



Injury care guide

Although injuries vary considerably, management of the majority of musculoskeletal complaints is often very similar. This brief guide is not exhaustive, but will help advise you on the basic management of your injury/condition alongside correct performance of your recommended exercises.

If you any further questions, or concerns, please direct them to your therapist.

Post treatment advice

Following an assessment or treatment session with your therapist it is common to experience post treatment, therapeutic irritation and a short term increase in symptoms. Your therapist will provide advice regarding this however, please also refer to the below guide.

Symptoms generally will settle within 48 hours post treatment however if you have followed this advice and they persist and/or you have concerns and please discuss with your therapist.

Ice and heat therapy

Both Ice and heat can play an important role in injury management. Both have beneficial properties. Ice is most commonly used in controlling of inflammation. Many patients also report that following the use of ice pain levels decrease. Heat is useful for increasing blood flow to muscles and can quickly relieve muscle and joint tension and stiffness. There is also evidence that correct heat use can stimulate and improve healing times.

Ice is most commonly advised in the first 10-14 days of an injury or after a flare up, exercise or a treatment session. Heat is more frequently recommended after the initial 10-14 days or in chronic injuries. Some body parts, such as tendons, have a poor blood supply and in this instance heat is commonly more beneficial. However, individual preference is important and some patients report greater success with ice or heat. An ice or heat pack is recommended. Wrap either in a damp towel and apply for no longer than 15-20 minutes. Check the skin every 2-3 minutes for any signs of irritation or burning. If you have any concerns stop immediately and clarify with a health care professional.

Do not use ice if you have poor sensation to the site of application, an infectious wound or cryoglobulinemia.

Heat should not be used if you have sensory loss, heightened sensation, bleeding disorders, cases of acute inflammation or local heating in the case of pregnancy or malignancy.

Exercise



Clinical Guidelines generally recommend continuing with normal activities as far as possible. Staying physically active is likely to be beneficial in maintaining range of movement, limiting functional restriction and improving pain levels. However, if activity or exercise causes pain levels to increase or symptoms to worsen it would be advisable to stop and seek advice from your therapist.

A tailored exercise programme, if appropriate, will be provided by your therapist. It is crucial that these are performed correctly so please pay close attention to the exercise videos, video commentary and exercise guides. Further clarification can be discussed with your therapist.

Rest from aggravating activities

Avoidance of provocative activities (e.g. heavy lifting, running etc.) is an important part of recovery to help control inflammation and prevent further irritation. This however does not mean bed rest – it is important to keep moving to avoid worsening pain and further restriction of movement.

Flare up

If you have a flare up of your injury there are a few simple things which can be trialled before returning to your therapist or GP:

- Ice / heat (as above)
- Resting from aggravating activities
- Maintaining mobility as able
- Revisiting the exercises prescribed by your therapist

In the instance of the final point, and if there has been a time gap in performing your routine, it is advisable to go back to the initial stages and perform a lower number of repetitions or use a lighter level of resistance.

However, if you are concerned or the following the above doesn't settle your symptoms please discuss with your therapist or if you have been discharged from physiotherapy then revisit your GP.