I.S.R.M
INSTITUTE OF SPORT & REMEDIAL MASSAGE

MARCH 2022

ISRM | ISSUE 39

Newsletter

In this issue...

Breaking news!

By Mel Cash

2021 was a tough year

2021 started off with us all in Covid Lockdown and the ISRM team continuing to do its best to support our members with the best guidance. I am proud of what we achieved, and we had a lot of positive feedback for our efforts. We were even praised by some Osteopaths and Physiotherapists who had found the public information we were giving out better than what they were receiving from their own, much larger, professional associations.

But we were angered to see a number of other associations in our sector misinterpreting the Government's guidelines and ignoring the fact that we were clearly classified as a 'Close Contact Service' which was not allowed to operate during the lockdown. Although we were very unhappy with this classification, it was none the less a Government regulation, and we had no choice but to do the right thing and comply with it. However, some other organisations told their members that they could treat clients in the same way that the Statutory Regulated Healthcare Professions like Osteopaths and Physiotherapists could. But these were only allowed to do face-to-face treatments if absolutely essential, for the relief of serious pain that would otherwise require NHS care. Nobody could accuse me of undervaluing the benefits of Soft Tissue Therapy but even I have to admit that it is incredibly rare that we ever see clients with that high level of pain. In fact, no complementary healthcare therapists were allowed to treat during lockdown, but we heard of many who did. Not only were they in breach of Government regulations, but more seriously they were not helping to control the spread of the deadly virus either.

ISRM can be proud that we did the right thing and I applaud all our members who made the sacrifice for the greater good.

In April our profession was allowed back to work, but we could not celebrate a return to 'business as usual'. We still had to follow health and safety protocols, wearing face-coverings, carrying out extra cleaning, and providing ventilation etc. Although this seemed a hassle, we all got used to it and it soon became just part of the job. But being able to see and help our clients again gave us back a sense of purpose, which was a reward in itself. And as our clients started to return, we could see that many had suffered mentally during the lockdown, so that we needed our biopsychosocial skills more than ever before.

The ISRM schools also went through very a very difficult time. Apart suffering financially during the lockdown itself, we then had to run socially distanced classes with face coverings and visors. But our tutors and students were happy to be back on the course and coped with the new conditions very well and in good spirits.

Many students whose courses had been suspended during lockdown could not return straight away for a number of good reasons and continue gradually to come back on later courses. We also had students missing classes at short notice because they had tested positive with Covid. Fitting everyone back onto courses has been a logistical and financial nightmare which has required a lot of effort to sort out, but somehow all the schools eventually managed to overcome most of these problems.

During lockdown, a lot was also going on behind the scenes. We revised all our written assignments leading to qualification, and the course programme itself. Most of all we started to build up an online video library which is freely available to all our members. Not only is this of great benefit to our students, but it's also good for therapists who trained with us years, or even decades ago. They can now watch the videos to refresh their techniques and update themselves with new course developments.

Although we had a number of other therapists/tutors offer to record videos for us, in the end most have come from me because I could more easily set up a little studio in my empty treatment room, above the ISRM office, which is only a three-minute walk up the road. But (as you will see) I'm not a good actor and standing alone in front of a camera in a cold, deserted building is very different from standing in front of a classroom full of lively students. I must also admit that the lockdown affected me mentally as it did in the case of so many others too. I was therefore not in the happiest of moods when I did the recordings, and I looked a mess because I hadn't had a haircut in months either... so although I am satisfied with the information provided, I know my performance was rather lacking and I'm sorry about that.

In summary, 2021 has been a very hard year for ISRM and we know of a number of people who have tragically not survived the pandemic. But we have survived and look forward to better times ahead, and despite the difficulties we remain very optimistic about the future of Soft Tissue Therapy and its value in modern healthcare.

As a sign of our optimism, ISRM has a new school starting up in North Wales, run by Zac Laraman who trained with us some 20 years ago, then went on to become an Osteopath, and returned to us as a tutor before eventually moving to Wales. As well as being a great Soft Tissue Therapist and Osteopath, he is also a true credit to our profession on social media with his valuable advice and tips. We wish The Wales Institute of Soft Tissue Therapy (TWISTT) every success.

Wishing us all a happy, healthy and prosperous 2022

Online Video Library

Have you seen our ISRM online video library?

We have now put a lot of the course content onto video for all our students and members to view.

We have members who qualified with us many years or even decades ago and for

them our video library may be a rejuvenating trip down memory lane to refresh and update skills and knowledge.

We want to develop the library further so if you have a clinical area of expertise, techniques or treatment methods that you want to share with our community of therapists, we would be very interested to hear from you. It need not be an actual video because we can convert a PowerPoint presentation into a video format if that is easier for you. So, whatever you want to do, let us know.

I Got a New Knee

I damaged the meniscus in my right knee in a mountaineering accident in the Himalayas in 1993, and after two arthroscopies over the decades there was nothing left of it, the medial femoral condyle and tibial plateau were grinding together when weight bearing. By December 2020 I was in constant pain and unable to sleep at night, I had gone as far as I could with it and a full knee replacement was now the only option left.

The surgery itself was a complete success but what followed could have been a disaster if I had followed the rehabilitation programme they expected me to do.

To carry out the operation the surgeon had to cut through the medial side of the infra-patella ligament, around the patella and up into the vastus medialis. He then had to pull the tissues apart and push the joint up through the gap to perform the procedure, after which he would push the new joint back, close the muscle and ligament tissue over the top of it and stitch them back together. So, the quadriceps had gone through the most drastic trauma imaginable, and we all know that immediately following such a trauma the most important thing is REST to allow the tissues to start to knit together and repair.

But the very first rehabilitation exercise they wanted me to do, within 12 hours of surgery, was to sit up in bed with a rolled-up towel under my knee, press my knee down to force it into extension, dorsiflex my ankle and then do a straight leg raise. This meant that I was expected to maximally contract the quadriceps which is the complete opposite to the REST I knew that it vitally needed.

There was no way I was going to do this, but I knew the physiotherapists had to do their job and tick all the right boxes, so it was best for me to appear to be a good compliant patient. Whenever one of them came into my room I told them they should have been here ten minutes ago when I had done their set of exercises really well, but I needed to rest now. For the first day after surgery, they believed me, but I knew they would soon want to see me actually do them, so before this could happen, I discharged myself from hospital, less than two days after surgery. I went home, went to bed and gave the knee complete rest for the next 24 hours.

With 35 years of clinical experience dealing with soft tissue injuries, I understood the situation very well indeed. Our neuromuscular system has been evolving for millions of years to help us to stay safe and well. In response to the extreme trauma, it had done exactly the right thing and put the whole distal part of the quadriceps into a total hypertonic lockdown. Every fibre was in contraction making any knee movement impossible, so allowing the damaged tissues to start to repair and recover.

You have to start the recovery before you can start the rehabilitation.

The prescribed exercises were designed to strengthen the muscles and teach me how to walk again which seemed a complete nonsense. The muscles could not have lost so much real strength and I hadn't forgotten how to walk in such a short amount of time. The artificial joint was perfect and ready to go so the only problem I now had was to resolve the soft tissue trauma. And as the tissues gradually recovered the hypertonicity would also release and the range of movement would improve along with it. I just had to be patient and encourage movement without any force or pain.

All I then did was keep moving the knee as much as possible and as normally as possibly but always within the pain free range. Any pain would reinforce the hypertonicity and set back the recovery. I used crutches only to regulate weight-bearing and make functional movement more possible in the early stage. Although to start with I could only take very short steps with a heavy limp, the range of movement and control increased by the hour, just through doing lots of pain-free functional movements.

The result was that I took my first few steps without crutches just three days after surgery and didn't use them at all when moving around my home after just two weeks. I was down to just one pain killer at night after one week and didn't need any by the end of the second week. Over the next few months, it got better and stronger and now, after one year, I am absolutely delighted with the outcome.

They say that rehabilitation after knee replacement surgery is a long, difficult and painful process but I now know that this is not because of the surgery, it is because of the early rehabilitation exercises I was given that I am certain would have done me a lot more harm than good.

It must also be said that my wife Ruxandra is a superb Soft Tissue Therapist, and she gave me a lot of treatment which undoubtedly improved my rate of recovery as well.

The morale of the tale:

We must be independent, open-minded and free-thinking therapists who question everything. Just because those exercises were presented to me in a nice colourful booklet by a smartly uniformed physiotherapist in a well-equipped modern hospital, it doesn't mean this had to be the right approach.

