



# APRIL NEWSLETTER

ORIGIN PHYSIOTHERAPY & WELLNESS



## April In Review

WRITTEN BY DAVID SELEMS, DIRECTOR

I would like to start this month's newsletter with a big and humbling THANK YOU to all our wonderful patients, GPs, specialists and families. After a little bit of disbelief (and toilet paper hoarding) I feel as a community we have come together to support each other and embrace the 'new normal'. In the spirit of triumph over adversity, for this month's newsletter I thought we would shift our focus to the positive and somewhat unexpected side effects of COVID-19. What we are seeing in the clinic and within our community is a health kick phenomenon! Canberran's have decided that they will not sit at home and become sedentary but instead get outdoors and run, ride and walk/jog the dog with the commitment of Olympic athletes. So, to arm you with a little more knowledge as you head outdoors to improve your health, myself and the team will share our favourite tips and insights into exercising safely.

Happy reading!

**This Issues  
Highlight:**  
**SOFT TISSUE  
THERAPY**

**PHONE**

(02) 6179 5814

**EMAIL**

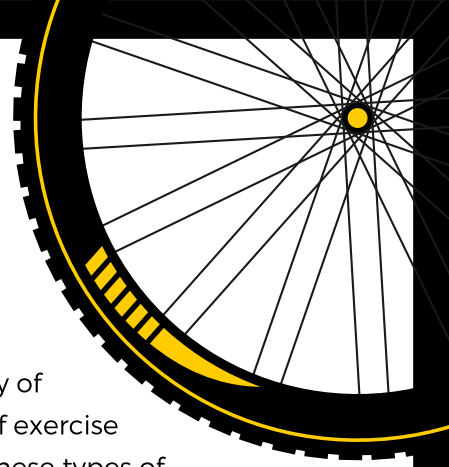
ADMIN@ORIGIN.PHYSIO

**WEBSITE**

WWW.ORIGIN.PHYSIO

# Feeling two-tired?

## A guide to cycling



With no access to gyms or exercise groups and now even having a lack of supply of basic exercise equipment, people are turning to the more conventional forms of exercise such as running, cycling and walking or hiking, whether they have engaged in these types of exercise before or not. Due to this, we are seeing a rise in injuries associated with these activities and so decided to put some information together to help you navigate your new form of exercise injury-free.

So you've decided to go out and buy a bike? This is what you need to know to make sure you have the correct set-up:

- 1. Set your saddle height:** The first thing to get set up is your saddle height. When you are sitting on the bike, with the ball of your foot over the pedal axle and your pedal at 6 o'clock, there should be a slight bend in your knee.
- 2. Set the layback:** Look at the forward and backward adjustment of your saddle, also known as the layback. An easy way of checking whether this is correct, is to sit on your bike and bring your pedals to a horizontal position (3 and 9 o'clock), and then drop a plumb line from the front of your kneecap. It should drop just in front of the pedal axle.
- 3. Adjust your reach:** The next thing to look at is the reach to your handlebars. This should not be adjusted by adjusting the layback. A more relaxed rider will probably have a shorter reach, while a rider looking for a more aggressive aerodynamic position will want to have a longer reach. This will also be determined by the length of your glutes and hamstrings. Generally, the angle of your back should be about 45°, with the angle between the arms and back being approximately 90°.

Now that you have been out for a few rides, have you been feeling muscles that you didn't know were there? The muscles you might be feeling are most likely your quadriceps, hamstrings, gastrocnemius and soleus (calf muscles) as these are the muscles that are predominantly used during cycling.

### Common injuries:

**Low back pain:** One of the most common injuries sustained while on the bike. Low back pain can occur if the saddle isn't set up correctly, as it will cause your pelvis to rotate too far, pulling the muscles in your lower back and glutes into a sustained stretch, leading to pain. This is why it is important that your bike set up is done correctly and specific to your body. It can also occur due to hours spent curled over handlebars. It is therefore important that cyclists take breaks and perform specific stretches to counteract this.

**Knee pain:** Knee pain is common for cyclists but generally occurs due to a problem with the bike fit. If the saddle is too high, the strain on the hamstrings can lead to pain at the back of the knee. If the saddle is too low, more pressure is put on the kneecap, causing pain at the front of the knee. The most common knee condition that develops in cyclists is called patellofemoral joint syndrome, usually due to a tight iliotibial band (ITB) causing incorrect tracking of the kneecap (patella). This can usually be combated by strengthening up the hip stabilisers and releasing the anterior hip structures and the ITB.

See the next page for some great exercises to prevent injury!

# Essential Exercises



## Bridges

Lie on your back and bend both knees with your feet flat on the floor. Lift your bottom from the floor and hold. Now put it back down again. repeat. and breath too.



## Lunges

Take a large step forward. Drop your hips straight down between your feet. Allow hips and legs to bend, so your knees are at 90 degrees and your back heel comes off the floor, with front shin vertical. Push back up to starting position and repeat on both sides. Make sure your front knee stays in front of your toes at all times.



