

USING ICE THERAPY FOR YOUR ACHES AND PAINS

By: Dr. John A. Papa, DC



Ice therapy and treatment is one of the simplest, safest, and most effective self-care techniques for injury, pain, or discomfort in muscles and joints. The physical act of icing an injury can significantly help with decreasing pain and inflammation, and speeding up recovery time. Learn more about the benefits of ice therapy and proper techniques and advice on applying ice therapy safely.

A discussion on ice therapy would not be complete without mentioning heat therapy. Most people tend to gravitate toward applying heat or a heating pad to injuries, rather than ice. Although there are instances where heat application can be helpful, in some cases it can make an injury worse. Heat can be used for chronic or old injuries that have no inflammation. These old injuries will respond to heat by relaxing and making

tissues more flexible and stimulating blood flow. Heat should only be applied to chronic injuries for relaxation purposes or before participating in activities. Heat should not be applied to chronic injuries after activity, and never to acute or new injuries, or any injury that has active inflammation taking place.

Ice therapy is most commonly used for acute or new injuries (within the first 72 hours). During an initial injury, tissue damage can cause uncontrolled swelling. This swelling can increase the damage of the initial injury and delay healing time. As fluids accumulate at the injury site, the additional pressure against nerves begins to cause pain. Icing the injured area causes blood vessels to contract, reducing the amount of bleeding and diminishing the accumulation of fluids at the injury site. Minimizing swelling means less pain and ice acts as an anesthetic to provide additional pain relief. Icing as soon as possible after an injury will help with speeding up recovery time, and minimizing the chances of secondary problems such as muscle spasm and joint irritation. Ice application can also be very helpful in the rehabilitation of chronic injuries, managing flare-ups of chronic problems, and as a preventative measure following activities or exercise.

It is the author's experience that many individuals who correctly choose to ice their injuries for relief do so incorrectly. Either the application time is inadequate and/or the frequency or general technique used is unsatisfactory. Crushed ice and even ice cubes are the absolute best sources for ice therapy because they easily mold around an injury site and can stay cold for long periods of time. Commercial ice packs and frozen vegetable bags should be secondary choices when crushed ice or cubes are not available. The ice source should be put inside a wet towel and then applied to the injury site with compression. Compression is the practice of wrapping or bandaging the injured area of the body to give pressure, add support, and slow swelling. Compression is most easily achieved with an elastic tensor bandage. The principles of elevating and resting the injured site should also be applied during initial management of the injury. In general, ice application time should not exceed 20 to 30 minutes as prolonged exposure can reverse the positive effects of ice and can lead to possible frostbite, damaging the skin. There should be a period of 20 minutes or more where there is no ice application before

icing is done again so that skin temperature can return to normal. This cycle can be repeated as often as necessary within the first 48 to 72 hours after injury. During the first 8 minutes of ice application, it is normal for an individual to experience prickling or aching as the body adapts to the icing process. This is gradually followed by numbness until full application time is reached.

Ice therapy is very safe and effective but there are some precautions that must be followed. Ice should never be applied directly over the skin for a prolonged period of time as this can damage skin tissue. A wet towel should serve as a barrier between the ice and skin and acts as an excellent conductor of cold. Ice should also never be applied on blisters or open cuts or sores. Ice should not be applied before exercise or activity



as this impairs your body's ability to detect proper joint and muscle function, making one more susceptible to further injury. Ice therapy should also not exceed the treatment time recommended. Special care must be taken when icing the elbow, knee, or foot as superficial nerves in these areas can become irritated or damaged with prolonged icing. People hypersensitive or allergic to cold and those who have a circulation problem should avoid ice.

Knowing how and when to apply ice therapy effectively can be one of the greatest tools in helping individuals self-manage their structural complaints and injuries. By using ice therapy after an injury, you can significantly reduce swelling, tissue damage, blood clot formation, inflammation, muscle spasms, and pain. If pain from an injury persists even after icing, it is important to be evaluated by a qualified health practitioner. Chiropractors are well positioned to effectively evaluate and treat the effects of common muscle and joint injuries. In addition, a knowledgeable chiropractor can offer valuable information on proper home exercise and rehabilitation to ensure complete resolution of your injury.

This article is a basic summary for educational purposes only. It is not intended, and should not be considered, as a replacement for consultation, diagnosis or treatment by a duly licensed health practitioner.