Editorial

By Tanya Ball

Welcome...

A very warm welcome to this well-overdue ISRM Newsletter, which should have reached you before end December 2021! May I therefore start by offering my unreserved apologies for my part in this exceptional delay – too many factors and pressures affecting too many people stalled or slowed production at different stages to the point that I eventually reconciled myself with the notion that the Newsletter would be published 'when it was ready'!

A special welcome to any new students or full members for whom this is their first Issue, and a special pat on the back to them for successfully navigating what will have been an unconventional, potentially at times disrupted, course.

Reminder – (nearly) new editorial email address

Please note that with effect from end 2020, my only valid email address for Newsletter-related as well as all other professional communications is: ***tanya@tmb-src.co.uk*** *as my former Windows Mail 'editor@theisrm.com' is now defunct.*

It is always my intention and goal that this publication should prove sufficiently informative, beneficial, and motivating to inspire readers to contribute a story or article in the next edition!

Please note that due to the exciting changes detailed below, there will from now on be no specific closing date for submissions for our e-newsletter – instead, Please email me anything you would like included in the next Issue at: tanya@tmb-src.co.uk

In this Issue...

Breaking News – Mel Cash kicks off by sharing his experience of what has been another challenging year for most of us, and how the carefully researched professional guidelines issued by ISRM proved beneficial to other manual therapy bodies and organisations.

This is followed by his personal story of knee replacement surgery and ensuing recovery, rehabilitation, and management.

Our profession and its future – ISRM's exciting new 'community building' venture – In her **'The ISRM Facebook Forum – a pandemic silver lining?'** contribution, **Anna Maria Mazzieri** enthusiastically explains how the recent creation of the ISRM Facebook forum, originally aimed to alleviate the widespread isolation of members as a result of COVID restrictions, has blossomed into something much greater and continues to prove an ever-more popular communal e-space.

Being something of a social media dinosaur and until fairly recently 'blissfully ignorant' of this new development, I had been giving considerable thought to making the ISRM e-newsletter a more frequent and therefore more current means of disseminating useful information, but at minimal or no additional cost.

Following Zoom and e-communications with Anna Maria, our joint objective over the coming weeks and months is to produce more frequent – possibly quarterly – 'parallel' information updates and any other relevant material both on the ISRM FB Forum, and via a simple mini e-newsletter (not requiring graphic design input). As Anna Maria explains, these would include contributions from suitably experienced/qualified members targeted at and aiming to cater for the needs of specific member 'categories' such as students, 'rusty' therapists resuming their practice following a break, those aspiring to learn new skills or enter the potentially daunting field of research, and so on.

I regard this as a highly positive and exciting development and look forward to seeing where it will lead!

Feature Articles – Seeing Hands Nepal update – Sue Ainley kindly provides us with a short update on this long-standing not-for-profit ISRM project whereby blind Nepalese people underwent supervised and adapted STT training by volunteer ISRM members, enabling them to gain qualification and earn a vital living by delivering high quality treatments and eventually achieving financial self-sufficiency in running several clinics... until the pandemic struck... only four years or so after suffering one of the most severe and lethal earthquakes in recent history.

The courage and resilience of these extraordinary, uncomplaining people is to me immensely humbling. At this time when so many deserving causes at home and abroad are 'desperate' for funds for survival, may I discreetly and with zero 'pressure' mention that due to the forced closure of the clinics during lockdown, SHN has accumulated a substantial debt and hence any donation, however small, would be very gratefully received – see details at the end of Sue's story.

Deborah Mc Nair's short account, 'From income-losing lockdown to a therapeutic success' describes how one enterprising couple made a brave leap of faith and used the pandemic restrictions to refurbish in a most stylish fashion a former pub into a state-of-the-art, welcoming clinic. Enjoy the story, enjoy the photos, and make sure you book an appointment if you happen to be passing by!

Socially-distanced Event Work – There was unfortunately once again little action to report for 2021, but after months of 'shall we, shan't we?', the London Marathon *did* go ahead as a mass event and a very reduced contingent of ISRM STTs *did* provide the high-quality post-event recovery treatments expected of us. I invite everyone to read just how much this meant to one of our inspiringly enthusiastic colleagues, **Laura Lord**!

Equally engaging is **Becky De Mott Horton's** colourful 'Reflections on The Arnold Sports Festival', one of the rare combined, multiple sports events that did take place in spite of any ongoing restrictions. Don't miss it!

Developments in Research, Business, and Clinical Practice –

> *'When we qualify as Soft Tissue Therapists (STTs),' says Katie Warburton, 'we don't automatically know how to operate a business. Some of you may have come from a management position and retrained in STT, so you have transferable skills. However, if you're anything like me, maybe you have no idea!'*

If this statement resonates with you and/or you are struggling to achieve the secure, profitable practice you aspire to, then Katie's article about '*Your Brains Behind Your Business*', a course offered by **Vaneeka Patel** and **Katie Warburton** 'to help Soft Tissue Therapists (STTs) uncover the mindset they need to feel, and be, successful in their business and life' is for you, and you might do yourself and your business a big favour by considering enrolling on their course.

By the same token, if finding and keeping 'nice' clients that you look forward to seeing, and potentially discouraging those awkward, unreliable, or even downright unappreciative ones from returning, you will find a range of ideas and tips in Katie's second article, 'How to work with the BEST clients – for you'.

Expand your knowledge, enhance your skills (CPD)

I understand that after some much-needed nagging by Anna Maria behind the scenes, Sarah Jones eventually relented and agreed to forward her highly informative and practical article, 'Osgood Schlatter's Disease from a Soft Tissue Therapist's perspective'. My grateful thanks (and well done!) to both for this team effort which I am in no doubt will benefit many readers, and just perhaps, might nudge them into considering sending in an article on THEIR 'pet condition' for the benefit of the rest of us… Hint, hint…

All good things come to those who wait…

After three postponements due to you-know-what, it was an enormous relief and at least tenfold the pleasure for all concerned to finally attend the two three-day courses *Born to Walk* and *Born to Move (formerly Active Fascial Release)* tutored by eminent lecturer, author, and bodyworker **James Earls** in Eastleigh last October and November respectively. An excellent time was had by all, learning curves at times approached a vertical, and it was a splendid occasion for catching up with acquaintances as well as meeting new colleagues. **Sarah Tidy**, who took on the lion's share in dealing with the extra administrative input caused by the repeated rescheduling, issuing of refunds, taking re-bookings etc., and I as co-organiser would like once again to thank James for his compelling delivery, the companies Songbird and Physique Management Company, and the Journal of Bodywork and Movement Therapies (Churchill Livingstone Pub.) for their respective contributions to our Goody-Bags.

As previously, members will be notified of forthcoming 2022 courses and workshops in subsequent Newsletters, via the ISRM FB forum, website, and/or by group email as they become confirmed.

Good news reminder for all ISRM Members!

Make sure you CAREFULLY check the inside and outside newsletter back cover for a range of preferential offers to members including:

✓ ***Marshcouch***: 10% off all couch orders

✓ ***Physique Management Company***: 10% off sports injury treatment and massage products

✓ ***Journal of Bodywork and Movement Therapies (JBMT)***: 15% off annual subscriptions.

You will find an assortment of new/recent deals, including free access to the excellent *Kenhub* online 3-D anatomy learning tool to the Sports Injury FIX listing. This is complemented by a fully updated list of useful websites, links, online videos, and other educational resources, which will continue to be reviewed at regular intervals.

* *

It remains for me to wish you all an enjoyable and informative read, and continued good health and spirits, professional growth, and personal fulfilment in 2022 and beyond.

* *

***** Newsletter contributions – please get writing *now*! *****

My grateful thanks as always to the various contributors to this Issue. Please would *everyone* (i.e. not just 'other people'…) make an effort to ensure your newsletter remains a stimulating, thought-provoking, and motivating forum by writing *your* piece for the next Newsletter. ***Thank you!***

***Please keep sending your newsletter contributions to me at: tanya@tmb-src.co.uk* – thank you!**

LAST BUT NOT LEAST – not before time, some may say, I am delighted to announce that the ISRM Newsletter is going PAPERLESS with immediate effect.

