

## Physiotherapy - Q & A

This fact sheet lists a range of questions on physiotherapy which were posted by visitors to the Better Health Channel. Our experts provide the answers.

### **Q. I have been diagnosed with a frozen shoulder. Would physiotherapy help?**

The term 'frozen shoulder' is not really specific enough. It does not distinguish between the conditions of adhesive capsulitis and the stiff and painful shoulder. You may have either of these shoulder conditions and advice will differ depending on which is the correct diagnosis. In order to apply the appropriate treatment, an accurate diagnosis must be made by a qualified health professional.

#### **Symptoms and causes**

Adhesive capsulitis of the shoulder involves a gradual onset of symptoms – mainly involving decreased motion in the joint. As the condition progresses, pain and movement restriction increase. In the final stages, movement is markedly restricted with little or no pain. The entire process may take 18 months or more. The cause of adhesive capsulitis remains largely unknown.

In the case of the stiff and painful shoulder, movements are limited by pain rather than stiffness. Its onset is usually due to a known injury causing joint or tendon irritation.

#### **Diagnosis**

Examination by a qualified health practitioner, such as a physiotherapist or doctor, is the first step towards diagnosis. If further investigations are necessary an x-ray, ultrasound or arthrogram may be recommended.

In the case of an arthrogram, radioisotope dye is injected into the joint to measure its volume. An abnormal arthrogram, in which the volume of the joint is decreased, indicates the presence of adhesive capsulitis. The decreased capacity is largely due to shrinkage of the sheath (capsule) of the joint.

The stiff and painful shoulder has a normal arthrogram.

#### **Management**

Physiotherapy can manage the symptoms of both conditions with a tailor-made program of exercises designed to correct faulty joint motion, preserve the amount of movement and provide pain relief. In the case of adhesive capsulitis, physiotherapy is more effective following a hydrodilatation procedure – this procedure is performed by a specialist medical practitioner and involves a sterile liquid being injected into the shoulder joint to stretch the joint, decrease pain and improve mobility.

A program of activities and strategies to manage your shoulder outside physiotherapy visits is the key. The focus of each physiotherapy treatment will vary according to the stage and nature of restriction – be it stiffness or pain. It is a good idea to have some contact with a physiotherapist from the beginning who, in turn, will keep in touch with your doctor.

### **Q. Can physiotherapists help recurrent shoulder dislocations? My shoulder keeps popping out every time I throw a ball.**

Yes, physiotherapists can help with recurrent shoulder dislocations. Dislocations and subluxations (partial dislocations) of the shoulder occur when there is laxity of the passive stability system of the shoulder complex (that is, the shoulder ligaments and joint capsule are loose). Most dislocations are anterior (forwards); this is particularly true for people involved in throwing sports, and sounds like what you are describing when your shoulder 'pops out' every time you throw a ball.

By diagnosing the direction in which your shoulder dislocates, a physiotherapist can teach you a specific exercise program to retrain the muscles that can keep the joint stable (these are called rotator cuff muscles). This will involve a graduated program of exercises over at least three months. If your shoulder is dislocating frequently, such as every week, you may need six months off throwing while you exercise.

If this approach is not successful, it may mean there is some underlying problem preventing your recovery. These problems have fancy names like Hill-Sachs lesions and SLAP lesions. Many physiotherapists will be able to diagnose these problems early. They may suggest you seek a surgical opinion if the results of special physical tests suggest that exercises will not provide sufficient stability.

**Q. Apart from designing exercise programs, how can physiotherapists help someone with weak bones or arthritis?**

Physiotherapists can assist someone with weak bones or arthritis to understand their condition and how to effectively manage it at home. The person will be able to discuss treatment options and how to best prevent continuing deterioration of their condition. These discussions may include areas such as activity modifications, the use of assistive devices, support services available and the risk factors in a person's life. For some people a referral to another health practitioner, such as an occupational therapist, may be worthwhile.

There is a wide range of exercise types that can be suitable for the person with these disorders. Your physiotherapist will discuss these options with you to determine what is likely to be the most effective, taking into account issues such as:

- Status of the condition (for example, whether it is acute or chronic, mild or severe)
- Which part of the body is involved – for example legs, shoulder, neck or back
- Likes and dislikes for exercise – the aim is to try to build regular exercise into an overall lifestyle management plan, so the activity needs to be enjoyable or at least manageable for you
- Whether the exercises are to be carried out alone or with a group
- Where you will be doing the exercise and how to access the venue
- Costs of participating in your chosen exercise
- Use of any equipment required.

Apart from designing an individual exercise program, a physiotherapist may also prescribe walking sticks, frames or wheelchairs, or other supportive devices for unstable or painful joints. Physiotherapists can help find the appropriate aid to suit your particular problem.

