

**REMEDIAL MASSAGE
AT CITY OSTEOPATHY**

**BICYCLE VICTORIA
MEMBERS NOW GET A
DISCOUNT ON MASSAGE!**

*Just present your BV
membership card to get
our discount.*

BV Member prices:

1 1/2 hour \$80 (normally \$95)

1 hour \$60 (normally \$75)

1/2 hour \$40 (normally \$55)

Sonia is a fully qualified Remedial Massage Therapist. She is registered with The Australian Association of Massage Therapists (AAMT) and is also registered for health fund rebates.

SPECIAL OFFER! FIX-A-FRIEND!

**City Osteopathy would like to invite our
Talkback readers to fix-a-friend**

We take great pride in the knowledge that so many of our new patients come to the clinic from the happy referral of friends, family or colleagues. Fix-a-friend is an initiative inviting you to spread the word on your results following treatment by our Osteopaths. Pass this newsletter (or cut out this section) and give to a friend in need. With it they can redeem 50% off their initial Osteopathic consultation!

Osteopaths are musculoskeletal experts, who use safe and gentle techniques to improve conditions such as migraine and headaches, sciatica, arthritis, back pain, shoulder pain and much more. Can you think of a friend in need?

PRACTITIONER TIMES

Osteopaths	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Shane Heslop		8.00am to 6.00pm			8.00am to 4.00pm
Anita Biddle	1.00pm to 6.00pm		8.30am to 6.00pm	9.00am to 12.30pm	
Michael Santamaria		8.00am to 6.00pm		8.00am to 6.00pm	8.00am to 4.00pm
Leigh Doolan	12.45pm to 6.15pm		12.45pm to 6.15pm	9.45am to 1.15pm	8.45am to 11.45am
Remedial Massage Therapist					
Sonia Wainberg	12noon to 6.00pm*	12noon to 7.30pm			12noon to 6.00pm
Naturopath					
Kristan Gilbert				8.30am to 4.30pm	
Lymphatic Drainage Therapist					
Jill Griffiths		1.30pm to 7.00pm		1.30pm to 7.00pm	1.30pm to 7.00pm

* Beginning April 2008

City Osteopathy

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"Osteopathic Medicine - restoring health by manual medicine"

TALKBACK

ISSUE No. 5

SUMMER 2008

BABIES and OSTEOPATHY

Birth is one of the more stressful events of our lives. The baby is subjected to enormous forces as the uterus pushes to expel the baby against the natural resistance of the birth canal. The baby has to turn and twist as it squeezes through the pelvic bones and coccyx. The baby's head has the remarkable ability to absorb these stresses in a normal delivery. In order to reduce the size of the head, the soft bones overlap, bend and warp as the baby descends. Many babies are born with odd shaped heads as a result. Imagine what occurs with the extreme pressure of a forceps or induction delivery!

In the first few days after birth, the head slowly loses the extreme molded shape, as the baby suckles, cries and yawns. However, in some cases this unmolding process may not totally resolve. As a result, the baby may have to live with some very uncomfortable stresses within its head and body.

Some babies cope extremely well with the various pressures and strains and are content and happy. For others it is a different story and they can display a variety of problems, such as: crying, irritability, feeding difficulties, sickness, colic, wind or sleep disturbances.

Osteopathic treatment using the cranial approach is extremely gentle, safe and may be very effective. Only two or three

treatments can bring about large improvements for babies who are suffering from conditions such as irritability, colic, feeding difficulties, babies who can only turn their neck in one direction, recurrent ear infections and wind. Treatment involves specific gentle pressure and massage to enable the inherent healing abilities of the body and to enhance the release of some of these physical pressures.



Osteopathy can be used to treat problems in small and infant children.
(Picture courtesy of AOA)

CLINIC HOURS

**Monday:
1.00pm - 6.00pm**

**Tuesday:
8.00am - 6.00pm**

**Wednesday:
8.00am - 6.00pm**

**Thursday:
8.00am - 6.00pm**

**Friday:
8.00am - 4.00pm**

***No doctor's
referral required.**

***Osteopathic
consultations are
GST free.**

***TAC, WorkCover
and Veterans
Affairs patients
are bulk billed.**

City Osteopathy

SHANE HESLOP • ANITA BIDDLE • LEIGH DOOLAN • MICHAEL SANTAMARIA

Phone 03 9663 5450

www.cityosteopathy.com.au

CERVICAL DISC PAIN (Neck pain)

The disc (or intervertebral disc) is a structure that is found in between the spinal vertebral bodies from the neck to the sacrum (tailbone). The disc serves as a cushion and helps the spine to move and absorb forces. A single disc and its two vertebral bodies do not have much ability to move, however, when put together along the length of the spine the amount of movement provided is considerable. Each disc is composed of two parts, the nucleus pulposus (the central part) and the annulus fibrosis (the outer part). The nucleus pulposus provides the padding and it is contained by the annulus fibrosis which forms a ring around the nucleus pulposus and also attaches to the vertebral bodies above and below (see diagram).

