



Honsberger Health

A quarterly newsletter March 2009



Kevin Honsberger BPhysEd, BScPT Before founding Honsberger Physiotherapy and Biomechanics clinics, Kevin worked primarily in the sports medicine field with Dr. Ron Taylor at the Mt. Sinai Sports Injury Clinic and at the Fitness Institute where he was instrumental in reviving the Olympic High Performance Center. Kevin's focus has been on the biomechanical nature of injuries and how to treat them. He also has a special interest in the role of orthotics and injury management and the assessment and treatment of low back and pelvic injuries.

Total Hip Replacements: A Preventative Model

Osteoarthritis of the hip joint, in its simplest form, is joint wear and tear. The most compelling questions are why has it happened, is it happening at a younger than expected age, and is it more than one would expect at that age? In other words what is the cause, is it premature, and how severe is it?

Since osteoarthritis is a friction related condition, then all we have to do is minimize the friction to control progression of the condition and destruction of the joint.

The hip is classified as a ball and socket joint. When considering the causes of joint friction it becomes quite simple. Either the femoral head is misaligned with the socket (the acetabulum), or the socket is misaligned with the head. There are three basic causes for hip joint – head socket misalignment:

1. Trauma – bony fractures that affect posture and bony alignment.
2. Heredity – acquired misalignment.
3. Biomechanical adaptations or compensations.

This article will focus on the third and most controllable cause – biomechanical adaptations.

According to the biomechanical model the relative positions of the femoral head and acetabular socket are controlled by muscle strength and tissue tension that connect the femur bone (the thigh) to the pelvis.

Upcoming Events

Over the next few months Honsberger Physiotherapy and Biomechanics clinics will be found at various locations and events. Stop by and check us out!

*Aurora Home Show
Information booth
April 17-19th*

*Bob Hartwell's Runners Challenge
Massage station near start/finish line
April 26th*

*York Central Hospital Spirit Run 5K
Massage station near start/finish line
May 2nd*

Honsberger Physio is proud to announce the expansion of our industrial program at

Apotex Inc.

For more information on how we can reduce injuries and improve overall productivity in the workplace, speak to

Jason Varghese-Director of Industrial Management.



It is quite common to discover, in arthritic patients, that the ilium which is the bone that houses the hip socket is found anteriorly or forwardly rotated. This shifts the position of the socket from the position of 8 o'clock to 6 o'clock. This causes the femoral head to engage the front lip of the socket prematurely, moving it away from the center of the socket.

The anterior rotation of the ilium also creates a functionally longer leg by lowering the left socket relative to the other side. As compensation, the foot excessively pronates, which is a rolling in of the arch of the foot, creating internal hip rotation – an additional source of friction.

Osteoarthritis in its early stage is non-painful but can progress. Therefore if we identify biomechanical adaptations in healthy painfree clients, then we can avert the destruction associated with osteoarthritis.

We cannot turn back the hands of time but we can delay the onset with timely intervention. A preventative model is the key to preserving healthy joints.

Seek out healthcare professionals who adopt a biomechanical approach to patient care – you won't be disappointed.

Honsberger Physiotherapy and Biomechanics Clinic

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Nora de Graaff BA Hons Kin, MScPT Nora graduated from the University of Alberta with a master's degree in physiotherapy. She has post graduate courses in myofascial release, manual therapy, and McKenzie method. She offers a unique understanding of post-traumatic surgical rehabilitation from her own extensive knee and shoulder injuries. Nora has been dancing since the age of three and although she no longer performs or competes, she still enjoys taking new classes. Among other areas, she enjoys treating knee and dance injuries, and managing breast cancer rehabilitation.

Lasting Effects of Scar Tissue

Congratulations, your surgery was a success! Chances are that you now have a scar to show for it. Whether your surgery was a week ago, a year ago, or 5 years ago, you may still be suffering from limitations due to scar tissue formation. It is not uncommon to have successful surgery and still have difficulties from the scar months or even years after surgery.

To get to the bone, joint, or organ that needs repair, a surgeon must cut through the layers of skin, fascia and muscle. Scar tissue forms to seal the wound and prevent infection. It is a mass of quickly formed connective tissue that has strength, but little stretch or flexibility.

A scar that heals well and looks good on the surface might still be causing restrictions underneath. It's important to have a therapist address all levels of scar tissue because the layers can become stuck together and restrict the movement of nearby joints or disrupt the functioning of internal organs.

A surgical scar over a bony area such as at the knee can become adhered or glued down to the fascia and bone beneath it. This can cause pain with knee bending because the scar tissue is yanking on the covering of the bone every time the knee is bent.

Your therapist needs to release the scar tissue around the incision to help get the knee bending!

With abdominal surgeries the scar can stick to the soft fascia below the skin. Fascia is the connective tissue that is like a sheet under the skin, covering and supporting nerves, muscles, organs, and bones. It does not stretch as easily as a muscle or skin would. The organs that are suspended in fascia can also become irritated and can lead to digestive, bowel, or bladder issues.

Scars from C-section or hysterectomy will have fascia scar formation, but also scarring in the muscles that were cut. This can lead to abdominal weakness and lumbar instability which are the major contributing factors to low back pain!

Chest wall surgery such as mastectomy and lumpectomy can also have similar effects in the fascia of the neck, chest, and armpit, and can lead to shoulder problems because the scar tissue and muscle tightness pulls the shoulder down and forward. The pectoral muscles get shortened over time and restrict the shoulder and upper back from getting into proper postural position. When this is not treated early on it can lead to shoulder, back and neck mobility issues down the road.

Even something as seeming small as toe surgery can affect the way the bones and joints in the foot behave with walking. It is important to know that any surgery, no matter how small, or how well you've recovered from it, can have a chain reaction from the tightness of the scar tissue below.

Your therapist can teach you how to properly do scar mobilizations for yourself to help avoid or limit the scar tissues that forms. If you're having pain or limited movement and you've had surgery in the past consider all the possible sources of restriction!

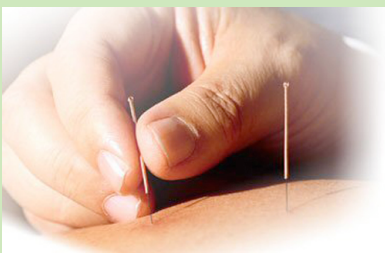
Striving for Excellence

This January all the therapists at Honsberger Physiotherapy attended a foot clinic to update skills and knowledge on foot mechanics, proper footwear and shoe selection, gait analysis, and orthotic devices.

It was a great course and another way we are constantly challenging ourselves to serve our clients in the best and most up to date way possible.



Acupuncture is available at Honsberger Physio!
Please ask your therapist how acupuncture can help you.



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