



OCTOBER NEWSLETTER

ORIGIN PHYSIOTHERAPY & WELLNESS



October In Review

WRITTEN BY DAVID SELEMS, DIRECTOR

October has come to an end and hasn't the weather been a little crazy? During October we kept ourselves busy with a little spring gardening out in the back courtyard and a few minor additions to our rock climbing wall (yes, a pink coloured run for Nat!). I have been trying to reclaim past fitness and gave CrossFit a try with Pete from CrossFit WODen which I have been wanting to do for some time now. I can confirm it is a full body focused discipline and I used muscles that I didn't know existed. On the clinical side of things, Natalie attended the Advanced Anorectal Pelvic Floor Disorders course in Sydney and Rob continues with our October Men's Health focus with his Clinical Corner piece on The Male Pelvic Floor.

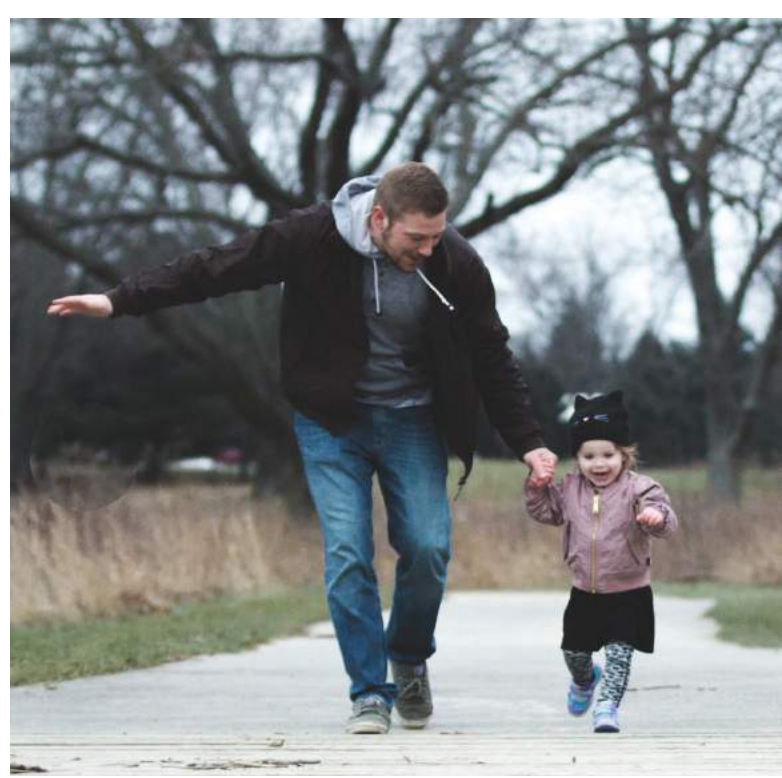
Thanks,
David Selems
Director

This Issues
Highlight:
**BREAST CANCER
AWARENESS**

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MEN'S HEALTH

LET'S OPEN THE DOOR ON THE MALE PELVIC FLOOR

THE PELVIC FLOOR

This month for the clinical corner we are looking at how we can better take care of our wonderful men (our fathers, husbands, brothers, sons, grandfathers etc). Men are notorious for 'toughing' it out in silence and here at Origin it is our mission to start a dialogue whenever possible. For this month we are focusing on Continence and the Male Pelvic Floor. So, let's start with some statistics.

Did you know that over 5 million Australians of all ages experience bladder or bowel control issues and around 1 in 5 older Australians and 1 in 20 younger Australians are incontinent?

Incontinence costs us \$42.9 billion p.a., which equates to \$9,014 per person. Are you (or a significant man you know) suffering in silence?

Let's take a look at the symptoms:

- Urinary frequency
- Urinary urgency
- Nocturia (frequent night time urination)
- Urinary incontinence
- Hesitancy (difficulty initiating urination)
- Intermittent urine stream
- Terminal dribble (a prolonged final part of urination, slowing down to a dribble)
- Post micturition dribble (an involuntary loss of urine immediately after toileting)
- Excessive straining

These symptoms are not something that you should have to put up with. If incontinence is treated conservatively, 75% are either cured or significantly improved.



