

Newsletter

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Physiotherapy - the difference is in our hands



The Newlands Physiotherapy Practice - our latest news

Happy spring greetings from all of us here at Newlands Physiotherapy. It has been a busy year for us with the OMT course running in Cape Town.

Kerry is on the Western Cape Branch of the Orthopaedic Manipulative Physiotherapy Group (OMPTG) of the South African Society of Physiotherapy (SASP). She is currently co-ordinating and lecturing on the OMT course in Cape Town. She was nominated for an honorary life membership of the OMPTG for service to the profession.

Lara continues to be a member of the OMT course committee, and has stepped in to do her first few lectures this year, and co-ordinate their research projects.

Pauline has been running the Practice for 29 years and is still going strong!

Avril and **Di** continue to run the reception admin efficiently, we thank them for their ongoing support.



Kerry and Lara ready to lecture on OMT



Avril, Pauline, Lara, Kerry and Di at our end of year lunch in 2017

What is OMT?

You may recall wanting to book an appointment and being told that Kerry is lecturing on “OMT”, or being asked to be a patient for an OMT exam. Or perhaps an OMT physio has been observing in the practice for the day.

So we thought this year, that we would include in our newsletter, some information about what OMT is and how it influences our practice.

OMT stands for Orthopaedic Manipulative Therapy. Within the physiotherapy society, there are various special interest groups, of which the OMPTG (Orthopaedic Manipulative Physiotherapy Group) is one.

The Vision of the OMPTG is to “promote excellence in manual and manipulative physiotherapy in South Africa, to ensure delivery of high quality standards of care and health promotion, optimising musculoskeletal health for all.” The OMT course is one of the ways that contributes to realising this vision, by assisting physiotherapists to better their skills. It is an evidence based course for post-graduate physiotherapists.

The OMT course covers a holistic, current approach to joint, muscle and peripheral neural tissue assessment and treatment, as well as an introduction to pain, communication skills, rehabilitation and movement control. There is also an applied research component to the course which requires the students to engage with the current best evidence for practice.

As physiotherapists, best practice involves using our clinical skills and reasoning, combined with up to date knowledge, and an understanding of our patient’s perspectives and preferences for management of their complaints.

Kerry completed the course in 1999, Lara in 2010. Pauline is a member of the OMPTG, and has over the years, offered her practice as a base to hold practical sessions, clinical exams and mentoring - thank you.

To those of you who have kindly allowed someone to observe, or have been a patient for clinical exams, thank you for your contribution to teaching and learning!

The OMPTG has held two recent talks on the subject of **Osteoarthritis of the Knee**

Osteoarthritis (OA) is the most common form of arthritis, and is one of the leading causes of pain and disability worldwide (NICE Clinical Guidelines, 2014). Often people become less physically active when they have OA which can lead to other health issues, such as cardiovascular disease and diabetes.

What can be done about it?

1. The evidence based **primary management** includes:
 - **Education and self-management**
 - **Exercise:** land or water based and/or strength training
 - **Weight management**

Education should include an understanding of the condition and an understanding of pain, the importance of keeping active, self-management tools for the long term, and how to manage a flare-up (Soren et al 2018). Physiotherapy provides guidance in this regard.

Exercise has been shown to be as effective as anti-inflammatories and two to three times more effective than paracetamol in the management of pain in knee OA (Soren et al 2018). So finding the right exercise and dosage is important for managing OA, as well as the additional benefit of exercise for other health conditions like cardiovascular disease and diabetes.

With regards to **weight management**, a 5% loss of your body weight achieves a 30% improvement in pain and disability (Christensen et al 2007).

2. **Additional supportive treatments** can be considered as appropriate, including:
 - Bracing and orthotics
 - Pharmaceutical agents such as analgesics, NSAID's and corticosteroid injections.

3. Joint replacement surgery can be discussed when conservative management is no longer helping.

The decision would be based on the assessment of a patients functional restrictions and pain, NOT only on X-rays findings, as a recent meta-analysis reported up to 43% of people over 40 have X-ray evidence of knee OA, BUT no symptoms (Culvenor et al 2018).

In conclusion:

Knowledge empowers and Movement is Medicine.

When visiting our website, www.newlandsp physio.co.za click on **view our newsletter** and you will see two sections.

- **Newlands Physio**, where you will find our previous Newsletters.
- **PhysioBiz**, now replaces Equilibrium as a newsletter from the South African Society of Physiotherapy (SASP - established in 1924) www.saphysio.co.za. There are tips and information on health events, health conditions, various injuries and self help tips.

We also all continue to keep up to date with talks and workshops organised by the Special Interest Physiotherapy Groups, namely the Western Cape OMPTG and Sports and Pain Management physiotherapy groups.

Further information about these groups is available on the SASP website - www.saphysio.co.za

For more information about our **Back Classes** look at **Services** on our website.

We have 4 back rehab classes a week:

Monday	17h15 - 18h00
Tuesday	08h00 - 08h45 and 08h50 - 09h35
Thursday	17h15 - 18h00

The practice hours by appointment are:

Monday - Friday	07h00 - 18h00
Saturdays	09h00 - 12h00