foam rollers increase range of motion and reduce pain, your ITB is tight and your knees hurt, thus rolling the tight ITB’s will take the pain away right? Unfortunately, **it’s quite possible you’re actually doing more harm than good and further irritating an already abused and over-elongated piece of tissue.**

So, what is the ITB? The ITB itself is a thick, tough material that does not stretch. Essentially, it is designed to be “tight”, that’s how it does its job properly. It is more like a rope, whereas muscles are more like an elastic with some stretch ability. There are a couple of muscles on the side of your hip that move your leg away from your body. These muscles are important in stabilizing your knee during movement, particularly walking and running, by keeping your pelvis level. These muscles stop the knees from ‘wobbling’ about when you walk and run.



(picture source medicinenet.com)

All too often, what we see is that the gluteus medius either isn't firing correctly. **When one of your primary movers such as your gluteus medius is too weak to perform the movement on its own, some of the smaller muscles will kick in to help.**

What typically happens is your gluteus medius isn't firing correctly for any number of reasons. When the gluteus medius is weak, it can't do much to stabilize your knee the TFL kicks in. **Now your TFL isn't quite as big or powerful as the gluteus medius so it can't stabilize your knee nearly as well. It is, however, attached to this big thick piece of tissue (your ITB) that it can help stabilize the knee statically.** Your body now relies on the wrong muscle to provide the stabilization.

Add to this that you have less stability in your pelvis, so every time you take a step, your hip juts out a lot and your knee drops towards the other one. When this happens you put a lot of pressure on your ITBs and repeatedly 'tug' on them, causing inflammation near the knee..

So, then the ITB feels tight and you tell your friend/trainer **and they advise you to treat an over-stretched, inflamed tissue by further stretching and beating the heck out of it.** While it may feel nice for a little while after your leg goes numb, you aren't really doing anything to affect any kind of permanent change and in some cases you may be pushing the issue further.

Does that mean you should NEVER use the foam roller on the ITB's? Not necessarily. Some GENTLE foam rolling may help increase the blood flow to the tissue and help in reducing inflammation. Additionally, the foam roller can be used as an aide to vital core stability.

Luckily, it's rather easy to identify and deal with weak hip abductors. **Get your glutes firing again and maintain mindfulness of their proper use while working out.** Our physiotherapists can help you by performing an assessment during which we will evaluate and address any weakness, tightness and stability issues that may be contributing to your pain.

PhysioTips from PhysioWorks

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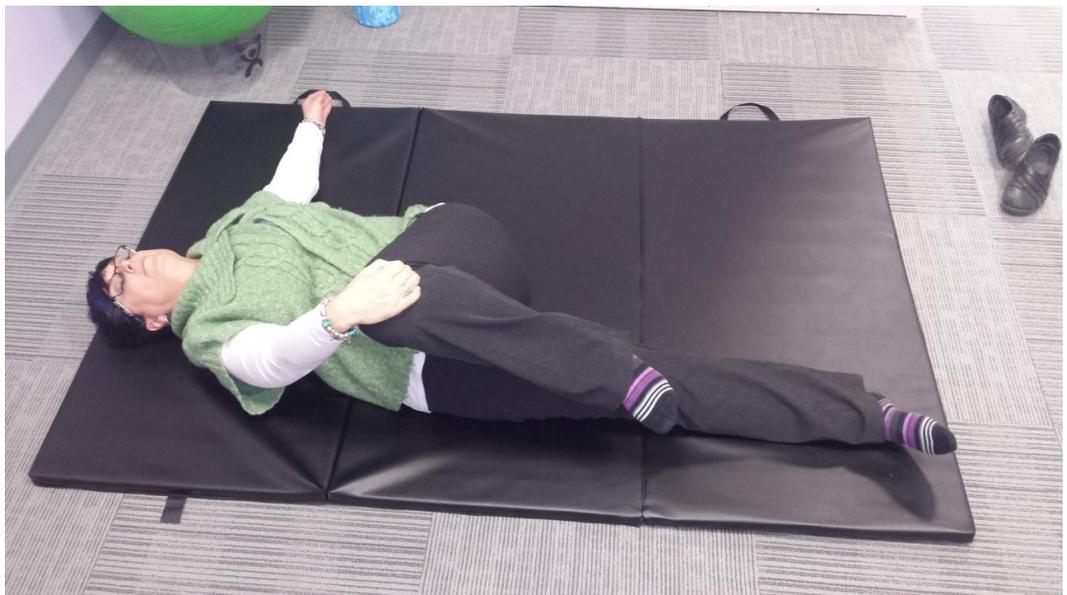
# PhysioExercise of the Month - Supine Spinal Twist

