



[◀ Back](#)

Not too long ago the standard of care for musculoskeletal injuries consisted of medication and bed rest. Since the early 1980's there has been a shift to a more active rehabilitation philosophy. Today, when an individual sustains an injury the goal is to get them active and exercising as quickly as possible. The reason for this shift is that a patient recovers more quickly and effectively and the chance for reinjury is less.

The goal of bed rest was to decrease inflammation, take stress off of the healing tissue and prevent chronic reinjury. The problem with this recommendation alone was that it caused the patient to become deconditioned and afraid to move for fear of causing further injury. Today, largely due to rehabilitation of athletes, we know that a supervised rehabilitation program actually stimulates and improves the healing process. After an injury, muscle strength may decrease up to 17% within the first 72 hours of immobilization. Within the first six weeks of immobilization, an individual can lose up to 40% of their muscle strength in the effected tissues. Joints, ligaments, bone and cartilage are all affected within six to eight weeks of the injury. Maximum utilization of oxygen (VO₂ Max) can decrease by 25% within three weeks of bed rest. The positive benefits of a 7 week endurance training program are lost within eight weeks of stopping exercise. Passive interventions such as chiropractic manipulation, physical therapy modalities, and medication are effective in reducing the patient's symptoms, but are not effective in regaining these strength and endurance losses. This is why a rehabilitation program is so important and should be part of every treatment plan.

In most cases, a rehabilitation program can be started almost immediately after an injury. Rehabilitation can generally be broken down into three stages: 1) the acute stage, 2) the recovery stage and 3) the functional stage. The acute stage of an injury occurs right after the injury and the goals of treatment are to decrease pain and inflammation and increase range of motion of the affected joints and tissues. This can be accomplished with rest, ice, chiropractic manipulation, physical therapy modalities such as electrical stimulation, medication and supplements such as bromelain, tumeric, papain, ginger and proteolytic enzymes. Once pain, swelling and inflammation are under control, the second phase or recovery phase of rehabilitation can begin. During the second phase of rehabilitation the goal is to start to return an individual to their normal function. The joint and surrounding tissues should regain almost full and pain free range of motion. Strength should be 75-80% of normal. Balance and good control of the muscles and joints (neuromuscular control) are extremely important in this stage. If someone has good strength, but has poor neuromuscular control, they will eventually reinjure themselves. Treatment in this stage consists of chiropractic manipulation, manual therapy, stretching, a progressive exercise

program, muscle patterning, and balance exercises. The final stage of rehabilitation, or functional stage, treatment focuses on returning someone to their normal daily activities with limited to no dysfunction. During this phase a patient should regain full painless range of motion, normal strength, normal flexibility and normal biomechanics. Treatment focuses on endurance and power (a combination of strength and speed) exercises and job or sport specific exercises. Once this is achieved, a patient can safely return to work, playing their sport or their normal daily activities. Unless someone undergoes a rehabilitation program, the chance of reinjury is significant. The single greatest predictor of a recurrent injury is the history of a prior injury.

Newtown Performance Chiropractic
153 South Main Street, Newtown, CT 06470 (203) 426-6600 or (203)
417-3375