



# Clinical Weekly - 172<sup>nd</sup> Edition

#JOURNALTUESDAY - by Abi Peck

A systematic review of shockwave therapies in soft tissue conditions: focusing on the evidence [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. Dietary supplements for treating osteoarthritis: a systematic review and meta-analysis

20 supplements were investigated in 69 eligible studies, for example; collagen hydrolysate, passion fruit peel extract, Curcuma longa extract, Boswellia serrata extract, curcumin, pycnogenol and L-carnitine, undenatured type II collagen, avocado soybean unsaponifiables, methylsulfonylmethane, diacerein, glucosamine and chondroitin. Assessment, Development and Evaluation suggested a wide range of quality evidence from very low to high. The overall analysis including all trials showed that supplements provided moderate and clinically meaningful treatment effects on pain and function in patients with hand, hip or knee OA at short term, although the quality of evidence was very low. Some supplements with a limited number of studies and participants suggested large treatment effects, while widely used supplements such as glucosamine and chondroitin were either ineffective or showed small and arguably clinically unimportant treatment effects. Supplements had no clinically important effects on pain and function at medium-term and long-term follow-ups.

<http://bjsm.bmj.com/content/52/3/167>





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#NEWSOFTHEWEEK - by Liz Wright

## 2. Comparison of standing postural control and gait parameters in people with and without chronic low back pain: a cross-sectional case-control study

This study, using robust methodology, hypothesised that there would be a difference in postural control, and spatiotemporal parameters of gait in people with CLBP compared with those asymptomatic individuals. Age-matched and gender-matched 16 CLBP and 16 asymptomatic participants were assessed. Primary outcome was postural stability in the AP direction; gait outcomes were hip ROM and peak moments, walking speed, cadence and stride length, assessed using force plates and a motion analysis system. Findings from the study suggest that people with mild - moderate CLBP present with similar standing postural control, and parameters of gait to asymptomatic individuals. Therefore treatments biased to influencing postural stability (e.g. standing on a wobble board) or specific parameters of gait may be a pointless addition to a treatment programme.

<http://bmjopensem.bmj.com/content/4/1/e000286>

## 3. Are you worried about why your knees crack? Follow with...

<https://mskphysiojournal.wordpress.com/category/patients/>

**'GRIND' 'CRACK' 'CREAK'**  
**WHY ARE MY KNEES NOISY?**

**What Do Others Say?**

- Friends and family can be unnecessarily alarmed
- Health professionals may be unsure about crepitus too

**What Does The Noise Mean?**

- Can make you search for meaning
- Can make you sad and angry
- Can make you feel older 40 > 60
- Often believed to be arthritis (but it isn't)

**Concern Can Lead To Avoidance**

- Can lead you to take action to avoid the noise (e.g. avoid stairs)

**If you have experience any of the above you are not alone BUT...**

- 99% of people **WITHOUT** knee problems have noisy knees
- Pain and noise are not interdependent: Treatment can help pain but noise may persist
- There are many reasons why joints make noise, these are mostly non-arthritis
- Do not avoid activity and exercise because of noise; the loss of strength is far more problematic.

Musculoskeletal Science and Practice: designed by Claire Robertson





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#FRACTUREFRIDAY BY JOE RUSSELL

## PCL avulsion fractures

### **Anatomy & Epidemiology**

The posterior cruciate ligament (PCL) is one of 4 ligaments in the human knee. It runs from deep in the notch of the distal femur and attached in the posterior aspect of the tibial plateau. It provides a restraining force against posterior tibial displacement on the femur.

'Dashboard injury' (impact to tibia in a flexed knee position, such as sitting in a car) is the most common method of injury. These injuries are sometimes missed on plain film imaging and as such CT or MRI are the diagnostic of choice.



### **Treatment**

Surgical fixation is standard treatment in PCL avulsion fractures.

### Reference

<https://radiopaedia.org/articles/posterior-cruciate-ligament-avulsion-fracture>

