



**North Kincumber
PHYSIOTHERAPY**



FOUR SURPRISING CAUSES OF NECK PAIN



If you are experiencing regular neck pain that just won't go away, it's possible that parts of your daily routine are contributing without you realising.

Here are a few common everyday activities that might be making your neck pain worse.

1. Your sleeping position

It's easy to underestimate the impact your sleeping position has however, spending hours in one position will undoubtedly have an effect on your body. Pillows that are too high or too flat can mean your cervical joints are sitting at the end of their range in too much flexion or extension. Similarly, sleeping on your stomach often means your thoracic spine is locked into extension and your neck is fully rotated. In simpler terms, this means your joints are under more stress than necessary. Ideal sleeping posture allows your spine to maintain its natural curves.

2. Your daily commute

Many of us make sure our workstations are ergonomically set up to reduce stress and strain throughout the day. Few of us take the same consideration when it comes to driving. In fact, the setup of your car can be just as important as your work-desk, particularly if you are driving more than 30 minutes every day. The correct setup in your car can mean you use less effort to drive and turn your head less often to check traffic. Ensuring that your steering wheel, seat and mirrors are set up correctly could make a difference to your posture and even perhaps reduce neck pain and headaches. If you find that driving is still affecting your pain after making these changes, try catching public transport or riding a bike on alternative days.

3. Your downtime

Many of us unwind by watching TV or our laptops at the end of the day. Your position during this time can be something you give little thought to however, looking up to view a screen mounted on a wall or looking down at a small screen or laptop can put pressure on the upper structures of the neck. Take a few minutes to consider what posture you're sitting in before settling down to binge watch a series and see if you can either lower the height of your screen or raise it slightly so your neck can be in a more neutral position.

4. Your exercise routine

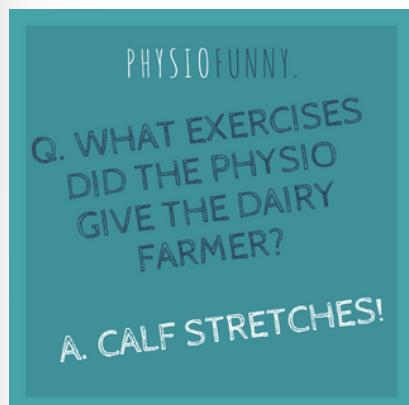
Any activity that requires sustained positions or repetitive neck movements can contribute to neck pain. Cyclists can be stuck in neck extension while looking ahead and breast stroke swimmers can also have excess neck extension. Freestyle swimmers with reduced thoracic or neck rotation can have difficulty achieving rotation when breathing which can cause pain and discomfort over time.

Your physiotherapist is able to identify any daily habits or activities that might be contributing to your neck pain. Come and see us for an appointment to see how we can help.

FOUR SURPRISING CAUSES OF NECK PAIN

ANTERIOR ANKLE
IMPINGEMENT

STRAWBERRY &
PARMESAN SALAD



Brain Teasers

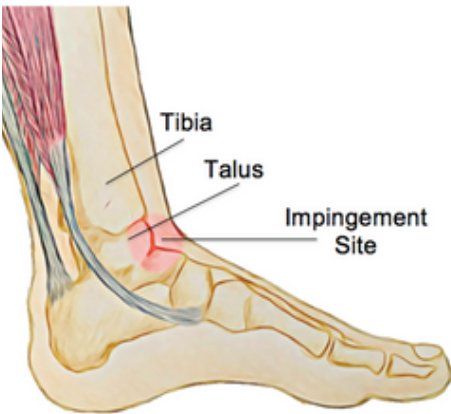
What gets smaller every time it takes a bath?

What is more useful when it's broken?

ANTERIOR ANKLE IMPINGEMENT

What is it?

Anterior ankle impingement, also known as anterior impingement syndrome, is a musculoskeletal condition where repetitive forces compress and damage the tissues at the front of the ankle, causing pain and stiffness. It is a common injury that can affect people of all ages; however, it is usually seen in athletes of sports involving repetitive or forceful upward movements of the ankle, such as sprinting, landing from long jump, and uphill or downhill running.



What are the symptoms?

Pain at the front of the ankle is the primary symptom of anterior ankle impingement. This can be felt as an intense, sharp pain occurring with ankle movements or a dull ache at the front of the ankle following periods of exercise. Pain can also be felt when putting weight through the ankle while standing, walking, or running. Night-time aching, stiffness, swelling, and reduced ankle flexibility are also common symptoms of anterior ankle impingement.

How does it happen?

Anterior ankle impingement is caused by traumatic or repetitive compression to the structures at the front of the ankle as the tibia and talus move towards each other during ankle movements. The tissues that are affected become damaged and inflamed, causing the pain typical of ankle impingement. Chronic inflammation can lead to further stiffness, exacerbating the impingement process.

The most common risk factor for ankle impingement is a previous ankle sprain that was not adequately rehabilitated, as this can result in a stiff or unstable ankle. Another cause of impingement is the growth of small osteophytes or bony spurs around the ankle joint that press against the nearby soft tissues. These can be due to osteoarthritis or may grow as a reaction to impingement itself. Training errors, muscle tightness, unsupportive footwear, and a hypermobile ankle have also been shown to be risk factors for anterior ankle impingement.

How can physiotherapy help?

Depending on the cause, mild cases of anterior ankle impingement usually recover in one to two weeks with rest and physiotherapy intervention. For more severe impingement, the ankle may require up to six weeks of rest and rehabilitation to recover. In rare cases, surgical intervention will be required to remove any physical causes of impingement, such as osteophytes, to restore impingement-free movement of the ankle. Your physiotherapist will first identify the cause of your ankle impingement and help you choose the best course of action to reduce your symptoms. They are able to advise you on the appropriate amount of rest and provide stretches and exercises to restore strength and flexibility to the ankle.

Mobilisation techniques and range of motion exercises can also reduce stiffness of the ankle, restoring normal joint movement. Balance and proprioception exercises are included to prevent further ankle injury. Balance exercises challenge the way your body reacts to outside forces. With this, your balance will be improved, and you'll have a more stable ankle.

Ideally, physiotherapy treatment is the first step before considering surgery. If surgery is required, your physiotherapist can help you make a full recovery with a post-surgical rehabilitation program.

None of the information in this newsletter is a replacement for proper medical advice. Always see a medical professional for advice on your individual condition.

STRAWBERRY &

PARMESAN SALAD



Ingredients

- 4 cups Mixed Salad Greens
- 8 Medium Strawberries
- 1 Medium Avocado
- 4 Tbsp. Roasted Sunflower Seeds
- 2 tsp. glazed Balsamic Vinegar
- 2 Tbsp. Coconut Oil
- 1 tbsp. Lemon Juice
- 50g shaved Parmesan Cheese

Method

1. Place greens in a large mixing bowl. Slice strawberries and avocados and add to the bowl along with roasted sunflower seeds.
2. Mix coconut oil and lemon juice and spread over salad. Sprinkle Parmesan cheese on top.
3. Drizzle balsamic oil over the salad, serve immediately.

Serves two.
Garnish with fresh mint, granola and fresh fruits



**North Kincumber
PHYSIOTHERAPY**

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