



Clinical Weekly - 176th Edition

#JOURNALTUESDAY - by Abi Peck

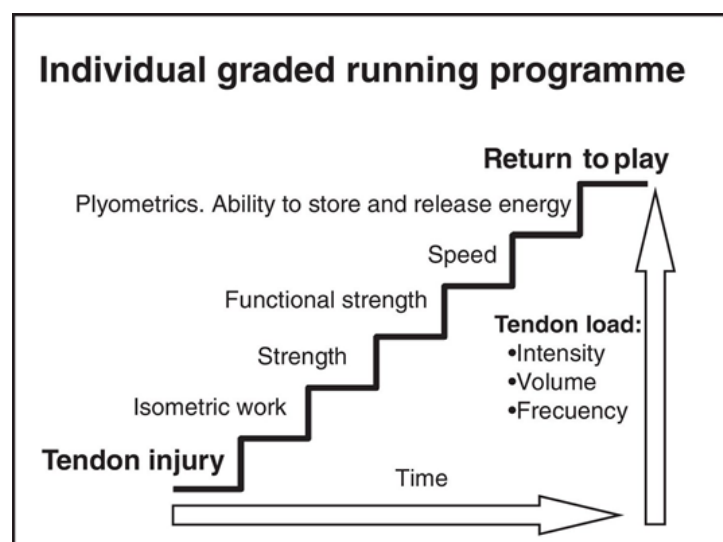
Clinical outcomes of a scapular-focused treatment in patients with subacromial pain syndrome: a systematic review [Download here](#)

1. Did the review address a clearly focused question?
2. Did the authors look for the right type of papers?
3. Do you think all the important, relevant studies were included?
4. Did the review's authors do enough to assess the quality of the included studies?
5. If the results of the review have been combined, was it reasonable to do so?
6. What are the overall results of the review?
7. How precise are the results?
8. Can the results be applied to the local population?
9. Were all important outcomes considered?
10. Are the benefits worth the harms and costs?

#NEWSOFTHEWEEK - by Liz Wright

1. Load management in tendinopathy: Clinical progression for Achilles and patellar tendinopathy

There are a number of effective exercise programs for Achilles and patellar tendinopathies. Eccentric training is the most common (set by Alfredson et al.) Malliaras et al. performed a systematic review of studies comparing 2+ loading programs for Achilles and patellar tendinopathy; concluding to bear in mind the eccentric and concentric exercises. Studies have also recommend a HSR program (eccentric-exercise training is slow lengthening of a muscle-tendon unit while it is under load and HSR training is a series of exercises in which each repetition is performed slowly >6 secs for both the eccentric and concentric phase). The HSR program achieved the same pain and function improvement than the Alfredson eccentric program, though with a significantly higher patient satisfaction at the 6 months f/u. Isometric exercises have been recommended to reduce and treat patellar tendon pain and to initiate muscle-tendon unit loading when isotonic exercises are pain limited. Functional activities have also been recommended for athlete patients; however they are yet to be implemented in the scientific literature.



