North Kincumber PHYSIOTHERAPY

PREHAB: PREPARING FOR A JOINT REPLACEMENT

When facing major joint replacement surgery, most people know they will need a period of rehabilitation afterwards to achieve their best outcomes. Far fewer consider something that can have just as much impact on the result: prehab.

What Is Prehab?

Prehab, short for prehabilitation, is the work you do to prepare your body before surgery rather than only after it. In the weeks leading up to a hip or knee replacement, a physiotherapist helps you build strength, movement and fitness so you go into the operation in the best possible shape. The idea is simple: the stronger you are before surgery, the better placed you are to recover well afterwards.

Why It Makes a Difference

It is easy to assume recovery only starts once the new joint is in, but the lead-up counts too. Research shows that people who are stronger and fitter before joint replacement tend to recover faster, regain function sooner, and in some cases spend less time in hospital. Prehab also gives you a head start on the exercises you will need afterwards, so they feel familiar rather than new when you are sore and tired.

What a Prehab Program Involves

A good prehab program is built around your joint, your fitness and your goals. It usually includes strengthening the muscles that support the joint, such as the quadriceps and glutes for a hip or knee replacement, since these do much of the work in your recovery. It keeps the joint moving through as much range as your pain allows, and adds balance and general fitness work to keep your heart and lungs in good shape.

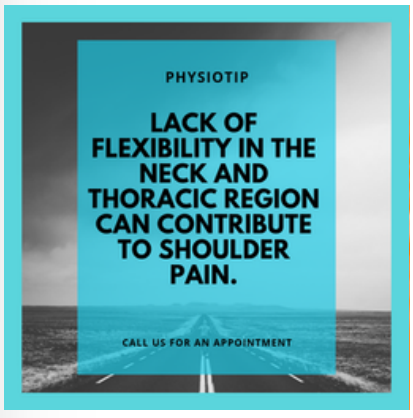
Many programs also rehearse the movements you will use after surgery, like getting in and out of bed, standing from a chair, or using crutches or a walking frame. Practising these ahead of time makes the early days far less daunting.

How Physiotherapy Can Help

Your physiotherapist can assess your current strength, movement and fitness, then build a program that targets the specific joint being replaced and fits around any pain you are managing. We can guide you on how hard to push and progress your exercises safely as surgery approaches. The goal is to arrive on surgery day as strong and prepared as possible, so your recovery starts from a better place.

If you have surgery coming up, it is worth starting sooner rather than later. Even a few weeks of focused preparation can make a real difference.

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



Brain Teasers

1. What goes up but never comes down?
2. What has one eye but cannot see?
3. What has to be broken before you can use it?

FOCUS ON SCAPHOID FRACTURES

What is it?

The scaphoid is a small bone in the wrist that connects the radius to the hand, and it is situated near the thumb. Scaphoid fractures are a relatively common wrist injury and are commonly misdiagnosed as the pain can be quite mild even when the bone has been broken. Scaphoid fractures are notorious for their high incidence of complications healing due to low blood supply to the area and how easily their diagnosis can be missed.

How does it happen?

A scaphoid fracture is often caused by a fall on an outstretched hand or a direct blow to the wrist. It is more common in young adults than in children and the elderly.

What are the symptoms?

Symptoms of a broken scaphoid include wrist pain, swelling, bruising or discolouration of the skin over the injured area and difficulty moving the wrist or hand. As the swelling subsides you might notice pain at the base of the thumb when opening jars or gripping objects. There may also be a deep, dull ache in the wrist that doesn't settle easily.

How is it diagnosed?

If you suspect that you have a scaphoid fracture, you should consult your physiotherapist or GP who will refer you for an X-ray to confirm if the bone is broken. Occasionally scaphoid fractures will not show up on an X-ray, so if the findings are negative yet your medical team still suspect a fracture, they may wait a week then X-ray again or send you for an MRI or CT to double-check. Though these fractures can often be treated without surgery, doctors may recommend surgical intervention for more severe cases.

How can physiotherapy help?

If you have a scaphoid fracture, your doctor will likely prescribe a splint or cast to ensure the wrist is kept still until healing is complete, usually for a minimum of six weeks. Healing times will vary depending on which part of the bone has been broken. Following the removal of the cast or splint, there is often residual pain, stiffness or muscle weakness. Your physiotherapist can help you restore any deficits as well as resolve any shoulder pain or headaches that may have resulted from altered biomechanics.

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Answers: 1. YOUR AGE 2. A NEEDLE 3. AN EGG

SWEET POTATO WITH HOT HONEY & BEEF

Ingredients

2 Large Sweet Potatoes
500g Lean Beef Mince
2 tsp. Taco Seasoning
1 Small Tomato, finely diced
2 Tbsp. Sour Cream
1 tbsp. Hot Honey
Small handful Fresh Mint

Method

1. Preheat oven to 180°C. Pierce the sweet potatoes all over with a fork, place on a lined tray and roast for 1 hour, until soft.
2. Over high heat, cook the mince with the taco seasoning until browned and cooked through. Remove from heat and set aside to cool.
3. Slice each sweet potato down the middle, without cutting all the way through. Mash the flesh a little, then load with taco mince, avocado and sour cream. Drizzle hot honey over the dish.

Garnish with fresh mint and serve.

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