## Calf Raise

Start in a balanced stance with your feet shoulder width apart. Raise yourself up on your toes as high as possible. Return to ground and repeat.



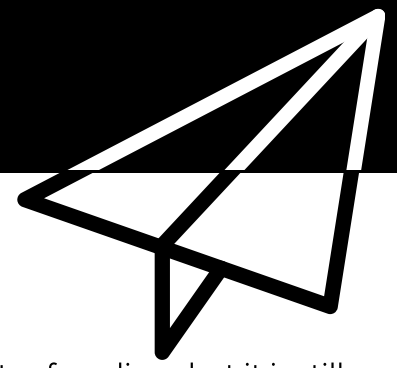
## Back Bends

Stand with your legs hip width apart and straight. Place your hands on your hips. Lean your body backwards, trying to arch in the lower back as much as you can, lifting your chest up towards the ceiling. Try to avoid allowing your hips to swing forwards too far. Hold this position before returning to the start position.





# ORIGIN NEWS

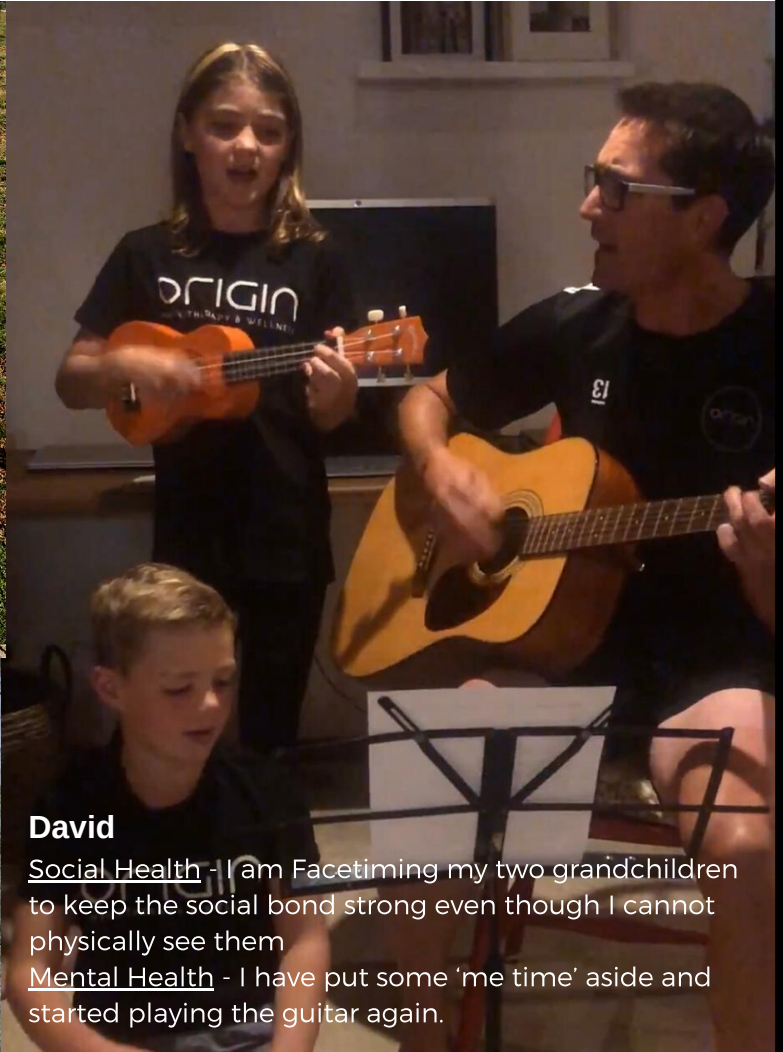


Staying at home, social distancing and self-isolating has affected all aspects of our lives, but it is still essential to take care of your Social, Emotional and physical health. Below, a few ways the staff at Origin Physiotherapy and Wellness do just that.