Kaitlyn Sereda, PT  
MScPT, BKin

With the increased number of adults working in sedentary jobs such as office positions, the prevalence of back pain has increased substantially. Sitting at a desk for the majority of the day decreases the natural curve, or “lordosis”, of the lower back which can put additional strain through the musculature that supports it. The prolonged seated position also leads to tightness in the hips, and, if you are not always sitting with an ideal posture, tension can build in the shoulders and neck. The Supine Spinal Twist is an exercise that can be used by people experiencing low back and/ or hip pain or can be used regularly as a preventative measure. The Supine Spinal Twist helps to encourage gentle spinal mobility, as well as stretch the muscles of the back, abdomen, hips and even the chest. It is a great “ALL IN ONE” exercise.

1. Lie down on your back
2. Bend your left knee so it is pointed towards the ceiling, keeping the sole of your foot on the floor, and the right leg straight
3. Draw your left knee towards your chest and then gently pull across your body (to the right)
  - o Ideally the shoulders will both remain flat on the floor while the hips stack and the knee touches the floor – this may not be available to you, and that’s OK, do not pull too hard on the knee or strain to bring the knee across your body. The stretch should feel like a gentle pull with NO PAIN
4. Hold for about 30-60 seconds, and gently untwist the spine.
5. Repeat on opposite side

If you are unsure if this exercise is appropriate for you, or you are having trouble performing it correctly consult your physiotherapist.



**What happens to a frog's car when it breaks down?**

**It gets toad away.**

## Kaitlyn Sereda, PT

Your support has been amazing Airdrie! In fact, we needed to bring in more staff to help get people seen in a timely manner. We are pleased Kaitlyn join our team. Currently, she is working Monday and Wednesdays 2pm - 7pm and Fridays 10 am to 3pm, but watch for her new and expanded hours the week of March 20th.

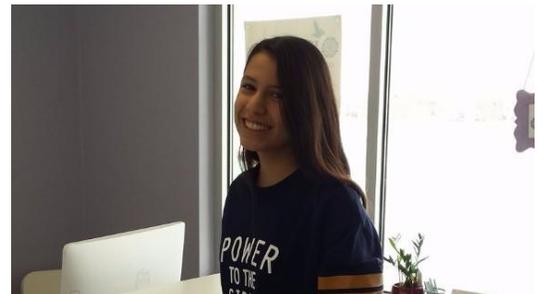
Kaitlyn is a recent graduate of the Master's Degree program for Physical Therapy at the University of Alberta. She grew up in the city of Calgary and before obtaining her Masters degree she received her Bachelors degree in Kinesiology from the University of Calgary in 2014.

Welcome Kaitlyn!



Did you hear about the guy whose whole left side was cut off?

He's all right now.



Welcome also to the 2 new faces on the front desk - **Sarah and Nicole**. These lovely ladies will help us out on the front desk as we expand our hours to serve you better.

Make sure you say hi to them when you are in!



## Renos and New Beds!

We needed more room so you will see some changes in our layout. We have added the **4th treatment cubicle**. AND! Our front cubicle is being closed in to offer a quieter and more **private atmosphere**. Look at these amazing changes. **New treatment beds** should be arriving next week.

Have you heard the news????

 **PhysioWorks**

**Now booking massage appointments for Sundays!**

Alanis is now offering Sunday appointments. She will be working 2 Sundays a month.