

Soft-Tissue Injury Help Sheet

*This help sheet is to guide clients through what to do (and not do) after an acute soft tissue injury (i.e. strain or sprain) to a muscle, tendon or ligament. This advice is also appropriate for acute back injuries (i.e. putting your back out). *If you reinjure the area, go back to day 1 advice!*

Day 1-3 (acute phase):

Protect the area as much as possible, resting it regularly. If you have a lower limb injury avoid weight bearing where possible, and activities/work which use the injured area.

Ice the area 2-6 times a day, depending on pain/severity of injury. Ice for 20 minutes (15 minutes over bony areas). Always ensure the ice pack/packs are in a DRY holster or tea towel, to avoid ice burn. AVOID HOT BATH'S & HEAT PACKS while injury acute!

Compress the area lightly, with an elastic/cohesive support bandage or brace. Alternatively use a bag of grain/sand to compress, while resting/elevating the injury.

Elevate the area (i.e. above the heart) while resting it, where possible.

Avoid anti-inflammatory medicines (ibuprofen, naproxen, diclofenac [Volterol], aspirin) in the acute phase as they interfere with the healing process. Use regular analgesics (e.g. paracetamol or CoCodamol) and icing to control pain.

Gentle movement of the area is beneficial, but only small movements, and within a relatively pain-free range of movement.

Stronger analgesics and muscle relaxants (if severe muscle spasm due to back/neck injury) can be obtained from the GP, but hold off on the anti-inflammatories until day 4 (ideally).

Day 4-7 (early subacute phase):

Move area regularly throughout the day, taking the injured area through its full range of movement/s a number of times. Listen to your body and don't force the movements into painful positions.

Ice: You can ice the area 1-2 times per day, but only if you feel it's necessary (i.e. to reduce pain/inflammation). At the end of the day, or after work/activity is often indicated.

Load: Begin normal day to day activities/work using the area (unless these area 'heavy activities' - delay). Also start weight bearing on lower limb injuries, but avoid running & heavy impacts. The first week is usually too soon to return to sports or heavy physical work.

Exercise: Light rehabilitation (strengthening) exercises are now beneficial in healing, often beginning with no weight/resistance band and/or isometric (contraction without movement) exercises. Strengthen the injured muscle and other muscles which stabilise the affected joint/s or spinal area.

Stretch: Light stretching is now indicated 2-3 times per day. This is especially important on waking, and after activity involving the injured area. Stretch the injured area, and any other areas which have tightened due to the injury (for 30 seconds x 2).

Rest: Make sure you take time to rest the area during the day, and in the evening. You may need to cut down your work hours, and avoid/limit aggravating activities.

Avoid regular anti-inflammatory medication. Its fine if you need anti-inflammatories (or Curcumin from Tumeric) to get you through work, or other aggravating activities; ensure you take a break in the evening though for essential healing processes to occur. You can alternate anti-inflammatories (with food) and regular analgesics for moderate-severe pain management!

Week 2-6 (subacute phase):

Move: continue to move the area through its full range of movement regularly throughout the day, pushing a little into restricted/uncomfortable positions to increase the range of movement (avoid sharp/pinching pain though).

Exercise: You can add some weight/resistance to rehab exercises now, and switch from isometric to isotonic (moving the muscle/joint) exercises if indicated. Gradually increase the weight/resistance over the next few weeks.

Stretch: Keep stretching the area for 30 seconds regularly. You can employ moderate strength stretches now, though don't force them and wait till your body 'let's go'.

Contrast bathing: Alternating between hot and cold water basins can increase tissue healing and reduce swelling. Begin with hot water (3 min), then cold (1 min). Repeat this alternation for around 20 minutes, ending with cold. You can also use hot & cold packs!

Sports: Depending on the severity of the injury you may be able to reintroduce sports/the gym on week 2-6, unless the injury is on the lower limb (i.e. weight bearing). Listen to your body and avoid heavy weight/exercise, wrenching movements and long sessions. Build intensity gradually!

You can use heat packs instead of contrast bathing at this stage, but only if the injured area is not hot to the touch, or overly swollen!

Week 7-12 (early chronic phase):

Exercise: Keep going with the rehab exercises increasing the weight/resistance and intensity.

Stretch: Keep stretching/moving tight and stiff areas daily.

Heat: It is beneficial to use heat packs at this stage to increase circulation/healing, and relax tight/stiff muscles/joints.