For economic, environmental, and logistical reasons, it has been decided to relegate hard copy newsletters to the past and only produce e-newsletters going forward, starting with this Issue. the aim, as explained earlier in this editorial, includes the synchronisation of information dissemination between the ISRM FB Forum and Newsletter, to optimise member outreach.

As always, members can continue to access previous newsletters online dating back to the spring 2009 edition. A very grateful 'thank you' to ISRM website manager Martin Docherty for his continued efforts in making our website ever more user-friendly and informative, and to Glyn Rees of QP Printing for his high quality and creative design.

OUR PROFESSION AND ITS FUTURE

The ISRM Facebook Forum – a pandemic silver lining?

By Anna Maria Mazzieri

In a year full of stress, sadness and struggles for our profession, we can say that some positives can be drawn from it. For me one of the positives is the ever-growing amazing community of Soft Tissue Therapists which the ISRM Facebook Forum has brought together.

When we decided to open the Forum in 2020, we would never have thought it'd become such a popular space. Thank you for all the comments, the feedback and the debates on it. I personally feel I have grown as a professional because of it.

A particular thank you to Heather Veneables, Sarah Jones, Steve James, and Chris Lander for the behind-the-scenes work on the forum, the planning, the admin, the ideas and the passion to enhance learning.

One of the projects the forum team took on at the beginning of 2021 which I think deserves a mention, was the creation of a document to help soft tissue therapists (STTs) dealing with clients suffering with Long Covid Symptoms. The project included the review of the available evidence on Long Covid and provided a clear schematic view of contraindications and red flags as well as some suggestions on how STT could be of help. A big shoutout to Project Manager Roz Baker and the amazing team of Dave Graham, Leila Jackson, Sean Lang, Zoltan, Tristen Attenborough, Lindsay Stanley, Marina Hodder, Steve James and Natalie Alon.

Fortunately, evidence is emerging that the impact of Long Covid in terms of numbers hasn't materialised as per projection, nonetheless the document is really useful to remind us of Red Flags, Contraindications and the power and cautions of our approach for people suffering with long term chronic conditions.

The forum has provided a safe space for people to ask clinical questions and bounce ideas off with colleagues and benefit from their different experiences and skillsets. Each post has provided support while being a great learning opportunity for those reading, so thank you to everyone who has brought us case studies to enable us to critically reason about them together.

It has been so interesting, while going back through the posts, to see that shift in clinical reasoning. Last year, most case study answers were heavily structuralist and biomechanical, while the answers to case scenarios now demonstrate an underpinning understanding that pain and/or injury is influenced by a myriad of factors including, but not limited to, biomechanical factors.

We (as in us volunteer members who manage the forum) have collated all your feedback received from surveys and from personal contact, and have come up with some interesting plans for 2022.

The Forum will provide different and consistent posts which are grouped under different streams to cater for everyone's needs. The streams are:

- Clinician Development
- Student Development
- Business Development
- Research literature Development.

In practical terms, these will include clinical case scenarios, a student corner to support learning, business development ideas, and a Research literacy zone.

I am personally excited to what this year can bring in terms of professional development within the ISRM Facebook Forum, and if you are interested in being part of the team, just give us a message.

Ciao to all and welcome to spring 2022!

FEATURE ARTICLES

From income-losing lockdown to a therapeutic success

Restoring Health

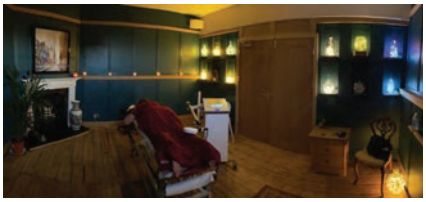
By Deborah Mc Nair

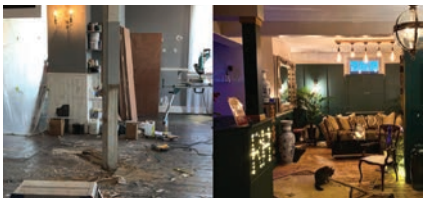
Restoring Health Ltd took the opportunities of both time availability and the Bounce Back Loans during the recent Covid-19 lockdowns to refurbish the clinic. This has resulted in our clients being able to enjoy a relaxing atmosphere on their return from a tumultuous time for many.

We purchased an old Georgian Pub in the Kent Village of Chart Sutton 6 months before the first Covid-19 lockdown. That proved to be a real test of character and tenacity. My partner rediscovered his woodwork skills from 30 years ago and we embarked on the mammoth task of creating the beautiful space that exists today. Our clients call it their home-away-from-home. The most rewarding feedback for us is that they feel relaxed from the moment they walk through the door, even before the treatment. They are welcome to stay after their treatments for a hot drink in winter and chill out in front of the fire with a good book, or take advantage of one of our many different Pulsed Electromagnetic Field Therapy couches.

Welcoming our wonderfully loyal clients back to this environment and having successfully survived the lockdowns have certainly taken the sting out of an otherwise potentially devastating situation. Our hope is that there are many other therapists who have experienced similar victories and forward momentum.

For more photos of the projects we have completed, please see http://restoring-health.co.uk/gallery





FEATURE ARTICLES





Seeing Hands Nepal update

By Sue Ainley

Many ISRM therapists have asked how Seeing Hands Nepal (SHN) has fared through the pandemic. Thank you for your concern.

At the beginning, we were not too worried. After the earthquake in 2015 we'd worked to build a decent contingency fund of £10,000 and we estimated that would keep all three clinics going, with no income, for about nine months. We thought boredom was going to be our biggest problem! But COVID was relentless. Cases rose, lockdowns and curfews persisted, and tourism was non-existent in Nepal for much longer than we'd ever anticipated. Sadly, the Buddha clinic is now closed, but the team have somehow managed to keep the other three going and made huge efforts to market their services to more local clients. We've been delighted to see posters advertising the services of Seeing Hands printed in Nepalese for the very first time.

Tourism is thankfully now returning slowly but we have a long way to go. The Pokhara clinic is now in a new location (pictured) and everyone has hopes for a bright future and a speedy recovery from what has been one of the most challenging times in our history.

Debt was inevitable and is quite significant now, so paying off the loans taken to keep the business and our staff going and get back to sustainability is the new goal.

Although we are no longer a UK registered charity (we shut it down just a few months before the pandemic as it was self-sustaining and doing great then!), we would be immensely grateful for donations – however small.

To donate and help safeguard the future of this incredible project and the blind sports massage therapists it employs, please visit our *gofundme* page (search for 'Seeing Hands'):

https://www.gofundme.com/f/seeing-hands-nepal-blind-massage?qid=af469dff2f059de5bab9e29e1e7532ca

*The QR code provided is simply a direct link to the **gofundme** page so that people can reach it directly using their phone. That page provides an introduction about the project. Alternatively, any new ISRM member unfamiliar with SHN and wishing to know more can look up previous e-newsletters dating back as far as 2008-2009. **Any donations in these particularly challenging times would be immensely appreciated – thank you!***

EVENT WORK

The London Marathon 2021 – an experience of indomitable energy and sense of Good

By Laura Lord

'The spirit of the marathon permeated everything that day. Runners representing other charities thanked us for our voluntary contribution to the collective effort. It was London at its best, it was humanity at its best.'

They say, 'Start as you mean to continue'. Having recently completed my LS31D (finally! – who scheduled a pandemic in the middle of a massage course?!?) LSSM Diploma course, there could have been no better career commencement than the experience of the 2021 London marathon. It was exhausting, it was an education, it was enormous fun. The energy and the sense of good will was indomitable. In fact, that power was palpable at my train station thirty miles out of London, on the train, in the tube. Something special was afoot. People were excited. And it was intoxicating.

Veteran of a good time, but rookie here, I was grateful for the organisation, guidance and friendly smiles of our fabulous leader, Sam Roberts. We were a team of four therapists (Adrian Davison, Paul Bill, Robin Williams, and me) trying to ease the agony of overstressed agonists of runners raising funds for the Meningitis Research Foundation. Between one hundred and twenty runners, over £200,000 was raised. As April 2020 and then April 2021 had passed by without the usual opportunity to fundraise through the London marathon, runners were hitting the streets in training and appealing to all and sundry for support of their chosen charity.

