

# Harry Fardell's Tips of the week

## Weekly Tip 1.

If you feel a niggle in a muscle at training, always assume that it may be a muscle tear, not a cramp. Don't try to "stretch it out" until you have it assessed. Small or major, alert your coach and the physios available at the club to have it checked out immediately. Battling through training with a torn muscle does the club no favours when you are sitting in the stands on Saturday because you made your injury worse.

## Week 3 Tip.

In the past, a good recovery session used to mean polishing off a case of beer on a Sunday. However with the development of sports science, recovery sessions have been found to be just as important as a good preparation (training).

Completing a recovery session is particularly important in avoiding a small injury manifesting into a problem you carry into Tuesday and Thursday nights training sessions. Therefore, the following outlines are suggested if you want to keep your body at 100%.

1. Start drinking cool carbohydrate/sports drinks immediately on entering the change rooms. This should continue throughout the recovery session.
2. Have carbohydrate-protein snacks readily available for consumption (for example, meat sandwiches from the clubhouse kitchen).
3. Five-minute walk/jog/stretch routine as soon as practical after you have returned to the change rooms.
4. Fifteen-minute recovery circuit, alternating between contrast and active groups:
  - a) contrast: hot shower (37–43 oC)/ice bath (12–15 oC). Hot–cold contrasts should be completed at a ratio of 3:1 (hot:cold)
  - b) active: bike/walk/stretch at low intensity
  - c) groups to rotate after approximately six minutes
  - d) all players finish with a two-minute ice bath (12–15 oC).
5. Eat some food with a high glycaemic index before leaving after a match, once again from the hardworking people in the club house. Some good examples of these dishes are rice dishes, pasta or a steak sandwich

6. If you have difficulty eating soon after matches, have a meal replacement drink (for example, Sustagen or Protein Plus).

Do this, and help avoid having a Sunday spent in pain!!!

## **week 4 edition**

Let's not beat around the bush. Emus defence on the weekend was pretty poor. Narromine continually went through the advantage line when confronted with one on one defence.

Despite what you may think, the power for hard hitting defence comes from the legs. The gluteals and quadriceps are the biggest muscle groups in the body, and thus we utilise them the most when driving our shoulders through the oppositions torso.

In order to build these muscles, you need to hit the gym. Squats, step ups, lunges, seated leg presses, squat jumps and dead lifts should be in every football players weights program (correct technique of course, and under a trainers/ physiotherapists instruction). Seems strange that most people go to the gym just to do beach weights!!!

Get to the gym and start working those pins. Need any advice, let me know

Hope this works well...

## **Week 5 edition**

It's not often that a football player walks in to the acute injury clinic with a DFI (aka Dance Floor Injury). However that has happened in the past following an overzealous attempt at the worm. The injury sustained in this case was an inter-carpal ligament strain, however it did alert me to the increased possibility of carpal bone fractures in rugby players. Particularly difficult to diagnose in the early stages, a fracture to one of the 8 carpal bones occurs via direct trauma, during hyperextension or hyper flexion. Following an injury of this type, it is imperative that you have the injury reviewed by a health professional, and constantly monitored, even after the first x-rays. Due to the poor vascularity in these bones, an undiagnosed (thus untreated) fracture can lead to a loss in blood flow to part of the fractured bone, and eventually avascular necrosis (i.e. bone death, meaning a life time of random wrist pain). If this sounds like you, see one of the health professionals in the club, and double check to ensure that further intervention is not warranted.

More next week!!!

Harry

## Round 8 edition

Eminem. Poet, voice of a generation, and acute injury physician? I could be wrong, but in the song "Lose yourself" where he says "you've only got one shot, do not miss your chance to blow, cause opportunity comes once in a lifetime", I'm pretty sure he is talking about the first 60 seconds after an athlete sustains an injury.

Take the injury sustained in colts before the game in Dubbo. Approximately 60 seconds elapsed between when the injury occurred, and when it was assessed. In this time, swelling had turned the player's ankle into a balloon, effectively ensuring any definitive diagnosis impossible. The window of gaining a definitive diagnosis can often be that limited!!!

After cell damage, bleeding will occur causing swelling. Therefore, if you hurt yourself, tell one of the health staff immediately!!! This will improve the chances of them giving you a correct diagnosis, before the swelling masks the injury.

If one of the health staff are not available, monitor how long the injury takes to swell up. Does it take 10 seconds, 5 minutes or 2 hours? This will be of great help to a health professional when assessing your injury in the future.

## Round 9 edition

Is anyone sick of losing games in the last 10 minutes of a game? It is no secret that improving your cardiovascular fitness is the key to finishing stronger in a big game. it is not achieved by completing fitness training once a week at tuesday training, its achieved by completing hard cv training, at least 5 times per week. For those looking for inspiration, have a look at this:

<http://youtu.be/lsSC2vx7zFQ>. For something a bit more local, ensure you keep tabs on what coach Andrew Logan has been doing over the past 10 days. In attempt to improve his cardiovascular fitness, loges has been running 5km + completing another form of exercise every day. Do as the coach would do, and get to work so that we stop losing games in the last 10 minutes.

