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## **Playing through pain is a dangerous game**

**By Tyler Dyck**

Your burn your finger, you stub your toe, you feel a migraine coming on: in every instance, the result is pain. We have dozens of words to describe the different types of pain we feel--aching, stabbing, burning, numbing, throbbing--but what, really, is pain?

Physiologically, receptor nerve cells in and underneath your skin sense cold, heat, touch, light, and injury. When your body is injured, these cells transmit the news to your brain via the body's nervous system. Pain medication works by either stopping the transmission of the pain message, or by blocking its effect on the brain.

Because pain is the body's own warning system, it is important to pay attention to it, particularly when recovering from an injury. There are very few biomechanical problems that can be relieved instantly; most of the time, the body heals slowly and it may be difficult to realize when you are feeling better, since improvement occurs so gradually.

By the same token, it's important to know what degree of discomfort is part of the healing process, and what is the body signalling distress and possible relapse. Many athletes have heard their coaches barking at them to "push through pain," but in fact, the level of acceptable discomfort varies from one injury to another, and optimal healing involves being sensitive to the body's sophisticated signalling. Often, you may need to get help from a health professional who can guide you through the process.

Take two of the more common injuries seen in the physiotherapy clinic: shoulder impingement and ankle sprains. Mechanical shoulder impingement is typically caused by misalignment or trauma in the joint and arises when the rotator cuff tendons become pinched in the roof of the shoulder joint. Swelling and inflammation cannot be seen on the shoulder surface, but are buried deep within the affected area.

Treatment of shoulder impingement begins with assessment and correction of related structures and posture, but key to recovery is activity modification to maintain movement of the shoulder joint *within* a pain-free range. Movements that

trigger the deep, aching pain so typical of this injury must be avoided until the inflammation in the tendon settles down and the overarching problems are resolved.

By contrast, inflammation and swelling are the hallmark characteristics of an acute ankle sprain, where the ligaments and sometimes tendons--usually on the outside of the ankle--are torn as the result of a forced outward roll of the foot. Treatment of a sprain involves the classic R.I.C.E (rest, ice, compression, and elevation) but as the swelling goes down, and the surrounding structures are re-strengthened, people can often return to their activities or sports, playing through some degree of discomfort. At this stage in the healing process, the ankle often has a considerable amount of scar tissue that needs to be stretched or "taught" how to perform. The key is being sensitive to the fine line between acceptable discomfort, and pain--the red flag that further damage may be taking place at the site of injury.

Finally, keep in mind that everyone feels pain differently and no one can sense someone else's pain. It's not always possible to know whether discomfort during injury recovery is "normal"--seeking help from a physiotherapist is one good place to start.

For further information on this topic please contact the Fawzia Sultan Rehabilitation Institute (FSRI) in Hawally at 264-2862, or check out our website at [www.rehabinstitutekuwait.com](http://www.rehabinstitutekuwait.com)

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