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I DIDN'T DO ANYTHING DIFFERENT ...

*~
WHY DOES IT HURT ?*

WHAT IS EAP ?

- PLAIN AND SIMPLE – THE AGING PROCESS
- the time comes when the pain threshold of a bodily structure is reached
- thresholds are met earlier (than the normal aging process) when abnormal or asymmetrical forces are imparted on an area
- thresholds are also met earlier when a previous injury has occurred
 - ⇒ major ~ fracture
 - ⇒ minor ~ sprain or strain
 - ⇒ cumulative microtrauma ~ repetitive motion
- the body has a natural ability to adapt to asymmetry without meeting the pain threshold, but there is a definite time limit of this potential to adapt
- the body eventually exhausts its potential to adapt

Exhausted Adaptive Potential



PAIN

without an obvious reason

STRUCTURES THAT “WEAR OUT”

BONE
BURSA
CARTILAGE
CONNECTIVE TISSUE
DISC
JOINT
LIGAMENT
MUSCLE & TENDON
NERVE

WHAT HURTS & WHY?

- structures mentioned have nerve endings that convey pain to the spinal cord and brain
 - ⇒ sprains of ligaments
 - ⇒ strains of tendons, muscles, or the connective tissue of muscle ~ the fascia
 - ⇒ disc derangements – protrusions, herniations
 - ⇒ cartilage tears create synovitis of the joint (cartilage itself does not have these nerve endings)
 - ⇒ bursitis
 - ⇒ scarred nerves and connective tissue
 - ⇒ arthritis of the joints

WHAT SHOWS UP ON X-RAY?

- arthritic changes if the bone is affected
- calcium deposits in muscle, tendon, or ligament
- more recently, diagnostic ultrasound is being used to diagnose musculoskeletal problems along with CT Scans & MRI

WHAT CAUSES THE EXHAUSTION?

- biomechanical problems
 - ⇒ leg length discrepancy
 - ⇒ old, forgotten trauma that has healed irregularly
 - ⇒ previous motor vehicle accident injuries that have not completely resolved
 - ⇒ flat feet (pronation) or high arches (supination)
 - ⇒ change of footwear
- weight gain
- hormonal changes ~ menopause
- sometimes just plain old aging

IS THERE A TREATMENT?

- yes !!!
- establish an accurate previous medical history and recent activity history
- the first 20 –30 minutes of your manual therapy assessment (the subjective examination) is the most important for the physiotherapist to be guided by what you tell her
- the physiotherapist will ask you questions that help determine the cause of the problem
- the cause of the problem is then addressed and the effect ~ the pain you experience ~ will subsequently be addressed
- occasionally, the effect of asymmetry will be treated in conjunction with the cause
- treatment is therefore not always focused on the “painful” area
- mobilizing / stretching shortened structures and strengthening supportive structures will be outlined by your orthopaedic manual / manipulative physiotherapist

NO TWO PEOPLE ARE ALIKE ~ NO TWO EXERCISE PROGRAMS ARE ALIKE

HOW DO I PREVENT IT?

- start with a thorough biomechanical assessment performed by your nationally certified manual / manipulative physiotherapist
- this will help to discern the potential areas of problems
- appropriate preventative treatment will assist in preventing or at least delaying impending pain
- the physiotherapist who is qualified to manipulate / "crack" both the spine and periphery has the letters FCAMT after her name ~ Fellow of the Canadian Academy of Manipulative Therapy
- your physiotherapist will guide you in the following skills:
 - ⇒ attain optimal alignment
 - ⇒ POSTURE ! POSTURE !
 - ⇒ practice makes as close to perfect as you are going to get
 - ⇒ stretching / mobilizing restrictive structures
 - ⇒ appropriate strengthening of weakened structures
 - ⇒ stay fit ~ follow the Canadian health and fitness guide
 - ⇒ maintain healthy body weight
 - ⇒ proper shock absorbing footwear
 - ⇒ custom made orthotics can help to prevent lower body and upper body alignment problems when used appropriately
 - ⇒ a heel lift on the side of the short leg can help to prevent lower body and upper body alignment problems when used appropriately

MANUAL THERAPY BASES TREATMENT ON THE CLINICAL PROFILE OF
DYSFUNCTION
IT IS A PLANNED, LOGICAL, SAFE, AND EFFECTIVE APPROACH

AT THE CENTRE FOR MANUAL PHYSIOTHERAPY
WE FEEL THIS IS WHAT OUR PATIENTS DESERVE

YOUR PHYSIOTHERAPIST CAN HELP YOU WITH THE REST...

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