I was delighted to have bagged a place with the team massaging runners for the Meningitis Research Foundation, having lost a nephew to meningitis in 2003. The stories of connection to meningitis and the desire of people to prevent future suffering for others was immense, intense, and humbling. My effort consisted of a Sunday afternoon spent doing what I love; the effort of participants had consisted of untold hours of training, patience to persevere through the uncertainty provided by the pandemic, unsure whether their training was for naught or not, the audacity to beg for donations for a marathon which may never have happened, and then return to that same set of supporters to beg once more for a cause in which they so ardently believed. The patience, endeavour and

EVENT WORK

determination displayed by all involved was awesome and awe-inspiring.

The MRF team were generous and gregarious hosts at their post-event reception at the Royal Overseas League in St James'. The atmosphere within the room was jolly, celebratory, and rightly congratulatory. Each runner received a hearty round of applause on entering the room. There was pride from family and friends, there was relief from runners, there was gratitude from the charity. And there was massage from us. Our first runner in, finishing in two hours forty-five, was a policeman from Manchester, who was an ultra-marathon runner. He had us all in stitches and bounced off of Adrian's table (Adrian has that effect on people) raring to do it all again the following weekend, and again, and again... There were teachers, scientists, a husband-and-wife team, and an army guy who might have regretted completing the distance in army boots carrying a twenty kilo bergen. Some fell asleep on the table; some could not stop relaying their stories, be that their reason for running or a detailed narration of their day. Many were survivors of some form of meningitis, wanting to help absolute strangers who may some future day suffer in the grips of this disease. Every one of them was modest in their achievement; every one of them was interesting in their tale. Some stormed it, some struggled. The last two through, young friends Maisie and Georgia, popped a couple of ibuprofen at mile 20, providing their aching knees a new lease of life to reach the finish... which Maisie claimed had felt an infinity away. They were happy and high-spirited: an apt ending to the day.

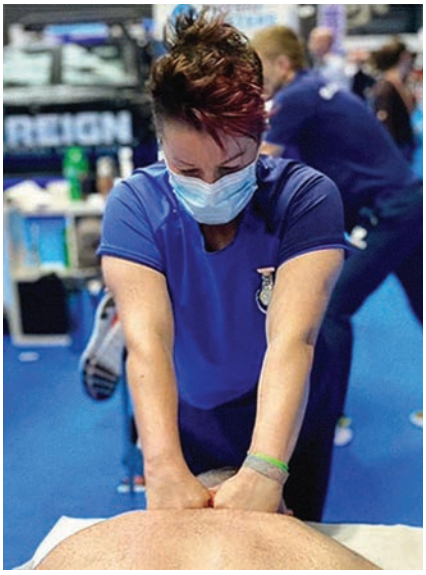
We had no spectacular fancy dress competitors. I wondered about the Colin the Caterpillar crew breaking up over the finish line. Early on, sitting around, watching the marathon on screen, awaiting the arrival of runners to the venue, we were wagering which of the most outlandish costumes would land on our tables. Alas, army guy Paul was as wild as the Meningitis Research Foundation people went, so we called it a five-way draw of nil points.

Let's be British about this... and mention the weather: having been shut in the cupboard for what would have normally been the last two events, the organisers of the London marathon 2021 could not have dreamt of better conditions. The skies were blue, the breeze was gentle, the air was mild: it was a day which had started as IT meant to continue. London was waking up to an enormous gathering, a gathering of good will, unseen, unfelt for over two years. The energy of the marathon was phenomenal. Forty thousand runners (and wheelchair riders) pounding the streets of London and as many again, partaking virtually. How many spectators? Double that figure? Surely more. Without doubt, this was a rebirth, and the capital was loving it. Paul found a less than jam-packed pub for a drink on our way to Green Park tube station at the end of the day. Entering a central London pub with a couple of massage tables in tow was perfectly normal, of course. The spirit of the marathon permeated everything that day. Runners representing other charities thanked us for our voluntary contribution to the collective effort. It was London at its best, it was humanity at its best.

EVENT WORK

Reflections on The Arnold Sports Festival

By Becky De Mott Horton



Anyone who knows me will know that my natural habitat is amongst endurance athletes (generally of the running, cycling and/or swimming variety) or on the side of a cricket or rugby pitch. So when my The School and Massage Collective colleagues told me we had the opportunity to be the lead sports massage & physiotherapy provider at The Arnold Sports Festival UK, to be held at the NEC, Birmingham, along with our good friends and partners Physio Matters, my first question was 'What on Earth is an Arnold Sports Festival?'!

Well, I very quickly discovered the answer: it was three days of some of the leading athletes in Classic Strongman, Bodybuilding, Powerlifting, Mixed Martial Arts, Gymnastics, Cheerleading and Dance competing on a massive stage. Originally founded in 1989 by Arnold Schwarzenegger and Jim Lorimer, it is touted as the largest multi-sports festival across the world. As well as the competition events, the festival formed an expo for all things gym, sports, health and fitness. Our role for the weekend was to provide Soft Tissue Therapy (STT) to all the competitors in the CrossFit, Mixed Martial Arts and Dance competitions, as well as sports massage and advice to the attending members of the public on our main stand in the exhibition hall.

Firstly, it was incredible to see an event of this magnitude come together. When we arrived, massage couches in hand, to set up on the Thursday, the NEC looked little more than a large, empty cattle shed... yet by Friday morning it was quite literally an all singing, all dancing, festival of sport. And then there were the athletes – whether there to compete or watch and enjoy the expo, they were immensely impressive. As with all athletes and sportspeople I have had the pleasure of working with, they showed an awe-inspiring level of commitment to the amount of work and sacrifice that was required to achieve their goals. Not surprisingly, this is where I started to feel very much at home! From being a little apprehensive that the extend of my knowledge of this genre of sport had been gleaned from slightly hazy memories of TransWorld Sport (a reference for any 80s babies out there!) I quickly realised that there were more similarities with than differences from the athletes I more commonly work

EVENT WORK

with. I heard countless stories of how much people's sport meant to them, moving stories of how their sport had been a solace to them during difficult times, how their sport had been a way of connecting with others, an integral part of their social life, and I heard how the people they considered heroes (many of whom they were hoping to catch a glimpse of over the weekend) had inspired them to work harder and dig deeper than they had ever imagined they could.

There was also a clear consistency in the fears I heard voiced by those experiencing pain or injury, namely, that they would have to stop training and/or that the injury was somehow their own fault. These are fears I hear daily from clients, and not just those that are involved in sport.

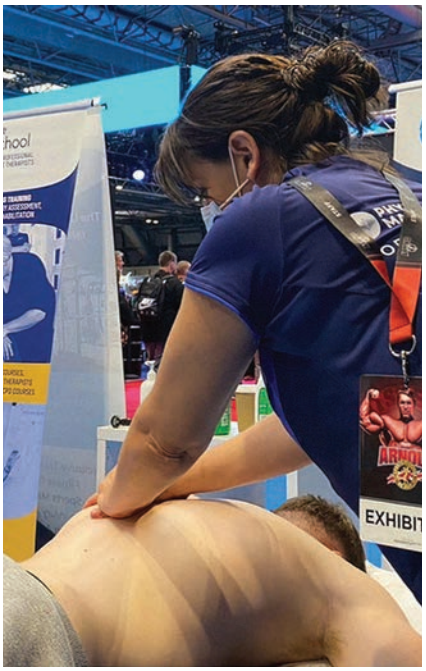
1) Let's explore these two fears in turn: Firstly, it is well documented amongst therapists that individuals involved in sport delay seeking help for their injuries due to a fear that their therapist may stop them training. This comes with a myriad of concerns for that individual – losing fitness, putting on weight, loosing gains they have worked so hard for, missing events/games, loss of social life, the list goes on and on. As a therapist, stopping someone from training, competing, and taking part in something which matters so much for them will always be my last resort. This is an approach which is well backed up by evidence. Instead, I will work

with an individual to find modifications whilst they recover and ways of making their sport a fundamental part of their rehabilitation.

2) Secondly, the fear that the pain or injury is somehow their fault, due to something they did wrong, an error in their technique etc... This is something that I hear so often, and which always upsets me. I have even had the sense that in some people this has delayed them seeking help as they feel embarrassed about getting injured. Undoubtedly, there are times we make mistakes in our training that can result in injury, but this can happen to even the greatest. More often than not though, injury is just 'one of those things', an unfortunate, frustrating thing, but has probably occurred as a result of multiple factors. Ascribing blame serves no-one, certainly not the individual in pain. What matters is that we learn from any mistakes made and come out the other side stronger and better informed. The important thing is how we move forward.