A number of problems with the discs in the neck (cervical discs) can cause symptoms in patients. The three most commonly seen problems are disc herniations (abnormal protrusions of a portion of the disc material), disc degeneration (changes in the disc seen in normal aging and also in injury) and disc bulge (enlargement of the disc possibly due to inflammation/irritation as well as aging). There are seven vertebral bodies in the cervical spine. The first two are fairly specialized. The rest are quite similar to one another.

Specialists use a number of different terms when they refer to disc problems. Herniated disc, ruptured disc, protruded disc, prolapsed disc and slipped disc generally all mean the same thing. These terms imply that the nucleus pulposus has been displaced backwards or forwards and is possibly pressing on a nerve root (or roots). Disc bulge refers to a general enlargement of the disc beyond its normal boundary. A disc bulge is not necessarily an abnormal finding and may simply be the result of aging. Similarly, the term disc degeneration (or degenerated disc) is often used, particularly in X-Ray and MRI reports. This means that there has been a loss of the fluid content of the disc and usually a loss of the normal disc height. Although disc bulges and disc degeneration are seen in normal ageing, they can both be associated with clinical problems.

The most common symptom of a cervical disc herniation is neck pain that radiates (spreads) down to the arm in various locations. The specific location of the arm pain depends on which disc is involved. There can also be associated paresthesias (pins and needles) and in some cases weakness of some of the arm muscles. Patients find that turning their head away from the painful side helps. Extending the head makes the pain worse so that looking up is avoided. Bending the head down usually gives some relief. Most of the symptoms of a disc herniation are related to pressure on a specific nerve root. Rarely, large disc herniations can cause pressure on the spinal cord. Pressure on the spinal cord can result in a problem called cervical myelopathy. It can cause among other things spasticity which can present as problems walking.

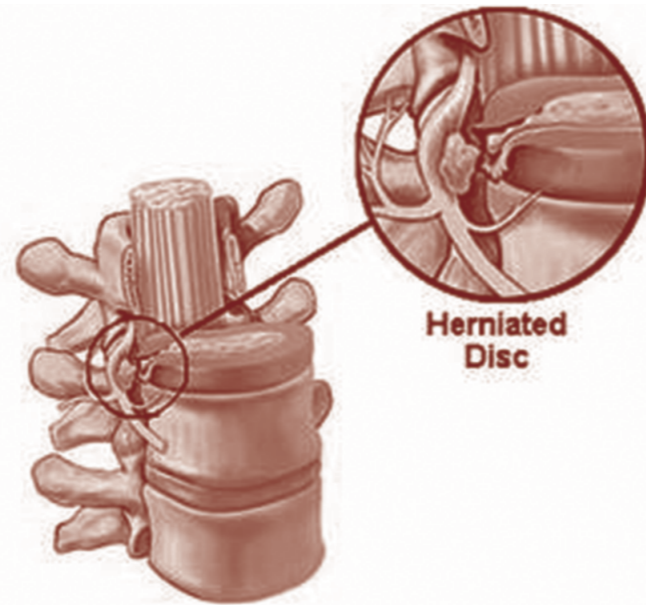
The treatment of cervical disc problems can be divided into two categories, conservative (non-surgical) and surgical. In some rare cases of very large disc herniation causing significant pressure on the spinal cord, surgery may be considered.

Anti-inflammatories can be effective at any stage of a disc herniation. As these medications have side effects, patients should carefully read the package material or

consult their doctor if taking any medications for longer than a few days.

Osteopathic treatment generally involves changing the weight-bearing on the problematic disc to balance and reduce the pressure on the disc with gentle techniques. If the disc degenerates or even ruptures, it cannot return to its previous state, even with surgery. However, we can minimize the symptoms and in many cases free the patient of pain. From here, the patient then needs to learn how to 'manage' a neck that has a history of disc problems.

Osteopaths are trained experts at diagnosis, treatment and management of cervical disc problems. Please feel free to talk to your Osteopath about cervical disc pain.



Stretch of the Quarter

A very effective way to speed up recovery time of the plantar fascia is to stretch the plantar fascia and prevent it from becoming chronically contracted. The stretch is easy and requires only 5 minutes of your time.