In addition, a short mention on the infamous Prostate and a little condition called Benign Prostatic Hypertrophy (BPH) which can present with the above symptoms.

BPH also known as prostate gland enlargement is a common condition that occurs in men where the prostate gland gradually enlarges over time. Most men will develop some degree of BPH during their lifetime and a number of individuals will experience incontinence as a result. Just to reiterate, these symptoms are treatable!

It is important to note that BPH is NOT prostate cancer! If you are concerned about Prostate Cancer you should make a visit to your GP for prostate cancer screening. This is even more important if you can check off any off the following list:

- Age > 50
- A family history of prostate cancer or;
- Have had an onset of urinary symptoms such as those mentioned above

Assessing and Treating/Managing the Male Pelvic Floor

Origin's Physiotherapists are trained to assess and treat men in relation to the bladder, bowel, pelvic floor and prostate (including post-prostatectomy). Remember you don't need to suffer in silence, but we need to see you to help you. To demystify a little of the unknown we will set out what things may look like.

Assessment

- We call the initial consultation a 'Men's Pelvic Floor' consultation
- This initial consultation involves a thorough interview and physical assessment
- The physical assessment may encompass both manual and ultrasound modalities. This may be a challenging experience for some of our men, so we make it paramount that all our men are treated with the respect and dignity they deserve

Diagnosis

After the diagnosis we move on to planning the treatment/management

Treatment/management

treatment and management would consist of an individualised treatment plan with goal setting, progression and modification. Below are some treatments you may find in a treatment plan.

Pelvic Floor Muscle (PFM) Training

- Increase PFM strength, endurance and functional use

Bladder and Bowel retraining

- Urge suppression and deferral
- Fluid intake
- Voiding posture
- Defecation training

Lifestyle Interventions

- General exercise
- Education
- Modification of activities of daily living (ADLs)

In summary, the male pelvic floor is a somewhat taboo topic until something goes wrong. If you have any of the symptoms listed (or you know a man who does), we encourage you to contact a pelvic floor physiotherapist or GP.

Early intervention is always best so let's break down the silence and continue the dialogue.



TEAM NEWS

Natalie attended the 'Advanced Anorectal Pelvic Floor Disorders' course this October. The course was run by physiotherapist Taryn Hallam from Women's Health Training Associates and colorectal surgeon Professor Marc Gladman from the Sydney Colorectal & Pelvic Floor Centre.

The course covered complex anorectal and pelvic floor disorders and also included:

- Assessment and management of constipation and faecal incontinence
- Medical and surgical management of anorectal pelvic floor disorders

Having attended the course, Natalie looks forward to being able to offer her clients the most up to date, evidence-based treatment.



This month David, our director and his wife completed the 'Fundamental Sessions' at CrossFit WODen. Origin Physiotherapy and Wellness and CrossFit WODen have developed a great working relationship over the past year and it was great for David to get a deeper understanding of CrossFit. The Fundamental sessions are designed to ensure that you learn and are competent in the basic CrossFit movements and fit enough to safely undertake classes. It is a very cost effective and safe entry into CrossFit for those who have ever been interested in finding out a little more. A big thanks to Pete (owner and pictured below) and all the team at CrossFit WODen.



ORIGIN NEWS

Spring has sprung at Origin!

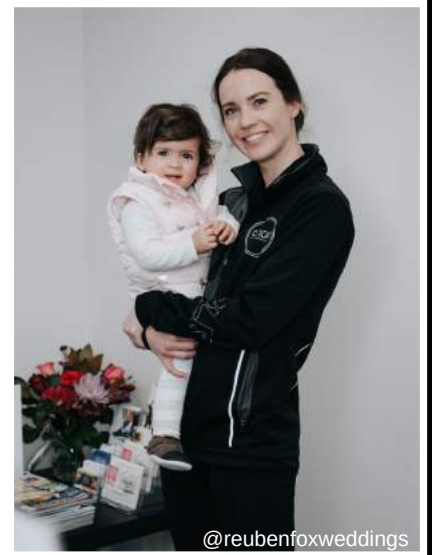
The team got together over the weekend of the 19th of October to enjoy the warmer weather and bring some life back to the clinic's garden. Over time, patients will be able to see the native plants climb the trellis' and become a lovely sight from our gym windows. Origin also invested in a compost bin with the hopes we can create some renewable nutrients for our garden and reduce our landfill. We're really looking forward to the space becoming an enjoyable area and watching our plants grow alongside the business!