So having started out unsure as to what the event was all about, I ended up enjoying an absolute blast treating and chatting to people, hearing their stories, achievements, fears, and concerns, reassuring them, advising them, and working out ways they could continue doing what they loved even in the face of pain or injury.

I also had the great privilege of overseeing an incredible team of therapists. So often in my job you work in isolation, so it was a joy to work among a team with so much knowledge and commitment to helping others. I think I speak for all of us when I say we left with sore hands but happy hearts!



'Socially-distanced' Event work update

By Tanya Ball

2021: A small step in the right direction

The near-complete demise of professional and/or mass sports events in the true sense in 2020, both globally and in the UK, regrettably persisted well into 2021. Many top-level competitions continued to take place either behind closed doors, mass events were either cancelled altogether or postponed, either indefinitely or to tentative provisional dates, with their scope in any case substantially scaled down.

The prime 'victims' of this downsizing were the many various essential social dimensions that form such an intrinsic part of sporting 'folklore', such as the lively and emotional atmosphere generated by attending fans, supporters, spectators, key associated attractions such as food, drink, music, or even family entertainment, and, most importantly from our STT community's perspective, the provision of pre/post-event Soft Tissue Therapy (STT) to participants, their families, and even sometimes volunteers and paid staff working at the event.

The uncertainty as to whether the already deferred summer Olympics of 2020 would be taking place continued for several months into 2021, as did the resumption of our 'National Treasure' Wimbledon

EVENT WORK

Grand Slam Tennis tournament and, with direct implications for ISRM, the 2021 London Marathon (LM), hesitantly – and controversially – scheduled for Sunday 3rd October 2021.

All the other events traditionally supported with STT by our members remained cancelled for the year, and the lack of clarity, fuelled by unconfirmed, often conflicting rumours as to whether the LM would be taking place, and if so, in what format, persisted well into the summer. This was severely impacting the numerous participating charities including those we had worked with for many years, who were experiencing a reduced uptake of fund-raising runners, were hesitant about committing to booking a venue for a potential post-race celebration that may end up being prohibited due to COVID and were consequently unable to confirm whether they would be requiring their usual STT team! As ISRM's event work coordinator, I hence found myself forced to defer any recruitment of volunteers and team leaders uncomfortably close to the event, but eventually 'pressed the button' once it seemed as close to certain as possible in the circumstances that a) the mass race was going ahead, and b) a hugely depleted number of charities (three or four, instead of the usual 14+) had formally requested much-reduced sized STT teams.

For the first time in over 23 years, I found myself unable to firmly guarantee the few confirmed charities a team, and the reduced number of valiant ISRM volunteers a place in a team, which caveat I did not enjoy stating in the least but was very grateful to have done: besides the perennial headache of late withdrawals due to unforeseen circumstances and through nobody's fault, further COVID-related casualties occurred among STT team members. Additionally, one charity belatedly drastically reduced the team size they required, and another found themselves badly let down by their venue proprietor, who reportedly withdrew the agreed hire agreement for the day, leaving the charity too little time to find alternative premises. It was hence rather ironic that the year with by far the lowest number of volunteers should have been the one when I had no option, with a heavy heart, but to turn a few of these away...

As always, however, those who did attend the event delivered a first-class post-race STT service which drew high praises for the charities, and resulted in the heart-warming, enthusiastic personal story by Laura Lord in this section. The eventual taking place of the country's greatest mass sporting event since the pandemic, complete with charities', spectators, and even STT therapists' involvement was a small, but encouraging step in the right direction.

2022 events

I am sorry to have to say that so far, the events calendar for 2022 is at best patchy, with very few charities approaching ISRM for STT support, in some cases requesting merely one or two volunteers to treat a handful of dedicated supporting participants. In such cases, contact details of the relevant charity are/will be posted on the ISRM forum and Facebook forum for interested members to liaise direct.

In other instances, I have received somewhat unrealistic requests to raise STT teams for events far too remote (North-East/North-West, Wales, Scotland) which would make people's travel and accommodation costs prohibitively high, while in further cases charities continue to experience low uptakes and are having to defer any meaningful decisions.

The 2022 LM has once again been scheduled for early October, suggesting that requests from charities are likely to start trickling through in the spring, so I do not anticipate posting this event on the ISRM Event Work page until there is clarity.

In the meantime, readers will be updated and notified of confirmed events/dates in due course via future periodic 'Mini Newsletters' as soon as reliable information becomes available.

My grateful thanks as always to all who supported our one and only 2021 event, and my commiserations and apologies once more to those who were eventually denied a place in a team.

DEVELOPMENTS IN RESEARCH, BUSINESS, AND CLINICAL PRACTICE

ISRM – Your Brains Behind Your Business

By Katie Warburton

When we qualify as Soft Tissue Therapists (STTs), we don't automatically know how to operate a business. Some of you may have come from a management position and retrained in STT, so you have transferable skills. However, if you're anything like me, maybe you have no idea!

At 23 I was pushed into self-employment as a personal trainer. I say 'pushed', but actually I was going to make the jump anyway. I worked in a large gym chain and had a captive audience. I had been working at this gym for the previous two years and taught classes regularly. I was

known and had a good reputation. All I had to do was put posters up and talk to members about what I did – and hey presto! I had clients. When I qualified as a Holistic Massage Therapist, I did the same – posters, leaflets and chat to people.

Years later I was out of the gym, renting out a room in a small physiotherapy clinic and had qualified as an STT. I thought that the ISRM qualification would speak for me and that future clients would hear about me somehow and they would call me to book in.

Nope. It took too long for me to realise I had some serious work to do on myself as well as the structure of my business. I was forever saying to my friends when they'd ask me to go away or go to a concert 'I need to see how business goes to know if I can afford it'. I had no idea how to plan for the future and I had issues around asking for payment or putting prices up.

As well as...

- I had no idea where or how to 'get' clients
- I didn't know how to promote myself – from effective posters or social media (which wasn't as big a thing back in 2014)
- I didn't know how to talk to people about how I could help them with their tissue issues
- I was nervous about asking for payment
- Scared to put prices up
- Worried that if I suggested to clients that they needed more treatment, they would think I was just trying to get money out of them!
- Worried that if they didn't book back in when they needed to, because I knew I could genuinely help them, that they would think I was rubbish because one treatment hadn't worked!

There was a business coaching and mentoring workshop in Sheffield, and I went along. I went because some people in my industry were already part of it and I trusted that they would be doing something useful.

They were. I joined up with this coaching company and they helped me overcome all the barriers that I had that were preventing me from making my business a successful (and profitable) one. It didn't happen overnight. I was a member with them from 2015 until 2019. I went from renting a room in a physio clinic and some (awful) community and gym halls for my classes – to having my own space, a team of 4 therapists, 6 teachers, and 3 admin staff.

And now, despite the pandemic, we're profitable.

Now that might not be your dream. You might want to stay a sole trader, or maybe employ one other person. Or maybe you want to have a facility bigger than mine that supports all top Olympic athletes.

Whatever your desire for your business, and your life, the only reason you haven't got where you want to be is because of... *you*.

We all walk around with 'the way life should be lived' in our heads i.e., our beliefs, values, judgments that we've picked up over the years (a lot of them in childhood). When someone does something that is outside of your values you reject it.

A classic example for us STTs is how much we charge per session. There are some STTs who charge £30 per hour, others who charge £100, and I expect somewhere in the world there is someone that is charging £1,000 per hour.

If you were able to read that last sentence with interest – without saying 'yeah, and they're a right rip-off' or 'I could never charge that in my area' – then good for you.

Unfortunately, many of us equate money with our personal value. To charge £1,000 per hour would mean we would really have to 'prove our worth' and ask, 'am I really worth that much?'.

How much does a handbag cost? There are some out there for £1,500+, yet you can get the same style in Primark for £5.

Your Brains Behind Your Business is a course offered by Vaneeka and me to help STTs uncover the mindset they need to feel, and be, successful in their business and life.

On our course, we talk about more than merely what you want to and/or can charge. We talk about how to make your business align with your personal values. The personal values of long-standing LSSM Office Administrator Vaneeka, who you will all know and have had the privilege of having been helped by at some point in your SST training or postgraduate life, are all about family: she has two young children. My values are all about freedom. Vaneeka schedules clients around her childcare and family arrangements – rather than the other way round (finding childcare when you've got a client). I have created my business to include other therapists so that I can take holidays, have my freedom, and still earn an income.

