Serving the local community since 2001

Back in Shape

Physiotherapy & Pilates

Helen's Pilates

Term dates: 2019 Term 1

Start: Tuesday 29 January
End: Friday 5 April

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: 8-week term: $184 or $28/class casual
Wed/Fri: 10-week term: $230 or $28/class casual

Fairfield Community Room
Station St, Fairfield

Over 50s class
Mon: 9.30-10.15am
Cost: 8-week term: $96 or $14/class casual

Limited mobility class
Mon: 10.30-11.15am
Cost: 8-week term: $96 or $14/class casual

PUBLIC HOLIDAY ALERT:
There will be no classes on
Monday 11 March - Labour Day

Tim's Pilates

Call Tim for information on 0410 010818

These classes will resume on Monday 4 February and 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

Time to put your gluteal tendinopathy behind you

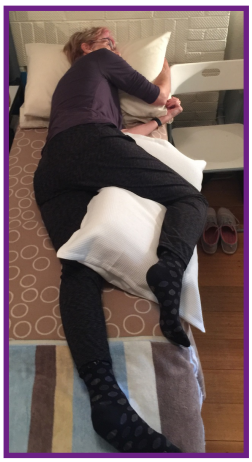
Gluteal tendinopathy is a common condition—the most common tendinopathy in fact—that causes moderate to severe pain on the outside of the hip and often the upper thigh as well. Typically, pain arises from a reduction in tolerance of the gluteal tendons (which connect your gluteal muscle to your hip bone) to perform certain normal activities, including climbing stairs, walking up hills, standing from sitting, sitting in low chairs, sitting cross legged, standing on one leg, and carrying children. Often, pain is worst at night. Some people suffer more lying on the affected side, some on their good side, or some people experience pain equally for both.

This condition is especially common in active peri-menopausal or menopausal women, and rarely affects men except for those who have undergone a total hip replacement, for whom the risk increases.

Gluteal tendinopathy usually occurs as a result of significantly increasing activity levels. For example, women who start seeing a personal trainer for the first time, or start a new gym program or boot camp can put themselves at risk, as can those returning to sport—like running, for example—after a break.

Equally, relatively fit people who are increasing the intensity or duration of their chosen sport/activity may suffer from a gluteal tendinopathy, as well as those fit people who undertake activities which are substantially different in type or vigour to what they normally do, such as doing a lot of walking during an overseas trip. The pain tends to be of a gradual onset nature, but can become very debilitating if untreated.

To minimise discomfort try lying in a 'three-quarter prone position' (see photo)—halfway between lying on your side and lying on your tummy—with your top leg supported by a pillow. This will alleviate pain for both lying on your painful or your good side. However, it will probably be more comfortable lying on your good side with a pillow between your legs. Sit higher and wider than you would normally. Do not cross your legs, although crossing them in a figure-four position (like a man) might work. Avoid stairs and hills, but if unavoidable, walk with feet wider apart. Do not wear heels. Try to stand with equal weight on both feet. Try to stay as active as possible, but DON'T stretch.



Of course the best advice is to see a physio to advise on a strengthening program, with optimum results achieved from a daily

program of a few key exercises, plus two one-hour resistance training sessions each week.

Interestingly, a recent study published in the British Medical Journal (https://www.bmj.com/content/361/bmj.k1662.long) concluded that physio achieves the best results for treating gluteal tendinopathy. It compared three different treatment approaches for patients suffering from this condition: physiotherapy; a corticosteroid injection; and a wait-and-see approach (which can be considered the control group for those of you of a scientific disposition). The physiotherapy option involved a strengthening program plus advice.

The results of the study showed that physiotherapy delivered a better outcome in both the short term (at the eight-week mark) and the longer term (at the 52-week mark).

At eight weeks, 77 per cent of those treated with physio reported feeling at least 'moderately better', compared with 58 per cent for the corticosteroid group and just 29 per cent for the wait-and-see group. Average pain levels for the Physio group were 1.5/10, compared with 2.7/10 for the Corticosteroid group and 3.8/10 for the wait-and-see group.

By the 52-week mark, the physio group reported feeling 78 per cent 'moderately better', the corticosteroid group 57 per cent, and wait-and-see group 52 per cent. Pain levels for the three groups were 2.1/10, 2.3/10 and 3.2/10 respectively.

So the message is clear: if you are suffering from a gluteal tendinopathy (or any other tendinopathy), you will achieve the best recovery in the shortest time by seeing a physio!

Active Standing Exercises

'Active Upright Exercises' are designed to be done anywhere you find yourself standing for a few minutes. So don't just stand there. Stand actively!

Glut Medius Activation

If you have read the main article on gluteal tendinopathy (and if not, why not?!) and want to start doing a simple exercise to start activating your Gluteal Medius muscle, then here is a great one to try:

- Stand with your feet hip-distance apart, with your toes pointing straight ahead or slightly pointed out
- Bend your knees slightly and ensure your knee caps are pointing in a line with your toes
- Place your hands on your hips with your fingertips pressing gently in the fleshy part in the region of the side seams of your trousers. See the photo above.
- Imagine that you are now trying to stretch the floor/carpet between your feet. No movement actually takes place, and you must ensure your knees do not roll out.
- Feel the tautening of your Glut Med muscle under your fingertips
- Hold for a few seconds before relaxing and feel the muscle soften
- Try ten reps and aim to gradually increase the hold to ten seconds

Getting a grip

What's normal for your age and gender

You might remember in the last issue, we saw how three simple tests can predict whether or not you are at risk from premature death.

One of these tests was the handgrip dynamometer, which measures your grip strength in kilograms. The article only listed grip strengths for a 53 year old, which is not terribly helpful if you are older or younger than this, and I've had a few people asking what the normal grip strength is for somebody of their age.

The main factors that affect your grip strength are your age, gender, and any upper body pain or injuries that you might suffer. Your strength might also vary between your left and right hand.

I have reproduced a table below to indicate what results are judged to be weak/strong by age and gender. Naturally, values between these figures are the normal range for that specific age/gender combination.

If you want more guidance on handgrip strength testing, with regard to testing techniques and protocols, please check out the following link:

https://www.topendsports.com/testing/norms/handgrip.htm

Grip Strength Ratings (kg)

Males			Females	
Weak	Strong	AGE	Weak	Strong
< 36.8	> 56.6	20-24	< 21.5	> 35.3
< 37.7	> 57.5	25-29	< 25.6	> 41.4
< 36.0	> 55.8	30-34	< 21.5	> 35.3
< 35.8	> 55.6	35-39	< 20.3	> 34.1
< 35.5	> 55.3	40-44	< 18.9	> 32.7
< 34.7	> 54.5	45-49	< 18.6	> 32.4
< 32.9	> 50.7	50-54	< 18.1	> 31.9
< 30.7	> 48.5	55-59	< 17.7	> 31.5
< 30.2	> 48.0	60-64	< 17.2	> 31.0
< 28.2	> 44.0	65-69	< 15.4	> 27.2
< 21.3	> 35.1	70-99	< 14.7	> 24.5