



Clinical Weekly - 154th Edition

#JOURNALTUESDAY - by Abi Peck

**High load strength training improves outcome in patients with plantar fasciitis:
A randomised controlled trial with 12-month follow up**

[Download here](#)

We are now starting a new method of appraising our articles using the CASP tool. Please use the questions below. If you would like further information on the CASP tool, [click here](#).

1. Did the trial address a clearly focussed issue?
2. Was the assignment of patients to treatments randomised?
3. Were all of the patients who entered the trial properly accounted for at its conclusion?
4. Were patients, health workers and study personnel 'blind' to treatment?
5. Were the groups similar at the start of the trial?
6. Aside from the experimental intervention, were the groups treated equally?
7. How large was the treatment effect?
8. How precise was the estimate of the treatment effect?
9. Can the results be applied in your context?
10. Were all the clinically important outcomes considered?
11. Are the benefits worth the harms and costs?

#NEWSOFTHEWEEK - by Liz Wright

1. Does current smoking predict future frailty? The English longitudinal study of ageing.

The most preventable cause of morbidity and mortality? Smoking. The effect of current smoking in older people on the risk of developing frailty has been explored. Frailty was defined using modified Fried criteria. Models were used to examine risk of 4-year incident frailty in current smokers compared with non-smokers. The current smokers were significantly frailer, younger, with lower BMI, less educated, less wealthy and lonelier compared with non-smokers at baseline. Current smokers compared with non-smokers were significantly more likely to develop frailty over 4 years among community-dwelling older people. Given that smoking is a modifiable lifestyle factor, smoking cessation may potentially prevent or delay developing frailty. <http://tinyurl.com/ybxxmdje>





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#NEWSOFTHEWEEK - by Liz Wright

2. Effects of massage on performance and injury

Useful infographic to highlight key points on how massage may aid performance. Ensure you are explaining these points clearly to patients.

3. Persistent pain affects more than one-in-five lumbar surgery patients and accounts for substantial long-term costs

Using clinical data, this study shows that approximately 1 in 5 lumbar spine surgery patients in the UK experience persistent post-operative pain (PPP, also known as 'failed back surgery syndrome'). PPP is associated with higher rates of resource usage and with increased intensity of resource use in the inpatient, outpatient and primary care settings. The costs to the NHS of treating patients with PPP are substantive and remain raised over time, highlighting the need for formalised national guidelines for the management of patients with lumbar pain pre-surgery and post-surgery. This study used routinely captured hospital and primary care data, hence a representative group of patients undergoing treatment in 'real-world settings'. A limitation of using electronic medical records data is the classification of patients with PPP. There is no specific diagnosis code or set of codes for the condition of PPP. Instead, these estimates are based on presentation for further interventions, surgery and/or attendance at specialist pain clinics.

<http://bit.ly/2gY1nkZ>

4. The Times: 'Elderly patients with broken hips wait too long for treatment.'

A report published on 14th Sept has stated 4 in 10 elderly patients who fracture their hips suffer delays in treatment, increasing the likelihood of requiring higher levels of support, such as moving to a care home. Fractured hips are a common injury among frail elderly patients and dealing with the aftermath is estimated to cost the NHS £2 billion a year. Almost 1 in 10 patients were still immobile 4 months after an injury with gigantic variation in rehabilitation rates at hospitals, the National Hip Fracture Database reported. Karen Middleton, chief executive of the CSP has stated 'a hip fracture can have a devastating impact long after the bone has healed, with social isolation and a loss of independence a reality for far too many people. As well as the human cost, there is also greater demand on already-pressed social care budgets when someone needs extra support. We must do more to ensure everyone leaving hospital has access to high-quality rehabilitation that gets them back as close as possible to the life that they had before their accident. Today's figures show, there is a long way to go but community rehabilitation must become a priority area for the NHS to stop so many lives being wasted.' <http://bit.ly/2vVBOU5>

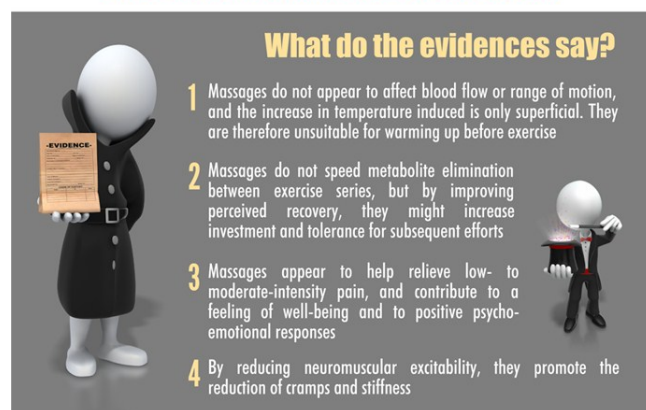


Assumed benefits



- ↗ Blood flow
- ↘ Muscle tension
- ↘ Muscle excitability
- ↗ Feeling of well-being

It is therefore assumed that massages have a positive effect on the performance and the risk of injury



What do the evidences say?

- 1 Massages do not appear to affect blood flow or range of motion, and the increase in temperature induced is only superficial. They are therefore unsuitable for warming up before exercise
- 2 Massages do not speed metabolite elimination between exercise series, but by improving perceived recovery, they might increase investment and tolerance for subsequent efforts
- 3 Massages appear to help relieve low- to moderate-intensity pain, and contribute to a feeling of well-being and to positive psycho-emotional responses
- 4 By reducing neuromuscular excitability, they promote the reduction of cramps and stiffness





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#FRACTUREFRIDAY BY SAM ACKERLEY

Carpal bone fractures– Pisiform and Trapezium Fractures

Pisiform Fractures

Are relatively uncommon and account ~0.2% of all carpal fractures. Approximately 50% occur in association with other carpal fractures.

Musculotendinous attachments

Flexor carpi ulnaris
Abductor digiti minimi

Blood supply

The ulnar artery provides vascularity with branches entering both proximal and distal surfaces.



They are usually managed by immobilisation in either a plaster cast or a wrist splint. In certain circumstances placement of pin-screw or excision is performed.

Trapezium Fracture

Relatively uncommon carpal bone injuries but can occur in isolation (account for 3-5% of all carpal fractures) or in combination with other carpal bony injury.

Articulations

Scaphoid at the midcarpal joint
Trapezoid at its intercarpal joint
Thumb metacarpal at the carpometacarpal joint of the thumb

Musculotendinous attachments

Superficial head of flexor pollicis brevis arises from the tubercle distally
Opponens pollicis arises from the tubercle between flexor pollicis brevis and abductor pollicis brevis
Abductor pollicis brevis arises from the tubercle proximally

Blood supply

Supplied by distal branches of the radial artery, primarily via the dorsal surface.

Mechanism

Often occur as a result of a high energy trauma and usually involves either direct or indirect axial loading. These are most commonly transverse loading injuries in the setting of an adducted thumb in which the first metacarpal is driven into the trapezium.

Resources

<https://radiopaedia.org/articles/pisiform>
<https://radiopaedia.org/articles/pisiform-fracture>
<https://radiopaedia.org/articles/trapezium>
<https://radiopaedia.org/cases/pisiform-fracture-2>

