

PHYSIO TIPS

IN JULY

FROM 'RICE' TO 'PEACE & LOVE'



Physio Tips is a bimonthly newsletter aimed at educating the public regarding the latest evidence in injury management, without all the medical jargon. We will keep it simple and concise, but full of knowledge gems in order to empower and equip you.

The ideal immediate management of acute injuries has long been a topic of debate. It has gone through various 'trends' and acronyms. Most people are familiar with the acronym RICE (rest, ice, compression, elevate). The idea of the acronym is to provide guidance in what to do as soon an injury occurs, but these guidelines have been challenged as there is limited evidence to support it. In this month's newsletter we will explore the new suggested evidence based acronym, PEACE and LOVE, with some extra focus on the contentious topic of when to use ice.



P - Protect

Offload or protect the injured area for 1-3 days. The extent of protection provided should be based on the severity of the injury and pain levels. Examples include using crutches or ankle braces. It is however important to use the minimum necessary protection and to wean off as soon as pain allows

E- Elevate

Elevate the limb higher than the heart to promote the flow of fluid out of the tissues. There is little evidence to support this, but it is worth doing for potential benefits, as there are no risks involved,



A - Avoid anti-inflammatories

When tissues are injured, our body sends signals to our inflammatory cells which release a hormone called IGF-1. This hormone initiates the healing process by killing off damaged tissue. If anti-inflammatories are used during the initial healing phase, it will hinder this process and thus have a negative long term effect on healing

C - Compress

External mechanical pressure using taping or bandages can help to limit swelling inside the affected joint



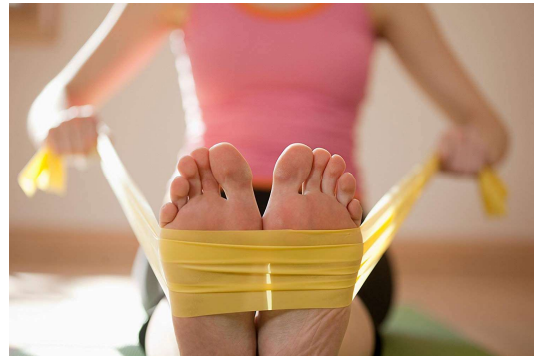
E - Educate

Your physio or treating doctor should educate you regarding an active approach to recovery. Using passive modalities (needling, massage, ultrasound) have little benefit when compared to active approach (gentle exercises and gradual loading) - so make sure you are not being overtreated in the acute phase! Healing takes time and nothing can speed up this process. The focus of rehab should therefore be to facilitate 'good' healing through active movements.

So after applying PEACE in the first few days, the next step is to give the injury some LOVE...

L - Load

Research has found that optimal loading can speed up recovery through cell regeneration and can also improve tissue tolerance. Conversely rest can be detrimental to recovery. Normal activities should be resumed as soon as symptoms allow, It is however important to monitor for a flare-up in swelling or pain which indicates non-optimal or excessive loading has taken place.

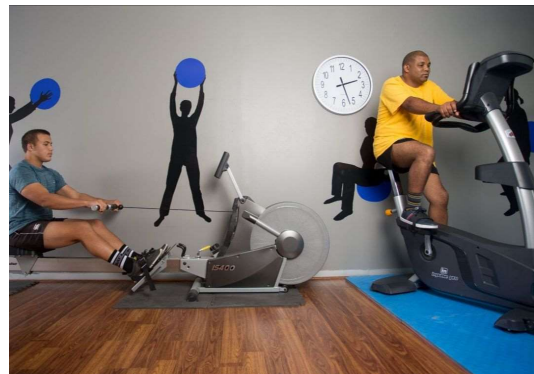


O - Optimism

Research has shown that our attitude regarding recovery can actually influence the healing process. Being more positive and expecting good recovery are associated with better outcomes. Excessive fear and depression on the other hand can hinder recovery and add to poor outcomes. It has also been shown that emotions are mostly responsible for varied symptoms among individuals with the same pathology.

V - Vascularization

Pain free cardio exercise helps to improve blood flow to injured areas and can be started within a couple of days. It might be necessary to engage with a form of exercise that you are not accustomed to doing (like stationary cycling instead of running if you have injured your leg). It can also reduce the need for pain medication as cardio exercises activates the release of hormones that help reduce pain.



E - Exercise

There is strong evidence to support injury specific exercises to restore mobility, strength and control. This is also very important to help prevent recurring injuries. It is however important to adapt exercises based on the phase of healing, and as a general rule exercises may cause discomfort but should not result in an increase in pain or swelling.

Some more on using ice in injury and pain management:



Ice and inflammation

Ice has been ingrained in our approach to injury management for many years. This probably originated from the idea that the inflammatory process is bad and should be inhibited. As mentioned earlier however, the inflammatory process is essential for healing - so should we really be hindering it? Ice can potentially disrupt inflammation and delay cell activity needed for healing

Ice and pain

Ice certainly has an analgesic (pain-relieving) effect by 'numbing' the area it is applied to. This is because it reduces neural firing. For this reason ice can definitely make an acute injury 'feel' good, but it might cause a delay in healing the same way anti-inflammatories do. So one could argue that the negative effect on the healing process outweighs the temporary relief in pain and therefore applying ice does not seem 'worth it'. There are other ways to reduce pain in the acute stage, so why use ice if it could be detrimental.



So when is ice useful?

Although inflammation is needed for healing, excessive swelling (usually when someone was forced to continue with aggravating movements after an acute injury, or with severe injuries) or prolonged swelling (after certain surgeries) is not ideal. Too much swelling can restrict movement, increase pain and put too much pressure on surrounding structures. In such cases ice might be useful to reduce the swelling to an acceptable amount. It can also be beneficial when an injury still presents with localised pain and swelling after the inflammatory stage should be over (usually 7 days post injury).

THINK TWICE BEFORE YOU ICE

WATCH THIS SPACE FOR PHYSIO TIPS IN SEPTEMBER

The Myth of Core Stability