



Hands On

Wadsworth Osteopaths

Newsletter

September 2015



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Open Day to mark 30 Years at Wadsworth Osteopaths

Holly House Clinic Tuesday 30 September 2015 2pm-8pm

Join us to meet the practitioners and staff and get involved with our packed programme of activities

During the day various events will take place:

1. Talks – by experienced practitioners

Osteopathy for Severe Acute Back Pain

Robert Wadsworth

Osteopathy and Ergonomics

Christine Davies

Osteopathy Working with Pregnant Mums

Maxine McFarland

Acupuncture – Recent research and applications

Rebecca Pickering

Yoga for Health

Ava Monroe

Kinesiotaping for Recovery and Rehabilitation

Janet Horncastle

2. Taster Sessions – the speakers will provide a short introduction for potential patients / clients who are interested in attending one of the clinics.

3. Handouts and offers

4. Raffle – great prizes, all to raise money for our nominated charity this year - The Alzheimer's Society.

5. 'Put the bone back in place' - you are challenged to test your osteopathic skills and put the bone back. Prizes for those who achieve the best result.

We need to know how many people are coming so let us know if you can make it.

Book your talk and taster session: Tel 01482 875004

Email info@wadsworthosteopaths.co.uk

It is difficult to believe but the practice has been open for 30 years. A lot has happened in osteopathy over the last 30 years:

- The osteopathic profession has grown from just over 600 registered in the early 1980s to now over 5,000 osteopaths qualified and practicing in the UK.
- Osteopathy has moved from a profession working under common law (anyone could call themselves an osteopath whether they had any training or not) to a statutory, self-regulated profession governed by the General Osteopathic Council (GOsC) set up in 1993, along similar lines to the general Medical Council and General Dental Council, after The Osteopaths Act was approved and enacted by parliament. It is now illegal to call yourself an osteopath unless you are registered with the GOsC. This provides much needed protection for patients who can now rely on standards of undergraduate training (osteopaths now undergo a 4 or 5 year training programme, graduating with a masters Degree in Osteopathy), continuing professional development and ethical behaviour of members.
- Although most osteopaths are general practitioners they are now developing areas of special interest, particularly in the care of babies and children, expectant mothers, sports injuries and animal work.
- Wadsworth Osteopaths has grown from a one man practice on Norwood in Beverley to a practice with 12 practitioners offering surgery sessions at 5 sites – Beverley, Cottingham, Driffield, Hull and Hedon.

Spinal Degeneration – recent research shows it may not be the cause of your pain

We are all aware that as we get older we get some wear and tear in our joints. When these wear and tear signs show up on x-rays and scans we presume that they are the cause of our back pain.

However that may not be the case. A recent study published in the American Journal of Neuroradiology revealed some surprising results.

The study analysed 33 previously published articles to summarise the frequency of various MRI image findings including:

- Intervertebral Disc Degeneration;
- Disc Height Loss (disc thinning);
- Disc Bulges and Protrusions ('slipped discs');
- Annular Fissures (cracks in the outer casing of the disc);
- Facet Degeneration (wear of the guiding joints of the spine) and;
- Spondylolisthesis (where one vertebra shifts forwards or backwards in relation to the adjacent vertebrae).

The results showed that **37%** of people in their **20s** and 52% of people in their 30s had disc degeneration. 96% of people in their 80s had disc degeneration.

Disc bulges were seen in 30% of people in their 20s and 50% of people in their 40s.

Less dramatic but also surprisingly 9% of people in their 30s had facet joint degeneration.

While we wouldn't have expected such a high proportion of younger people showing signs of spinal degeneration, the most surprising fact was that all the people in the studies which made up this article had **no symptoms!**



So what do we make of all this?