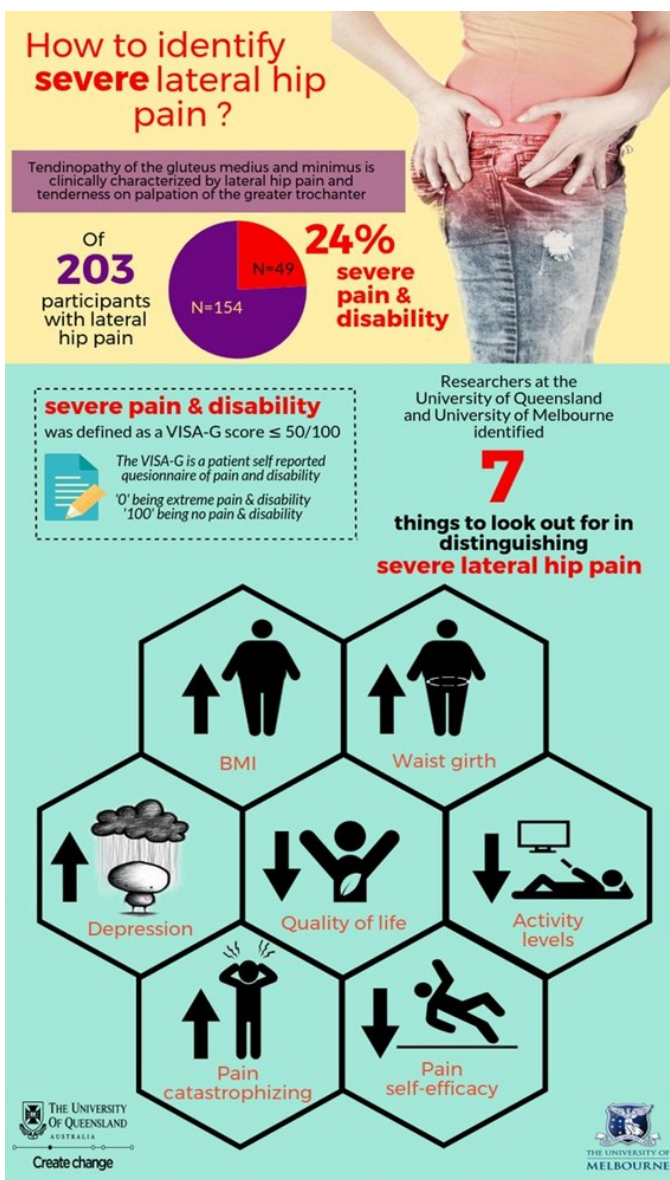


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#NEWSOFTHEWEEK - by Liz Wright

1. A progressive exercises protocol is presented in this article which takes into account the isometric, strength and functional exercises. Exercises and their progressions are shown, note RCT's are needed to demonstrate the efficacy of such protocols. Promisingly they have been shown to produce positive results clinically in practice.

<http://bit.ly/2GOYb2d>



2. Psychological factors not strength deficits are associated with severity of gluteal tendinopathy: A cross-sectional study

A multicentre cross-sectional cohort of 204 participants aimed to compare physical and psychological characteristics between subgroups of severity of pain and disability (mean age 55 years, 82% female). There were significantly higher pain catastrophizing and depression scores in the more severe subgroups. Lower pain self-efficacy scores were found in the severe group compared to the moderate and mild groups. Greater waist girth and BMI, lower activity levels and poorer QOL were reported in the severe group compared to the mild group. Hip abductor muscle strength and hip circumference did not differ between subgroups of severity.

This implies that clinicians ought to consider psychological factors in the management of more severe gluteal tendinopathy. See infographic.

<http://bit.ly/2HXI3xt>





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#FRACTUREFRIDAY BY SCOTT ROWBOTHAM

Semimembranosus Tendon Avulsion Fracture

-Avulsion of the hamstring muscle distally at the posterior aspect of the knee from the medial tibial condyle.

-Often an incidental finding with an anterior cruciate ligament rupture and/or posterior horn medial meniscal tear

Mechanism of injury

External rotation and abduction of the flexed knee
Valgus force to the tibia

Attachments

Origin – Ischial tuberosity
Insertion – Medial condyle of tibia

Innervation – tibial part of sciatic nerve

Blood supply – Profunda femoris and gluteal arteries

Imaging

MRI needed. Often unable to detect on a normal x-ray. It may be detectable on a lateral view X-Ray as a displaced bony fragment.

Rehabilitation

Depends on the associated tendon, ligament or cartilage injuries and whether the Semimembranosus avulsion is displaced or non-displaced.

<https://radiopaedia.org/articles/semimembranosus-tendon-avulsion>

<http://www.bartleby.com/107/illus434.html>