Find your Balance

We can help you unearth and understand your **values**. We also help you understand what happens when you're NOT working in line with your values and then how to find your balance. We all have different wants out of and needs in life so 'balance' in your case, mine, and other STTs (whom you might compare yourself to) will mean something totally different.

The **money mindset** is the second topic on our syllabus, and we discuss how to find an equilibrium here as well – between what you want to charge and what you want to earn (these are different!). A short exercise will help you understand what turnover your business needs to make, for you to earn the salary you desire. That could be £10,000 per year or £100,000 per year. The more you want to earn, the more structured your business needs to be.

The third topic is about **self-worth** and **confidence**. Business is easier when your self-worth and confidence are at a happy level for you (let's face it, life is easier too). We talk about how to find your balance in terms of self-worth and confidence and what happens when this is lacking.

These topics might sound 'non-business-like', but honestly, they're the best things I've ever learned to improve my business.

Our previous course attendees said this about us:

"the content was all relevant, thought-provoking and well-structured with

breakout sessions giving you a chance to reflect and share ideas" *Sarah Brown, ISRM member, previous course attendee*

"I really liked the mix of theory and real-life experience. Not just another marketeer, who is sharing theory, but actually someone who has tried and tested what you're offering." *Janni Danielson, ISRM member, previous course attendee*

"Good course content and well-presented information. Found Katie's advice from running her own company really useful. Vaneeka was great at making me think a little outside of the box." *Natasha Hadland, ISRM member, previous course attendee*

If you want to know more you can get in touch with Vaneeka Patel or Katie Warburton, so you can get your Brains Behind Your Business

vaneeka.lifecoach@gmail.com
Katiewarburton13@hotmail.com

How to work with the BEST clients – for you

By Katie Warburton

Like it or not, if you have a service that you offer for payment, you have a business. You can treat it as a hobby, a way to spend your time, or you can treat it as a profit-making enterprise that pays you an income that you are happy with. It's your choice.

I know in my business I want to see people I enjoy spending time with. That means in my treatment room as well as on my team. Deciding who I want to work with was one of the best things I ever did. As I was starting out, after completing my ISRM qualification with The School, Exmouth, in 2014, I joined a business coaching and marketing programme. I wanted my business to be professional and I wanted it to be my main source of income. At the time I had a very quiet business – a part-time job – and thought that eventually word would get round... Turns out, word doesn't necessarily get round unless you make it get round!

The programme tutors taught me how to see my 'little business' as the professional entity I always wanted it to be and how to make the money I wanted to out of it – without feeling greedy or having to be pushy.

Knowing who your 'Ideal Client' is can change the way you work in the most fantastic way. This may sound like a dramatic claim, but it is simply a filter to apply to all future work and clients that come your way. Identifying your ideal client doesn't mean you HAVE to say no to everyone else who doesn't fit that bill (although you can). It just means that you can word your advertising around what your ideal client is thinking of, plan your CPD courses around the people you want to help, and target places you can go and joint ventures to work with where your ideal client spends time.

Knowing your 'Ideal Client' has many benefits:

- You can make your 'brand message' more consistent, so it makes marketing and advertising easier.
- Because your marketing and advertising has a more consistent message, your bookings will be more consistent as well.
- Your Ideal Client can find their 'Ideal Therapist' - you!
- Your knowledge and enthusiasm about the injury/problem that your Ideal Client is bringing you, will exceed that of other therapists. You will understand your clients better, on a more personal basis, making it a more people-centred treatment.
- This will build trust quicker, so they are more likely to invest in the sessions they need on your professional recommendation.
- You will enjoy work more. There's nothing worse than feeling your heart sinking when Mrs X books in again, knowing that she doesn't do her homework and you feel like she doesn't really trust what you're doing... (we've all had them).
- Cross-referrals to another practice will earn you a good reputation, and hopefully they will refer back to you too with clients they don't specialise in.

Just to be really clear: you can still say **YES** to people who are **NOT your ideal client**. You can see whoever you want.

How to Identify your Ideal Client

Ask yourself these questions:
- Who are the clients you currently have that you look forward to seeing?
- What is unique about them that makes you like them? E.g., do you share a sense of humour? A love of tortoises? Do you have kids the same age?
- What age are they?
- What is/are the problem(s) that they bring to you?
- Is/are their problem(s) related to the same thing e.g., office workers, violinists, runners?
- Is it a specific joint, e.g., do they all have knee problems?

Here is an even quicker (if a little harsh...) way to find your Ideal Client:

Write down all the attributes of the people you DON'T like working with!

Don't like moaners? Don't like people who don't put the effort in with their rehab? Don't like people who are late/

cancel repeatedly but still expect the same treatment and service from you? Don't like Crown Green Bowlers (no offence...)? Don't like teenagers or students?

Then write the opposite of what they are.

For example:
- I want to work with people who are respectful of my time and others', understand the value I provide and trust me to offer great value and great treatment.
- I want to work with runners, aged 30+ who are getting back to running after having kids.
- I want to work with students who are starting exercise/sport for the first time.
- I want to work with stressed out men, who work in middle management and are struggling with admitting they are stressed.

It is really individual, you will quickly realise that even though you offer the same treatment as the person down the road, you really aren't offering the same treatment or the same service because you are treating people and not 'conditions'/'injuries'/'pains'.

Whilst we all have the same, or similar manual skills, we all have different people skills, personalities and abilities to help people. As ISRM members we are people-centred and this offers us a huge opportunity to be different from our local competitors.

How to find more of your Ideal Clients

- **Communication: tell people** who your Ideal Client is. If you don't tell people, they don't know that you can help them.
- **Referrals:** ask your current ideal clients to refer you their friends, co-workers or team-mates (you could offer a discount for every referral that books in).
- **Joint Ventures:** go to the places where they hang out e.g., hairdresser, running club, school, John Lewis, local boutique, local deli, and see if you can put posters up, leave leaflets, or even present a talk/seminar.
- **Speak their language:** listen to what your current ideal clients say and use these words in your social media posts. For example, we say 'remember that time your back went' which we know as therapists doesn't make sense – but to your clients makes perfect sense and will have them reading your post to find out more.

Osgood Schlatter's disease from a soft tissue therapist's perspective

By Sarah Jones

I qualified as a Soft Tissue Therapist with *The School* in 2017. I have a successful business working from home and within two multi-disciplinary clinics. I have a particular interest in exercise rehabilitation, working with adolescents and persistent pain. I worked as a gymnastics coach for 5 years, taught acrobatic skills to dancers for 3 years and was also a Veterinary Nurse for 20 years.

Osgood Schlatter's Disease (OSD) is an apophysitis of the tibial tuberosity. 'Apophysitis' is inflammation on or around growth plates (the active area of growth at the end of long bones), that can occur in children and adolescents. It is characterised by swelling and pain over the tibial tuberosity, which are aggravated by increased activity in adolescents, particularly during periods of growth or what we commonly refer to as a 'growth spurt'. It was originally identified over 100 years ago in 1903 by Robert Bayley Osgood (1873-1956) and Carl B. Schlatter (1864-1943). In the years following, there were only a handful of significant studies on the condition, with mixed outcomes and conclusions. Until recently, OSD had always been thought of as a self-limiting condition that generally resolved spontaneously after 6-12 months. A recent study by Rathleff et al. (2020) refuted this view, which unfortunately still seems to underpin the advice given out by some GPs and practitioners/therapists.

How many times have you had a worried parent in the treatment room with a child that has recurrent, and often very painful knees? I see it on a regular basis in my clinic. Children have seen the GP, been told to rest for 3-4 weeks, take NSAIDs (non-steroidal anti-inflammatory drugs) and then try getting back to their activity again. This approach is not only outdated but also fails to manage expectations or outcomes and can give a false sense of hope.

EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

In my clinical experience, most children that present with knee pain are very active, participating in extracurricular school clubs and sports. They also appear to have specialised early in one particular activity, be it dance, gymnastics or football. The current trend is for children to be high achievers in everything without necessarily participating at a competitive level. Children put more pressure on themselves to succeed, along with added pressure from parents, coaches and teachers. This highlights the importance of approaching our treatment from a biopsychosocial (BPS) perspective. It also places us in a unique position as we can give them the time to talk and air their worries, we can listen and really try to come up with a plan that both the child and the parent(s) not only understand but are more likely to comply with.