HERE'S HOW:

- 1 Sit in a chair or the edge of a bed.
- 2 Place your foot on a hard round or cylindrical object such as a rolling pin, rubber ball or golf ball.
- 3 Press the foot into the rolling pin or ball and roll the foot over the bar or ball forwards and backwards.
- 4 Roll for 30-60 seconds. Repeat five times.
- 5 If this stretch proves extremely painful you can simply place the rolling pin or ball inside a sock which with cushion the contact with the foot.



OSTEOPOROSIS

How do we prevent it?

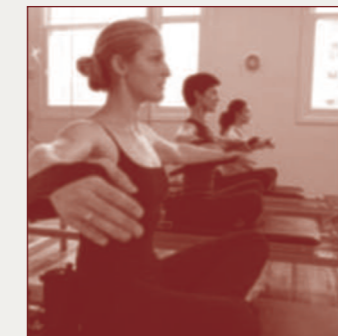
Osteoporosis is a condition where the bones lose minerals and are unable to replenish them. The density and quality of the bone are therefore reduced and they become weak, brittle and fragile. This leads to increased risk of fractures (breaks or cracks in the bone) and a reduction in the force required to cause a fracture. Common fracture sites are the hip, spine, wrist, ribs, pelvis and upper arm. Fractures due to Osteoporosis can cause postural changes (such as Dowager's Hump), muscle weakness and loss of height.

In Australia 1 in 2 women and 1 in 3 men over 60 years will have an Osteoporotic fracture. Female hormones, menopause and aging reduce bone density. When the bone is becoming weaker due to Osteoporosis we rarely get any signs or symptoms until a fracture occurs. Therefore being aware of risk factors is important to everyone and prevention measures are the key. Osteoporosis Australia specifically recommends healthy exercise and diet as the key factors in prevention.

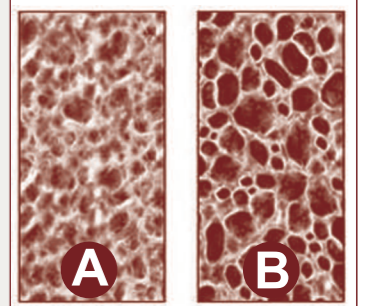
Exercise can help prevent fractures by increasing the bone strength and density. Weight bearing exercise such as skipping, jogging or weight training is the most effective form. Exercise when you are a child is also very important in developing your peak bone mass. It is as an early teen that we develop our maximum bone mass, so if it is poor then you have weak bones before you age. Falls are the most common cause of an osteoporotic fracture. Exercise also helps balance, co-ordination, strength and agility helping to prevent falls and reduce the pain of an old fracture.

Calcium and vitamin D are also required for building and maintaining bone mass. Vitamin D deficiency is an emerging public health problem and is surprisingly common in Australia. Major risk factors are: age; having limited exposure to sunlight; gastrointestinal disease and certain medications.

Average daily calcium intake is also a problem in Australia, with the average diet being below the recommended intake (RDI 1300mg). This is particularly evident in young women, the elderly, people with gastrointestinal disease or after corticosteroid use. Smoking and excessive alcohol consumption also contributes to bone mass loss. For further information the Osteoporosis Australia web site is worth a look www.osteoporosis.org.au or consult your Osteopath or GP.



Exercise and bone strengthening is the key!
(Picture courtesy of Matrix Pilates)



a) Healthy bone
b) Weakened osteoporotic bone

PLANTAR FASCIITIS

Plantar fasciitis is a common condition affecting the sole of the foot. It is a painful inflammatory condition affecting the tough, fibrous band of tissue (fascia) between the heel and toes. Pain usually is felt on the underside of the heel and is often most intense early in the morning and upon commencing walking.

Plantar fasciitis affects women more than men and typically affects people between 30 to 60 years of age. It is usually caused by excessive walking, standing on hard surfaces, poor foot biomechanics or being overweight.

If people don't seek treatment for plantar fasciitis, it commonly becomes a chronic condition. You are at increased risk for developing pain in the knee, hip and back because plantar fasciitis changes your walking ability. Extra bone growth (heel spurs) can also occur on your heel due to the tight fascial pull if plantar fasciitis is not resolved correctly.

Treatment of plantar fasciitis involves rest. It is very important that people keep weight on their feet to a

minimum until the inflammation goes away. Icing the painful area for 20 minutes three or four times a day can also help relieve pain and inflammation. Osteopaths commonly use soft tissue and joint mobilization techniques to the lower limb (esp. foot) to help reduce the inflammation, pain and joint stiffness.

Exercises to stretch your Achilles tendon and plantar fascia are also very important when treating the plantar fasciitis and for lessening the chance of recurrence. We have featured a plantar fascia stretch in our newsletter this quarter. Your Osteopath can give you further advice about plantar fasciitis and other foot related problems.