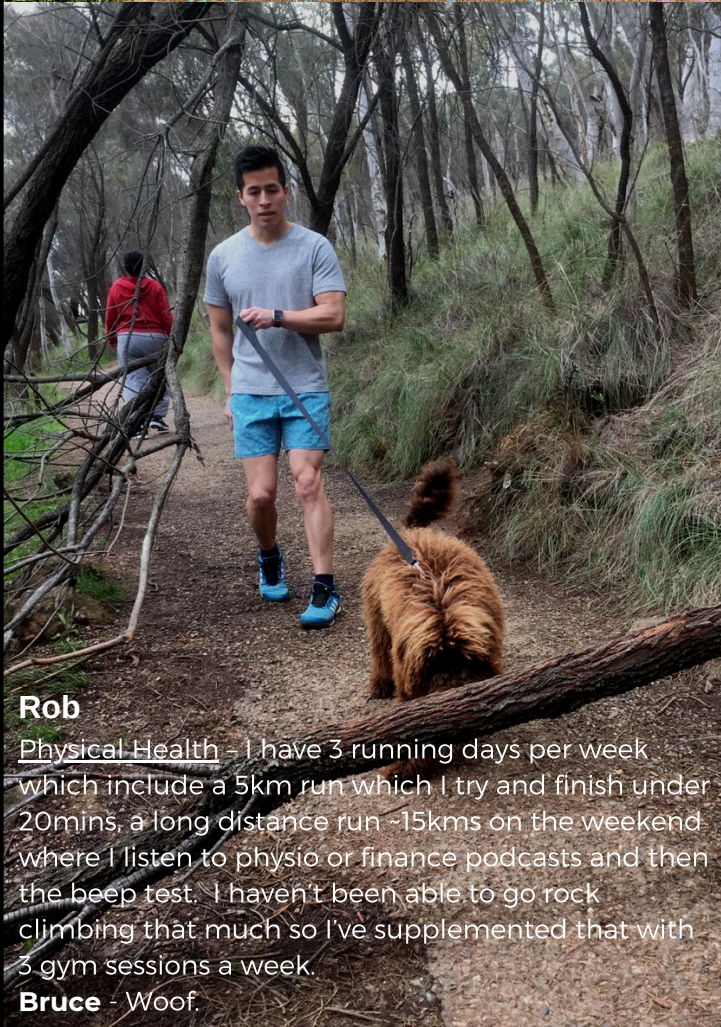
**Kate**

Social Health - I have been regularly calling my sisters to catch up and chat. My children and I have also been leaving messages to others using sidewalk chalk when we are out walking. Sometimes creating games for other children to play or just leaving kind messages.



**David**

Social Health - I am Facetiming my two grandchildren to keep the social bond strong even though I cannot physically see them  
Mental Health - I have put some 'me time' aside and started playing the guitar again.



**Rob**

Physical Health - I have 3 running days per week which include a 5km run which I try and finish under 20mins, a long distance run ~15kms on the weekend where I listen to physio or finance podcasts and then the beep test. I haven't been able to go rock climbing that much so I've supplemented that with 3 gym sessions a week.

**Bruce** - Woof.



**Natalie**

Physical Health - I take part in my gym's online weekly classes and go for lots of walks with my family. I even managed to carry Lena on my back (who is now around the 13-15kg mark up Mt Ainslie the other weekend - yay for achievements!). We are about to get a bike seat for Lena, so we will be starting to ride more!

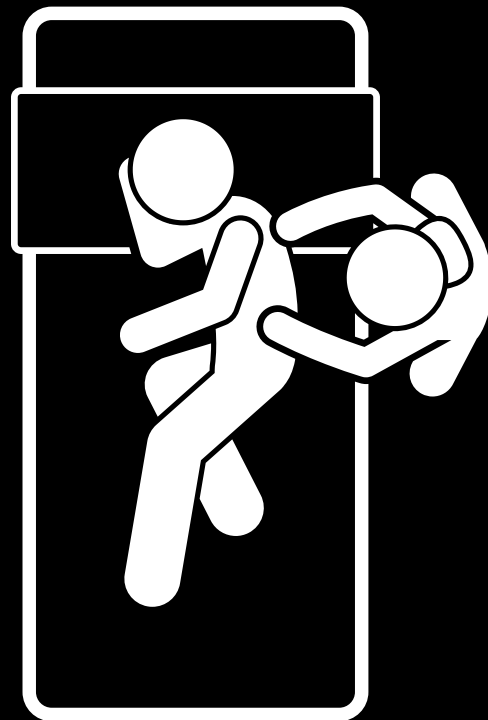


# APRIL BLOG

## Ethan gives the lowdown on soft tissue therapy

### What is soft tissue therapy?

Soft tissue therapy is a little like remedial massage, and the differences are hard to spot unless you have been around the block a few times and experienced both. Essentially, soft tissue therapy is hands on therapy to target stiffness, tightness or pain into the soft tissues of the body. Muscles are a common example of a soft tissue, but other examples include fascia (the “cling wrap” that covers and blends through the muscles) ligaments (the connections between bones) and tendons (the tough, cord like connections between bone and muscle). Following an injury, these tissues have a tendency to tighten up, and this in turn can impact your range of movement, exacerbate your pain and even indirectly affect your strength. Soft tissue therapy is like really targeted and specific remedial massage that is aimed at reducing this tightness.



### Who can benefit from this type of treatment?

The short answer is...pretty much anyone. But there are a few honourable mentions. The most common injuries that I typically see in the clinic are neck pain and low back pain. In both cases I will use a mixture of hands on techniques and exercise therapy, but I will almost always use soft tissue therapy at some point or another, simply because it works so well. In particular, I have treated a lot of people with headache pain generated by the tightness and stiffness of the muscles in the neck and shoulders. Many people do not realize that the nagging, dull headache pain they get in their temple after a few hours in the office might be related to how tight their shoulders are.

Want to learn more? Read the full blog [here](#).