The **biomechanical** aspect of OSD is the excessive traction applied to an active growth plate by the patellar tendon, which will often present to us in its acute stages and will continue through to the chronic/persistent stages.

The **psychological** aspect needs to be carefully handled, more specifically with adolescents; they are already dealing with rapid changes in growth, hormones, and the physical changes in their bodies. I have seen young adolescents clearly showing signs of depression in many cases, due to the impact this has on their daily activities, along with having to cope with pain as well. There will be some useful links for mental health support at the end of this article.

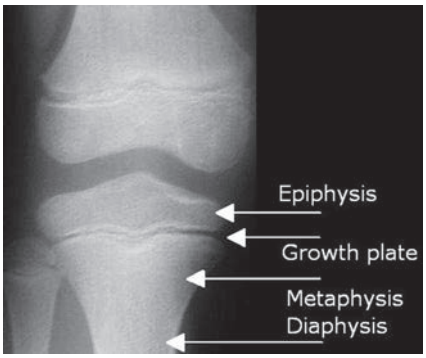
The **sociological** aspect impacts on them seeing friends at their missed classes, as well as missing out on PE, all at a crucial time when socialising and friendships are so important. OSD can have a dramatic, detrimental effect at this stage in life.

Aetiology of OSD

Typical onset is 8-12 years in females and 10-15 years in males. On average, boys will start growth spurts 2 years after girls.

There are 3 stages in adolescence:
Early - 8-14 years start of puberty
Middle - 15-17 years
Late - 18-21 years

In early to mid-adolescence (8-17 years), growth velocity increases; this is known as the pubertal growth spurt. In late adolescence (18-21 years), the growth velocity decreases and may be zero after epiphyseal fusion (growth plate fusion). During this period of increased growth velocity, the femurs and tibias enter a period of rapid growth.

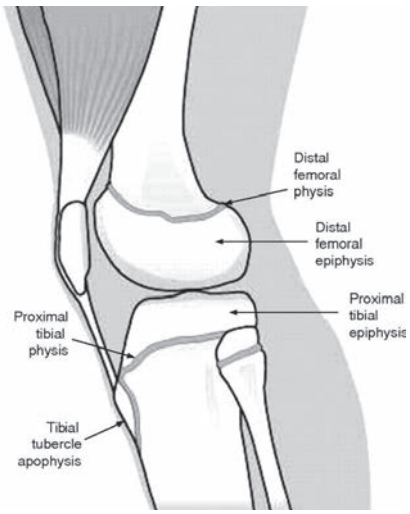


During bone growth, the *diaphysis*[1] and *epiphysis*[2] are separated by the *physis* or growth plate. The zone adjacent to the growth plate on the diaphyseal aspect is called the *metaphysis*. The epiphysis is the rounded end of a long bone that directly articulates with bone at a joint. An apophysis is a normal bony prominence which arises from a separate ossification centre. The tibial tuberosity, or tubercle, is an apophysis, and this is what OSD directly affects.

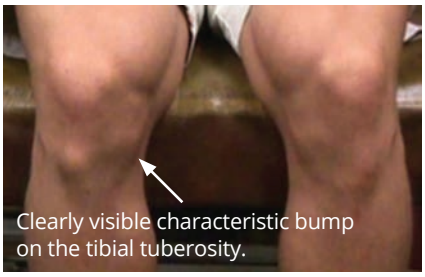
A growth plate consists of three zones: resting, proliferative, and hypertrophic. In early puberty, the *chondrocytes*[3] within the growth plate continuously proliferate (increase rapidly). At the end of puberty, proliferation decreases. When this stops, longitudinal bone growth ceases, and final adult height is achieved.

The tibial tuberosity is the point of attachment of the patellar tendon to the bone via the periosteum. Therefore, this may make this area vulnerable to stress during rapid growth spurts and constant overloading. The mechanisms appear to be a repetitive overload of the patellar tendon during high impact and kicking activities, during these periods of rapid growth and proliferation.[i]

In adults, an overload injury might commonly present as patellar tendonitis/tendinopathy. In children/adolescents, the growth plate is still open. Rather than



initially causing a tendon change, repetitive loading, particularly during eccentric loading of the quadriceps, creates traction on the distal patellar tendon attachment. The body responds by laying down more chondrocytes and reacting with an inflammatory response. The result is a visual increase in size of the tibial tuberosity, and it can often be accompanied by patellar tendinopathy and infrapatellar bursitis.


Clearly visible characteristic bump on the tibial tuberosity.

Activities where OSD is seen frequently are:

- Gymnastics and trampolining
- Dance
- Football
- Basketball
- Parkour
- Athletics including running
- Rugby
- Tennis

Typically, these activities are frequent, leaving little or no time for rest/adaptation. They also commonly lack an appropriate functional warm up and cool down around the activity. Interestingly there appears to be little to no education about growth-related injuries in current coaching courses. In the case of UKCC gymnastics, periodisation around growth isn't covered until Level 4.

EXPAND YOUR KNOWLEDGE, ENHANCE YOUR SKILLS

What is our role as Soft Tissue Therapists?

If we suspect Osgood Schlatter's Disease and the adolescent is under 16[4] , we have a professional responsibility to refer him/her to their GP for a diagnosis[5]. It is useful to provide a covering letter detailing your initial assessment, plan, and clinical reasoning for your decision. If you are in any doubt, then you must refer the client to a healthcare professional such as a physiotherapist.

Our primary role is to decrease pain, manage expectations, give advice on activity modification, and create a personalised strength and conditioning plan. It is helpful to consider making any exercises easy to fit into their day and make them meaningful to their activity. If possible, I try to encompass exercises into their normal club/class session in place of any aggravating exercise. This gives them something to do, while keeping an involvement with their peers. It also makes it more likely that they will complete the exercises.

Activity modification will normally involve a reduction of any aggravating activity. It is rare that I will ask someone to completely stop, instead I take time to understand what their activity involves. I discuss the plan with the child (this is very important for compliance), to ensure they understand what they need to do and why, along with some tips to tell their coaches/teachers. A letter or email to their coach/teacher can be helpful too. Typically, I would advise little to no impact work (activity that places more forces through your joints, such as running, jumping, etc), until the pain is below 3/10. Once this settles, I then gradually add impact work back in. However, they must remain within the parameters of their pain score. This is then monitored for the next 24 hours for any latent reaction to the increase in load. Remember OSD is commonly concurrent with an irritated patellar tendon, hence monitoring latent loading response.

The quadriceps group will generally present with reduced strength on resisted concentric testing and may create pain going into resisted eccentric testing. You may see a difference in passive quadriceps range of movement (specifically knee flexion), when comparing left to right, with the affected side appearing stiffer and uncomfortable towards end-range movement. I usually approach treatment with slow, broad effleurage of the quadriceps, gentle pain -free active movement into flexion and extension, and MET. We can use PIR (post isometric relaxation) MET on the quadriceps before passive flexion/extension to make the movement feel safe whist incorporating some isometric contraction. I generally 'offload' the patellar tendon by taping with kinesiology tape and incorporating a 'lift' of the patella, which can have an almost instant pain-relieving effect. I find kinesio-type is tolerated better and stays on for longer than the more rigid zinc oxide tape (mostly used for *strapping* – 'stopping' movement as opposed to *dynamic taping* – 'allowing' controlled motion).

The continuation of my rehabilitation plan is based on the recent study by Rathleff et al. (2020), involving adolescents 10-14 years old. All participated in regular high levels of physical activity. 51 of the participants had OSD, 151 had Patellofemoral Pain (PFP), with the inclusion of a healthy control group. They discovered that the all the subjects from the OSD group showed a large deficit in their quadriceps strength, by comparison with those from the PFP and control groups. The PFP group was given an activity modification approach. Traditionally, OSD has mainly been treated with eccentric quadriceps loading. The overall discovery was that by combining the activity modification approach with a specific strengthening programme, the outcome was more favourable.

The plan can be accessed via a link. It is worth noting that all children will react differently and there is no fixed timeline. Exercise adherence is usually the biggest challenge. It is incredibly important that expectations are managed here, along with regular follow-ups to check compliance.

The main take-home guidance of the plan is working within a specific pain tolerance, progressive loading and building quadriceps strength.

The most significant research to date was conducted by Krause et al. (1990). They followed this with a retrospective study on adolescents from the original study nine years later. It revealed that 25% were still experiencing some pain, with the most aggravating activity being kneeling. This completely disproved the self-limiting condition idea that has traditionally been accepted.