- The first point to make is that this information just wasn't available until MRI became widely used. Prior to MRI, disc damage was assessed using a Myelogram (a dye was injected into the fluid around the spine and a prolapsed or bulging disc would prevent the dye from running freely around the disc.)
The Myelogram was an invasive test with some drawbacks and was not used on people without symptoms. MRI scans are generally not harmful so ethically there is justification for use on people without symptoms – hence we find a good proportion of the adult population have disc damage and many of those have no pain.
- Secondly, this research shows that spinal degeneration, in its various forms, is more common in younger people than we thought but again it is not necessarily associated with pain. It may in fact be a normal part of ageing.
- As osteopaths we often see patients who have had spinal x-rays and scans which show degenerative changes. In many of these cases it isn't the degeneration which is primarily responsible for symptoms. The pain is caused by secondary factors – muscular tension, nerve pressure problems, inflammation or mechanical alignment problems.
These factors can often be helped with careful treatment and management, allowing patients to return to normal active pain free life.
- Even in some of the most advanced cases of spinal degeneration in later life it may still be possible to ease pain and improve mobility.
- Disc prolapses or bulges do not necessarily need surgery. Orthopaedic surgeons and neurosurgeons are now very careful when they interpret MRI scans. If they feel that a disc prolapse or bulge is causing pain – particularly nerve pain, usually sciatica – they may recommend surgery. If there isn't good evidence that the disc damage on the scan is the cause of the pain, surgery will not be recommended.
- We do see patients with spinal degeneration whose doctor or specialist has given a bleak prognosis: 'your spine is crumbling'; 'you have wear and tear and it will get worse'; even 'you will end up in a wheel chair.' While these comments may have some truth to them they often don't give a fair picture. Degeneration may cause pain and disability, if for example disc thinning leaves insufficient room for nerves or when spondylolisthesis kinks the spinal cord, but the pain and disability may result from the other factors. Many of these can be helped.

The key is to have a careful assessment to find out whether symptoms can be relieved and not just assume that all your back trouble is caused by the wear and tear.

Nordic Walking

Nordic Walking is a wonderful way to get groups of individuals (though 1-2-1 can be offered too) out into the open air in safe environments where low / moderate intensity exercise is practised. Nordic Walking encourages the normal movement pattern of walking, making it safe for virtually all participants. Nordic Walking is reported to use 90% of the body's muscles which is greater than running, swimming and cycling. If done correctly, Nordic Walking can burn 20% more calories than ordinary walking.

Nordic Walking can be done anywhere and there is no need for fancy clothing, it's great for all ages and abilities, it's also a very sociable exercise and has been shown to boost mood.

Nordic Walking incorporates both aerobic and anaerobic conditioning. The aerobic preps the body for the anaerobic workout (higher intensity and interval training would be used) as you progress with the Nordic Walking.

The anaerobic conditioning leads to greater cardiorespiratory endurance, healthier heart and an increase in fitness levels. As your muscular endurance is improved you will be able to sustain movement over longer periods of time. It also improves sports performance and enhances nerve response.

Nordic Walking reduces pressure on the knees and other joints, and is excellent for relieving neck, shoulder and back problems. By using the poles you are working the upper body to move forward as smaller imbalances in the feet, ankles, legs and pelvis are corrected. The Nordic Walking technique encourages the opposing arm swing and a greater stride length so your range of motion and reaction time are improved along with flexibility, and a more precise and quicker movement, therefore reducing your risk of injury. Visual skills are also improved due to the use of poles because they create stability in movement so you are able to look ahead instead of at the ground, so that pressure is taken off the spine due to incorrect head placement, thus reducing poor posture and eliminating back strain.

As clients progress, fun, agility exercises can be brought in which will further help with co-ordination, the level of intensity can be increased and interval training introduced to develop fitness levels.

Ava Monroe teaches Nordic Walking as well as Yoga and Pilates. She works at Holly house Clinic on Fridays.

Apples

The apple tree at Holly House has produced a good crop of Bramleys again this year. Please help yourself from the basket in the waiting room.

As with previous years we are inviting donations to our nominated charity – Alzheimer's Society.

Enjoy your pies and crumbles!