Serving the local community since 2001

Back in Shape

Physiotherapy & Pilates

Helen's Mat Classes

Term dates: 2020 Term 1

Start: Tuesday 28 January 2020
End: Friday 27 March 2020

Alphington Bowls Club
Parkview Rd, Alphington

All ages and abilities classes
Mon: 12-1pm & 7-8pm
Wed: 5.30-6.30pm
Fri: 9.15-10.15am & 10.30-11.30am
Cost: Mon: 7-week term: $161 or $28/class casual
Wed: 9-week term: $207 or $28/class casual
Fri: 9-week term: $207 or $28/class casual

Fairfield Community Room
Station St, Fairfield

Over 50s class
Mon: 9.30-10.15am
Cost: 7-week term: $84 or $14/class casual

Limited mobility class
Mon: 10.30-11.15am
Cost: 7-week term: $84 or $14/class casual

PUBLIC HOLIDAY ALERT:
There will be no classes on:
Monday 27 January (Australia Day)
Monday 9 March (Labour Day)

Tim's Pilates

Call Tim for information on 0410 010818

These classes will run continuously without term breaks.

Alphington Bowls Club
Parkview Rd, Alphington

Mon: 6-7pm
Cost: $120 for a block of 10 classes or $15/class casual

Flexible neck for better balance

The subject of this term's article is Benign Paroxysmal Positional Vertigo (PBBV). This is a condition that results in repeated—albeit brief—episodes of vertigo and associated nausea/vomiting. While BPPV may not at first sight appear to be related to physiotherapy or Pilates, you will understand my reasons for interest as you read through the following.

Symptoms of PBBV can occur simply from moving the head, such as rolling over in bed, bending forward to put your shoes on, or simply from changing position. Nystagmus (repetitive uncontrolled movement of the eyes) can also arise, causing accompanied visual disturbance.

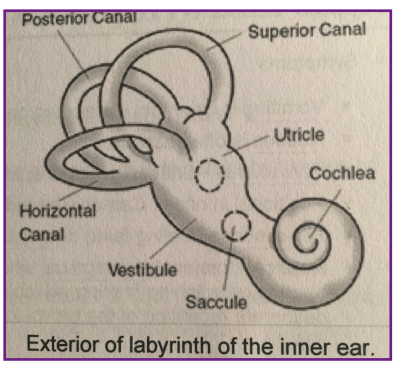
One of the most widespread causes of vertigo, PBBV is a relatively widespread disorder that commonly affects 50-to-70 year olds. Women are twice as likely to suffer as men, and 10 per cent of all 80 year olds will have experienced the condition.

Importantly, there is no numbness or weakness associated with PBBV. If you experience similar symptoms to BPPV, but with numbness or weakness, then you need to see your doctor as you may be suffering from something altogether more serious.

BPPV arises in the labyrinth in the inner ear (see diagram below), which is made up of three semicircular fluid-filled canals—the horizontal, posterior and superior—arranged in three different planes. Hair-like sensors in the lining detect movement of the fluid, which is interpreted by the brain to help us balance.

In the utricle part of the labyrinth there are a collection of crystals, which can become dislodged and move into the semicircular canals where they interrupt the normal flow of fluid, and this causes the sensation we know as vertigo. Depending which canal is affected will determine whether the vertigo occurs with up/down, rotational or side-to-side movements of the head.

In my many years experience as a physio, I have formulated the belief that people who lose the full range of movement of their neck could be more likely to experience BPPV than those who retain a normal range of motion. For example, I have treated several younger patients who have suffered a condition—surgery, disc problems, a fracture or whiplash—that has required the individual to wear a neck brace resulting in a loss of range of motion in the neck. These patients, I have discovered, are more prone to



Exterior of labyrinth of the inner ear.

BPPV, compared with their uninjured peers.

I advocate, therefore, that the maintenance of a full range of movement in our necks is crucial to help prevent the onset of BPPV at any age, and an active exercise program to move our necks through their full range of movement every day is a great way to achieve this. In my mat classes, I show my attendees exercises that they can do as part of their daily routine to achieve this.

If you do suffer from BPPV, or if your neck is stiff or painful, then I recommend you see your physio. There are physiotherapists that specialise in treating this condition, so if you are suffering, talk to your physio or doctor.

Active Standing Exercises

'Active Upright Exercises' are designed to allow you to do some exercises in otherwise unproductive time when you are on your feet. So don't just stand there. Stand actively!

Peering over a cliff to activate your Multifidus

Your Multifidus is a stabilising muscle in the spine. We have one either side of every vertebrae all the way up our spine. When it contracts, it 'inflates' like a little airbag to help elongate and support the spine: it helps us stand tall. This exercise wakes up the muscle and is ideal to perform at the start of each day.

- Stand with your feet hip distance apart, knees soft and your weight equally in the centre of your heels and the base of big and little toes
- Put your hands on your hips and slide your thumbs to the midline of your back. Feel for the bony protuberances in the spine—your spinous processes. You will be on vertebra L4. Replace your thumbs with your index fingers (which will help keep your shoulders relaxed) and put them close together so they are almost touching
- Now imagine you are standing on a cliff edge. Rock your weight forward towards your toes. Let your whole body follow—hips, shoulders and head—keeping them all in line, as if you are peering over the edge. You should feel the subtle tautening under your fingers as the Multifidus inflates, and relaxing as you rock your weight back
- Check that both sides are inflating and relaxing equally. If they do not, try rotating your head to one side to see if that improves the symmetry. If not, try rotating to the other side.
- Keep your head rotated as necessary to keep the tautening symmetrical, and repeat a few times
- Slowly bring your head back to the centre and try to maintain the symmetry
- Repeat this at each vertebra. Go down an inch to L5, and another inch to S1. From the start point, go up an inch to L3, and try progressing further up, an inch at a time as far as you can reach
- Repeat 4-5 times at any level that feels asymmetrical and after any periods of inactivity

Stabilising muscles

A quick revision

Each term this year we have focussed on a different stabilising hip muscle. There are three of these:

1. **TFL** (at the side of the hips): activate this by 'stretching the floor'.
2. **Illiacus** (at the front of the hips): activate this by rocking your weight back onto your heels.
3. **Deep Gluts** (at the back of the hips): activate this by squeezing your heels together.

Ideally, both sides should tauten equally and both sides should fully let go as you relax. These are all explained in more detail in previous newsletters.

'But what is a stabilising muscle?' I hear some of you ask. We actually have stabilising muscles all over the body and these work quietly in the background to hold certain joints still while we move other joints.

For example, when we perform a bicep curl, we use the biceps muscle to bend the elbow. However, to get maximum force from the movement, we need to be able to keep our shoulder joint, shoulder blade, neck, back, hips and legs all still. We use our stabilising muscles to accomplish this.

Stabilising muscles are designed to work at low intensity for long periods of time, and are very efficient at doing this. Unfortunately, when we experience pain in an area, the stabilising muscles are switched off and the body compensates by using the power muscles—i.e. those responsible for the main movement of the joint—to stabilise. This is not an efficient arrangement, as the power muscles get tight, tired and painful if they have to work continuously for a prolonged period of time.

After an injury, or experiencing pain in an area, it is important to reactivate your stabilising muscles to help ensure the power muscles do not become overused. This is why Pilates is so beneficial: it helps keep your muscles in balance, doing the jobs they are each designed to do.