Other differentials to consider

OSD, PFP, patellar tendonitis, and patellar tendinopathy are all the result of repetitive overloading.

It is important to note other differentials for adolescent knee pain, and we must remain within our scope of practice. If there is ever any doubt, you should refer to a primary healthcare provider for a second opinion.

PFP typically presents as a diffuse anterior knee pain. In OSD, the pain is usually very localised over the tibial tuberosity. It is usually unilateral but can be bilateral in 25-50% of cases. Patellar tendonitis/tendinopathy tend to present with swelling and/or signs of inflammation of the patellar tendon.

If OSD is mismanaged and activity is not modified, there is a risk of an avulsion fracture (Type II Salter Harris fracture), where the distal attachment of the patellar tendon detaches from the bone at the growth plate, requiring reattachment surgery.

We also need to consider that OSD puts adults at a higher risk of chronic, degenerative patellar tendinopathy.

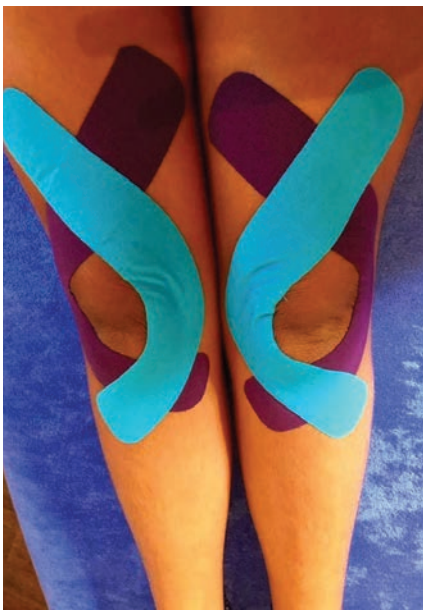
Other differentials to consider:

- Sinding Larsen Johansson Syndrome
- Patellar Subluxation
- Juvenile Arthritis
- Juvenile Osteochondrosis Dissecans (OCD)
- Bipartite Patella
- Plica Syndrome

We also need to include a thorough objective assessment to consider any biomechanical imbalances, include a full hip, knee, ankle and foot assessment and consider any compensatory movement from offloading the painful knee.

Something to think about...

1. Should we be looking at prevention and education for adolescents, parents, teachers and coaches? Should this include the importance of warm-ups?



2. Is more diversity needed in training, which in turn could improve neuromuscular learning?

3. Do we need to manage parents as well as the children?

4. Is it possible to identify risk factors for this demographic? If so, can we reduce these risk factors with a preventive approach?

5. Should sports/activities have periodisation in this demographic which allow for growth spurts? Is this education available at recreational level activities?

6. Do certain sports/activities lack strength training as an adjunct?

Notes

[1] Diaphysis: the shaft of a long bone.

[2] Epiphysis: the end part of a long bone.

[3] Chondrocytes: cartilage cells, which produce and maintain the cartilaginous matrix.

[4] In which case a parent or guardian aged 18+ must be present at all times with the child during appointments.

[5] Subject to their/their parent or guardian's permission.

Further reading...

- Activity Modification and Knee Strengthening for Osgood-Schlatter's Disease: A Prospective Cohort Study Michael S. Rathleff, PhD*, Lukasz Winiarski, MSc, Kasper Krommes, MSc, Thomas Graven-Nielsen, PhD, Per Hölmich, DrMed, Jens Lykkegard Olesen, PhD, Sinéad Holden, PhD, Kristian Thorborg, PhD
- NATURAL HISTORY OF OSGOOD-SCHLATTER DISEASE: Krause B. L. F.R.A.C.S. F.R.C.S. Ed. (Orth); Williams, J. P. R. M.B.E., F.R.C.S.; Catterall, A. M.Chir., F.R.C.S.
- http://www.healthofchildren.com/S/Skeletal-Development.html
- https://bjsm.bmj.com/content/early/2019/12/31/bjsports-2019-101888
- Young Minds - children and young people's mental health charity

[i] Editorial end note: it is in my view essential to understand that a key factor in the onset of OSD is that 'the bones lengthen faster than the musculotendinous structures are able to keep up with' → the latter become 'tighter elastic bands' crossing joints, in turn reducing flexibility in the opposite movement direction(s).

I.S.R.M

Membership benefits

ISRM membership benefits include:

- Oportunities to gain new clients through the ISRM online directory of therapists
- Online forum for members, including work and business opportunities
- Work at major sporting events such as Marathons and Triathlons
- Regular Newsletters and information on legislation & rule changes
- Professional and clinical advice (from Mel Cash and others) available within the members' forums

Benefits and discounts available to ISRM students and qualified members' from:

MARSHCOUCH — All ISRM Members get a 10% discount off purchases of professional treatment couches at Marshcouch - custom made to meet the demands of the physical therapist.

BALENS Specialist Insurance Brokers — Professional Indemnity Insurance - ISRM has a Block policy with H & L Balens which covers the scope of practice for Soft Tissue Therapy.

KEN HUB — PREMIUM Membership at Kenhub when they use their 'unique' ISRM email address (available when you login). Kenhub is a superb Anatomy online atlas with videos, articles, quizzes.

PhysiQue management company — 10% discount off purchases. Physique supply sports healthcare products to medical professionals, consumers and elite sports teams.

REHAB My Patient — All ISRM Members can claim a 10% discount off Rehab My Patient, the Ultimate tool for Excercise prescription.

SPORTS INJURY FIX — Multi-disciplinary community that complements ISRM therapists to meet their business and clinical goals.

MEDBRIDGE — Online Courses by Mel Cash.

CNHC REGISTERED
Complementary & Natural Healthcare Council

ISRM Therapists can register with the Complementary and Natural Healthcare Council which is backed by the Department of Health

VALIDATED SCHOOLS

LONDON SCHOOL OF SPORTS MASSAGE
Central London, Southampton & Brighton
www.lssm.com

Oxford School of Sports Massage
Oxford
www.ossm.co.uk

SCHOOL OF NATURAL THERAPIES
Clapham, London
www.schoolofnaturaltherapies.co.uk

BLUECHIP MASSAGE CPD
Central London (CPD only)
www.bluechipmassage.co.uk

Massage Training School
Exmouth and Bristol
www.themassagetrainingschool.com

Cambridge School of Sports Massage
Cambridge
www.thecssm.co.uk

» **FIND A THERAPIST**
A register of ISRM members is available to the public on **www.theisrm.com**

» **ADVERTISING:** ISRM offers free advertising to employers offering work opportunities to our members. Please contact: **admin@theisrm.com**

Useful e-learning, digital, and other resources (*)

** Please note that not all items listed are free of charge*

Educational websites/links *(listed alphabetically)*

Best 10 Anatomy Apps - tinyurl.com/w2sjssd
Introduction to Anatomy Trains - tinyurl.com/reqmzhq
Born to Walk - tinyurl.com/wmw632l
Born to Move - tinyurl.com/vnpcum7
Comera Movement Science - tinyurl.com/vzo85ze
Evidence Based Fitness Academy - tinyurl.com/qkgpocr
Evidence Based Fitness Academy [Video] - tinyurl.com/twf6z8a
12 Best Anatomy Apps for Android & IOS - tinyurl.com/sewcst7
Kenhub - tinyurl.com/v8vh4fc
REHAB My Patient - tinyurl.com/vbsxcfl
Sports Injury Fix - tinyurl.com/uynxunb
Introduction to Anatomy Trains® [Video] - tinyurl.com/utuvnu9
Anatomy Trains® talk by Tom Meyers [Video] - tinyurl.com/qs2zztt

E-/hard copy books, Journals, DVDs etc. *(listed alphabetically)*

Anatomy Trains® BodyReading 101 - tinyurl.com/uo432xn
Journal of Bodywork and Movement Therapies - tinyurl.com/u4gsl2h
Fascia by Robert Schleip - tinyurl.com/wj7n5u2
Kinetic Control by Mark Comerford - tinyurl.com/ue5rlun
Training & Educational Materials - tinyurl.com/rv5b94v

Clinical equipment suppliers

Marshcouch Pro - tinyurl.com/qn3paeh
Physique Management Company Ltd - tinyurl.com/r8ncvvz

Designed & Printed by QP Printing
07593 025013
info@qpprinting.co.uk