If you have any tips or suggestions for how to maintain our wonderful garden, we would love to hear from you! It would be a great help to our receptionists who don't quite have that green thumb yet!



Women's Health Corner

WITH NATALIE D'ROZARIO



October is Breast Cancer Awareness Month!

Breast cancer is a disease in which malignant (cancer) cells form in the tissues of the breast. The exact cause of breast cancer is still unknown, although we do know that it is always caused by damage to a cell's DNA and women with certain risk factors, such as drinking alcohol or having a family history of breast cancer, are more likely to develop the disease.

Early detection can completely change a person's prognosis. Early detection includes doing monthly breast self-exams, and scheduling regular clinical breast exams and mammograms.

Self-breast examination can increase the chances of early detection, which has been shown to lead to an increase in breast cancer survival rates. Follow the three-step breast check - you know your breasts better than anybody else!

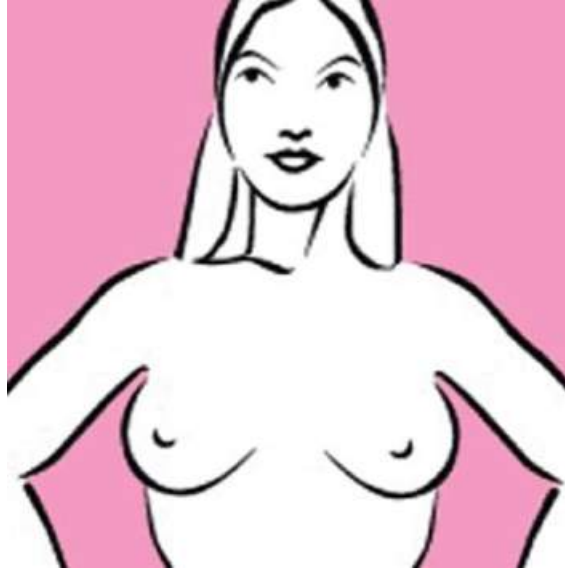
Step 1: The Shower Check:

Put your left hand behind your head. With the sensitive pads on your right fingers, use small circular movements to examine your left breast for anything unusual. At first feel lightly, checking for anything near the surface. Then press quite firmly, feeling for anything deeper. Continue around the breast, checking all areas. Also examine above your breast, up to the collarbone and out to the armpit. Then do the same for the right side.



Step 2: The Bathroom Mirror:

After showering, place your hands at your sides and check your breasts in the mirror. Look for anything that is not normal for your breasts - changes in colour, size or shape, any dimpling of the skin or "pulling in" of the nipple. Put your hands on your hips and push your shoulders forward to flex your chest muscles. Finally, raise your hands above your head and check for any changes.



Step 3: Check Lying Down:

Lie on your left side with your knees bent, roll your shoulders back so they are flat on the bed. Place your right arm under your head. Your breast should now be as flat as possible. Examine your right breast using the methods outlined in Step 1. Reverse procedure to check other breast.



If you notice any changes to your breast see your GP immediately.
If you have any questions or want to chat about how to perform your breast checks, come and see Natalie at the clinic.

Class Updates

POWERED BY PHYSIO

12:00-1:00PM Monday
7:00-8:00AM Thursday
5:30-6:30PM Thursday

BUB & ME CLASSES

POST-NATAL
9:30-10:30AM Tuesday

PRE-NATAL
5:15-6:15PM Tuesday
6:30-7:30PM Tuesday