Remember, free acute injury clinic for all emus players at orange physiotherapy on Mondays from 4pm. Call 63631031 for details!

Harry Fardell

## Round 9 edition 2

Is everyone excited about the big game tonight??? Asking questions on who is going to be starting at 7 for the rest of the winter??? Naturally you are!!!

Now before you go start jumping ahead of yourself, I am referring to the Force v Lions game tonight (not the game in Sydney). Has everyone forgot that tonight is the start of the Lions tour??? Once every 12 years! Not once every 3 weeks.

Anyways, everyone is asking is who will start at 7 now that George Smith is out. But what's he out for and for how long???

Smith sustained a medial ligament (MCL) tear to his left knee against the Waratahs on 18/5/13, ruling him out for up to 8 weeks. Within the knee, there are 4 primary ligaments which stabilise the Femur (thigh bone) to the tibia (shin bone). Pain would have been immediate along the medial part of the knee, with swelling occurring over the following 5 minutes. As a grade 2 tear (partial tear), he'll miss between 6-8 weeks.

Ever wondered what the grading system means for ligament tears when your doctor is telling you about your scan findings?

Grade 1: Micro tear

Grade 2: partial tear

Grade 3: Full thickness tear.

Any questions, hit me up at training.

## Week 10 edition

Ever wondered weather (pun intended) the risks of injury are changed in dry versus wet conditions?

There aren't that many studies comparing wet versus dry surfaces surprisingly. Most of the studies that have come out are from the USA and Canada and the results suggest that in sports that involve changing direction and cutting, it is more likely to injure the knees and ankles on a hot, dry track. This is due to the increased grip between the shoe and the playing surface, causing a greater transfer of energy that must be controlled by the knees and ankles. However concussion type injuries are more prevalent on a wet surface. It is thought that this is due to a decrease in body control, resulting in tackling techniques errors and thus accidental head trauma.

Anyways, something to think about in the classic wet weather that Orange seems to be pouring on (pun again, brilliant!) every second week. Attached is a snap of Nige being carried off the field last year with his knee injury. Note that this injury is probably more related to old age than playing conditions. Have a good week!!!!

## **Week 11 edition**

Why would anyone play any other sport than rugby???

Let's take another sport... say basketball. The dangers that are involved when coming down and landing on another players foot are massive (particularly when you are from a sporting nation with as rich of a basketball background as New Zealand!!!).

Immediately after rolling ones ankle, the things to watch out for are swelling (as outlined in a previous physio tip of the week), and areas of pain. If you are in pain over the navicular, the posterior portion of the medial and lateral malleolus, or the 5th metatarsal head (see attached photo), and it is painful to weight bear, it's time for an x-ray.

Additionally, if you have injured yourself and a health professional insists you get a scan, don't use the response "but if it is broken, they'll put me in a cast!". If it's broken, it's broken. It's the same as going to watch a Kathryn Heigl movie with your girlfriend. You can close your eyes and block your ears all you want, but at the end of the day, the movie is still going to be horrible.

Anyways have a good week!!!

Harry

## **The next tip**

Tip of the week...

Why do they call it a "corked thigh" when your leg feels like it weighs a ton? And what exactly is a corked thigh?

A quadriceps contusion (aka. corked thigh, dead leg or my favourite, charlie horse), usually occurs after sustaining a knee, shoulder or a fall directly onto the thigh. The muscle is squashed into the underlying bone (femur), and thus bleeding occurs. Not all corks result in bruising, as this is dependant to whether the overlying fascia (tissue which surrounds the muscle) is damaged. If not treated correctly, onset of myositis ossificans can occur (effectively bone growing within muscle tissue).

If you sustain a corked thigh (or corked muscle of any kind for that matter), first thing you should do is complete the RICE (rest, ice, compression, elevation) principles for the first 48 hours. Following this initial period, contact us and get treated immediately, as to avoid secondary complications, and so you can stop hobbling around like Alfie Langer sooner rather than later.

### **Another tip of the week**

Why is everyone saying the streaker last night should be sponsored by a spray tan company? Personally, I think "Skins" or "2XU" should be on the phone to him right now, as it would help him in a number of ways. Namely, it would cover him up..., as well as helping prevent chafe, which we all know he would be suffering after his 90 metre dash!

But is there evidence to support that compressive sports wear would improve his speed, stamina or recovery?

Though some of the research is conflicting, overall studies show that they may help improve the following:

- improving blood circulation to limbs
- decreasing blood lactate during maximal exercise routines
- improving warm-up through elevating skin temperature
- increasing vertical jump height
- improving repetitive jump power
- decreasing muscle oscillation upon ground contact
- increasing torque generated about joints,
- reducing the risk of injury
- improving recovery by helping in the removal of blood lactate and improving later exercise performance
- reducing the effects of delayed onset muscle soreness (DOMS) in the days after strenuous exercise

Now put some clothes on that monster. Have a great weekend and come on the mighty emus!!!