

Guildford Physiotherapy & Hand Therapy Clinic

#200 – 15387 104th Ave. Surrey B.C.

Coquitlam Physiotherapy & Hand Therapy Center

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

Winter 2006

Announcements!!

- ❖ We would like to welcome our new CHT (Certified Hand Therapist) Angie Tinson who will be working at our Guildford location.
- ❖ Congratulations to Shaveen Kullar who has passed the acupuncture licensing exam and is now qualified to practice acupuncture.
- ❖ Please join us in welcoming our newest physiotherapist Jacci Herring who enjoys Highland dancing.
- ❖ Join us in welcoming Norman Principe our new rehabilitation assistant.
- ❖ Diana Matthews has recently traveled to Nepal, Tibet, Korea, and Thailand and hiked both the base camps of Annapurna and Mount Everest.
- ❖ Joanne Smith has also traveled to Costa Rica this fall and enjoyed several high adrenaline activities along with the unusual and varied wildlife in the rainforests and beaches.

Clinical Tidbits

- ❖ Tender and clinically relevant acupuncture points are called *Ah-Shi* points. In Chinese, *Ah-Shi* means Oh Yes! (that's the right spot). So, when the point is pressed, the patient feels pain and says Oh Yes!
- ❖ Acupuncture has been proven to increase ACTH levels, an endogenous anti-inflammatory agent.
- ❖ Acupuncture has been clinically proven to be effective in the treatment of RSD (Reflex Sympathetic Dystrophy).

Anatomical Approach To Acupuncture

Acupuncture is one of the oldest forms of therapeutic interventions known. It originated in China more than 3000 years ago and its use is rapidly growing worldwide. The World Health Organization (WHO) considers acupuncture a major component of world medicine and has published a list of 43 conditions which they consider acupuncture to be effective in the treatment thereof.

Within our physiotherapy practice, acupuncture is an adjunct option for pain, inflammation management, and the promotion of tissue regeneration. The central tenant of acupuncture is to facilitate the body's natural ability to heal itself. Classical acupuncture describes acupuncture points arranged along 14 meridians or channels in the body. Through these channels chi (**Qi**), the energy force, circulates. Illness may result when the flow of chi is impaired or imbalanced.

From a scientific perspective, the insertion of acupuncture needles stimulates the release of the body's natural painkillers endorphins (endogenous morphine). Further, it stimulates the release of cortisol, a key hormone in the body's anti-inflammatory response.

Physiotherapists trained in acupuncture are credentialed through the Canadian Acupuncture Foundation of Canada Institute (CAFI) and have completed both theoretical and practical training. Although there are few contraindications, special attention is required for clients who are pregnant or who are taking blood thinner medications. One of the most striking aspects of acupuncture is the almost complete absence of side effects and complications from its use. In Canada, needles are sterile, single use and disposable, thus reducing the risk of infection.

By Michelle Labandelo, BSc.(Ed), BSc.(PT), MCPA, CAFI, CHT Candidate.

Adapted from "Pinpointing the Essential of Acupuncture" published in Orthopedic Division Review, November/December 2001, Kim Bowie.

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Clinic Services

Physiotherapy Services

- orthopedic, manual and manipulative therapy
- sport specific training
- personal conditioning
- WCB/MSP/insurance therapy provider
- ICBC MVA rehab programs

Hand Therapy Services

- immediate traumatic & post-surgical care
- wound care
- custom hand splinting/bracing
- scar management
- arthritis management
- work conditioning

Common Conditions

- back injuries
- neck pain & whiplash
- sports injuries
- traumatic injuries
- rotator cuff injuries
- post fracture
- arthritic problems
- sciatica
- carpal tunnel
- overuse injuries
- sprains & strains

Treating Myofascial Pain With Acupuncture

Myofascial Trigger Points (MTrPs) are a common source of musculoskeletal pain presenting in primary care. Melzack has reported a high degree (71%) of correspondence between MTrPs and acupuncture points, and it is very likely that all MTrPs are *Ah-Shi* acupuncture points. General practitioners frequently refer these patients to physiotherapy departments for treatment. MTrPs commonly arise from muscle overload, either as a result of acute strain/trauma, or of a more prolonged nature due to habitual postures or repetitive activities placing abnormal stresses on specific muscle groups. It is thought that if normal healing does not occur, sensitization of peripheral nociceptors by endogenous substances become prolonged, leading to increased local tenderness and referred pain. Sensitization also takes place at the spinal level, where receptive fields in the dorsal horn extend and become sensitive to lesser stimuli.

One hypothesis suggests that MTrPs develop at motor end plates, where sensitization of sensory and autonomic nerve endings leads to excessive release of acetylcholine, preventing normal functioning of the calcium pump mechanism, resulting in sustained contraction of sarcomeres. The contracted muscle fibers compress blood vessels, causing local hypoxia. An energy crisis ensues as the increased energy demand sustained from contraction cannot be met because of local hypoxia. Active MTrPs are typified by tender spots in taut muscular bands, pressure on which reproduces the patient's pain in typical patterns for each MTrP. MTrPs are always identified in the endplate zone. Some acupuncture points can be identified in the endplate zone, but some may not be in muscle.

Various methods are used to deactivate MTrPs including ultrasound, pressure release, cold spray and stretch and injection of local anesthetic. Accupuncture (no substance injected) may be carried out either superficially (SDN) or with deeper insertion (DDN). Edwards experiences notable success in clinical practice in deactivating MTrPs by SDN, needling to a depth of 4 mm. It has been suggested that as the needle pierces the skin, A-delta nerve fibers are activated, resulting in inhibition of muscular C-fibers conveying pain from the MTrP. Subsequent relaxation of the MTrP's taut muscular band enables the energy crisis at the motor end plate to resolve. Restoring the affected muscle to its full range of movement following MTrP deactivation is an essential part of recovery, with slow active stretches being recommended.

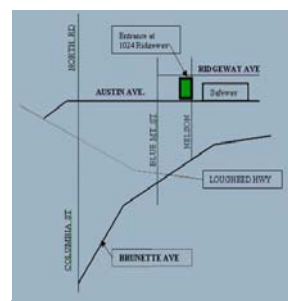
By Kabir Bhagaria, BSc. (Kin), RK, RRP

Adapted from "Superficial Dry Needling & Active Stretching in the Treatment of Myofascial Pain" & "Myofascial Trigger Points: Pathophysiology & Correlation with Acupuncture Points" published in Accupuncture In Medicine, June 2001, Janet Edwards, Nicola Knowles.



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Monday to Friday 7:00am - 8:00pm
Saturday 8:00am-2:00pm
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www.guildfordphysio.com



Coquitlam Physiotherapy & Hand Therapy Center

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