

# **Guildford Physiotherapy & Hand Therapy Clinic**

#200 – 15387 104<sup>th</sup> Ave. Surrey B.C.

# **Coquitlam Physiotherapy & Hand Therapy Center**

#222 – 1024 Ridgeway Ave. Coquitlam B.C.

**Spring 2006**

## ***Announcements!!***

- ❖ Congratulations to Shaveen Kullar who has passed the PNE (Provincial National Examination) and is now a fully registered physiotherapist.
- ❖ Our clinics and staff would like to welcome our new office manager Tawnya Munroe, our new file clerk Natasha Pita, and our new receptionist Adriana Castillo.
- ❖ Both Joy Kirkwood and Carman MacKay continue to enjoy spending time with their babies while on maternity leave.
- ❖ Our clinics would also like to pay tribute to Dr. Jung & Associates who has been renting space at our Guildford clinic for the past three years while providing psychological services. Areas of treatment include depression, anxiety, adolescent and childhood disorders, stress management, marital and family relationship problems, post traumatic stress, and brain injury. For your patients who would like more information or to schedule an appointment, please have them call (604) 874-6754.

## ***Clinical Tidbits***

- ❖ Studies show that hydrotherapy is a valuable tool in improving physical aspects (e.g., joint tenderness) of patients with rheumatoid arthritis.
- ❖ Clinical studies of osteoarthritic knee patients reveal 20% to 40% relief of symptoms after only two to three clinical treatments of manual therapy and exercise.
- ❖ Physical therapy may delay or defer the need for total joint replacement and represents a cost-effective way to improve patient function.

## ***Effectiveness Of Physical Therapy In Patients With Osteoarthritis Of The Hip Or Knee***

Osteoarthritis (OA), a relatively common musculoskeletal disorder, has been identified as the most common cause of disability in North America. Thirty-three percent of persons 63 to 94 years of age are affected by osteoarthritis of the hip and knee, which often limits the ability to rise from a chair, stand comfortably, walk, and use stairs. A population-based incidence study from the US showed incident rates of 0.5/1,000 per year for hip OA and 2/1,000 per year for knee OA.

Acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs) are commonly used to treat osteoarthritis. Use of NSAIDs can lead to gastric complications, increased risk for hospitalization, and death. Other treatment options for persons with OA of the hip and knee include physical therapy exercise and treatment programs, cortisone injections, and joint replacement surgery.

Puett and Griffin reviewed 15 controlled trials of nonmedicinal, noninvasive therapies for hip and knee OA from 1966 through 1999. The authors concluded that exercise reduces pain and improves function in patients with OA of the hip and knee. The goal of exercise therapy in OA patients is to reduce pain and disability, improve muscle strength, stability of joints, range of motion, and aerobic fitness. These functions are frequently impaired in patients with OA, presumably contributing to pain and disability. Improving these functions is assumed to result in a reduction of pain and disability.

Gail et al., (2000) evaluated the effectiveness of physical therapy for OA of the hip and knee. Their hypothesis revealed that physical therapy consisting of manual therapy to the knee, hip, ankle and lumbar spine combined with range of motion, strengthening, and aerobic exercise was more effective than placebo for improving function, decreasing pain and stiffness, and increasing the distance walked in six minutes.

*Adapted from "Physical Therapy and Exercise in OA Patients," Annals of Internal Medicine, February 2000 & "Exercise Therapy in Patients With OA of the Hip or Knee," Arthritis & Rheumatism, July 1999.*

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