Physiotherapists utilise a range of differing strategies to help people suffering from pain arising from arthritis or weak bones. Some common strategies include hydrotherapy, cold or heat treatments, transcutaneous electrical nerve stimulation (TENS) and coping techniques for chronic pain management.

**Q. I had polio when I was 12 with a weakness on the left side. I am currently doing hydrotherapy with the local community health service but wonder if there is anything else I can do to prevent further deterioration.**

Hydrotherapy is an appropriate way of managing your condition. To make sure that you maximise the benefits from exercising in the water, the program you are following should be developed by an aquatic physiotherapist and reviewed regularly. To transfer these benefits into more daily activities, a land-based exercise program may be developed in combination with the hydrotherapy program.

You reported that you had polio that affected your left side. Hydrotherapy will assist in maintaining the strength and flexibility of the muscles that were affected. However, if you feel that there has been deterioration in these muscles, it may be worthwhile following this up with Polio Services Victoria, which runs a clinic at St Vincent's Hospital in Melbourne. You can contact them on 1800 030 324 (hotline) or (03) 9288 3900.

**Q. I am over 60 and about six kilos overweight. I also have a bad knee. I had an arthroscope about six years ago and was told that I had one-third of my kneecap. I was told to keep my walking to the golf course but since I'm only playing nine holes of golf once a week, how can I get fit to play 18 holes? How much can I walk to keep my weight down? My knee often aches.**

Weight loss has to do with getting the balance right between how much energy (calories) you eat and how much energy you use up through activity and exercise. Changing your eating habits, in combination with changing your exercise level, can be an effective approach. First, check with your doctor to make sure it is okay for you to join a weight loss program. Weight loss will help your knee in the long run as well as helping you to feel generally better and fitter, especially around the golf course.

You should see a physiotherapist to have your knee assessed because you may need some very specific exercises to help restore your knee and treatment to loosen (or mobilise) your kneecap. This type of problem usually responds very well to the right treatment. One or two visits to the physiotherapist will save you a lot of time and wasted effort in exercising.

If you can't get specific help, it's best to avoid walking as a way of strengthening your knee initially. Go to the pool and do some water aerobics, water walking or swimming, two or three times per week. After four to six weeks of increased exercise, gradually add a short flat walk to your weekly routine. As your tolerance for additional walking improves, consider adding another day of short-distance walking and gradually build that up.

As you get stronger and fitter with just walking, you can then consider increasing your golf games; however, walking the golf course is more challenging as there are uneven surfaces and obstacles to navigate. If your knee is not coping with an increase, stay at the existing level for another week or two and then try to increase again. If the problem persists or worsens, seek advice from your qualified health practitioner.

**Q. I have excessive phlegm or mucous in my lungs. Are there any exercises I can do to bring up the phlegm?**

Yes, there are exercises that can help loosen excess phlegm in the lungs so that it may be coughed out. There is a range of methods that can be used independently at home to help clear the lungs. These include:

- Lying in specific positions to help drain the involved area of the lungs
- Deep breathing exercises
- Using equipment designed for this purpose in conjunction with breathing exercises
- General physical activity may also help to loosen phlegm.

A physiotherapist can assess you to work out why you are producing excess phlegm and how to best manage it. Not everyone with excess phlegm needs to perform these specific breathing techniques or drainage positions. Some people need help with deciding on appropriate exercises for a general physical activity program. If this is required, an assessment by a physiotherapist will help to develop an effective program for your individual needs.

**Q. I suffer with osteoarthritis. Would it be wise for me to get some physiotherapy?**

Yes, physiotherapy treatment is often beneficial for people with osteoarthritis. Although there is no cure, much can be done to relieve the symptoms of pain and lack of joint mobility.

Strengthening and stretching particular muscles will help support the affected joints. This can decrease pain and improve your ability to manage tasks such as dressing, grooming, walking and climbing stairs. A physiotherapist can teach you appropriate exercises. This may involve hydrotherapy (supervised exercise in water), as the buoyancy of water makes movement easier and less painful.

Depending on the location of the osteoarthritis (whether it is in your hips, knees, back or hands), a physiotherapist may be able to teach you other strategies to manage your pain. Apart from exercise, these could include heat treatment, bracing, taping, using a gait aid or using a postural device.

**Where to get help**

- A physiotherapist
- Australian Physiotherapy Association Tel. (03) 9092 0888 or Find a Physio
- Your doctor or other health professional

**Want to know more?**

Go to More information for support groups, related links and references.

**This page has been produced in consultation with, and approved by:**

## Australian Physiotherapy Association

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