

#JOURNALTUESDAY - by Abi Peck

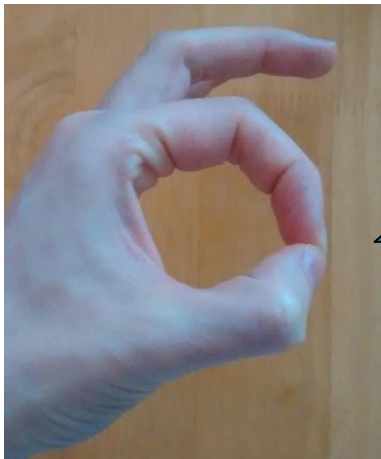
High-load strength training improves outcome in patients with plantar fasciitis: A randomized controlled trial with 12-month follow-up. Rathleff et al. Scand J Med Sci Sports 2014

[Download Here](#)

1. What is plantar fasciitis?
2. What are the common types of advice given for treatment?
3. When would be the best time to load the plantar fascia?
4. What does the article suggest is the best treatment for plantar fasciitis?
5. What condition/ risks can predispose someone to developing plantar fasciitis?

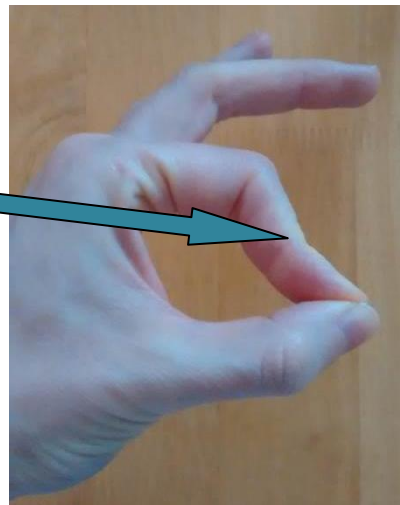
#CLINICALSKILLSFRIDAY by Jess Miller- Pinch test for median nerve

The pinch test can be used as part of an assessment for median nerve neuropathy. The patient is asked to make an 'OK' sign with their thumb and index finger (see below).



If the test is negative: The patient will be able to touch the tips of their thumb and index finger in a pincer grip

If the test is positive: The tips of the patient's thumb and index finger will flatten against each other. This is due to weakness in the flexor pollicis longus and flexor digitorum profundus muscles which are supplied by the anterior interosseous nerve (a branch of the median nerve).



A positive pinch test should be considered significant alongside other subjective and objective signs of median nerve neuropathy.

For the next #CLINICALSKILLSFRIDAY- Ottawa ankle rules

Any pictures, suggestions or comments to [Jessica.z.miller@ahpsuffolk-cic.nhs.uk](mailto:Jessica.z.miller@ahpsuffolk-cic.nhs.uk)

### #NEWSOFTHEWEEK by Liz Wright

#### 1. Lower limb tendon pain: don'ts.

Follow the link to see all 10 points.

<http://lafisioterapia.net/wp-content/uploads/2017/01/10-THINGS-NOT-TO-DO-IF-YOU-HAVE-LOWER-LIMB-TENDON-PAIN-2.pdf>

#### 2. Exercise therapy in addition to patient education can reduce the need for THR by 44% in patients with hip OA

Although not a new article, published in 2013 it is still very much relevant to supporting the SHAS pathway here at AHP Suffolk. This supports the recommendations stating that exercise therapy should be offered to patients with hip OA as first-line treatment.

<http://ard.bmj.com/content/74/1/164>

#### 3. Predicting recovery in patients with acute low back pain: A Clinical Prediction Model

The aim of the study was to predict the probability of recovery at 1-week, 1-month and 3-months after 1-week review in patients who still have LBP 1-week after initially seeking care. The model included duration of current episode, number of previous episodes, depressive symptoms, intensity of pain at 1-week, and change in pain over the first week after seeking care. Depending on values of the predictor variables, the probability of recovery at 1-week, 1-month and 3-months after 1-week review ranged from 4% to 59%, 19% to 91% and 30% to 97%, respectively. Overall the model (based on the above 5 variables) may predict probability of recovery at key time points in people who still have LBP 1-week after seeking care.

<http://onlinelibrary.wiley.com/doi/10.1002/ejp.976/abstract>

#### 4. SportsKongres 2017

The overall theme of SportsKongres 2017 was 'Treatment and Prevention of Sports Injuries' while the main topic was 'Knee Injuries and Return to Sport'. The annual 3 day conference was held in Copenhagen, with over 300 attendees. Here's a selection of tweets, follow the #SportsKongres for many more.

**10 THINGS NOT TO DO IF YOU HAVE LOWER LIMB TENDON PAIN**

info provided by La Trobe SEMRC-Prof. Jill Cook  
infographic by LaFisioterapia.net

- 1 REST COMPLETELY**  
Resting decreases the ability of the tendon to take load. You have to reduce loads to the level that the tendon can tolerate and then slowly increase the tolerance of the tendon to load.
- 2 HAVE PASSIVE TREATMENTS**  
Treatments that do not address the need to increase the ability of the tendon to take load are not usually helpful in the long term. Passive treatments alone, like electrotherapy and ice, will only temporarily ameliorate pain, only for it to return when the tendon is loaded.
- 3 HAVE INJECTION THERAPIES**  
Injections of substances into a tendon have not been shown to be effective in good clinical trials. Do not have an injection into a tendon unless the tendon has not responded to a good exercise based program.

**Markus Walden** @MarkusWalden · Feb 3  
Important takeaways from @HMoksnes concluding his gr8 talk at #SportsKongres #ACL

**Does type of graft affect the RTS decision? No - not really**

**Return to Performance criteria**

- At least 9 months after surgery
- Muscle strength measurements > 90%
- Hop tests > 90%
- With adequate strategy and quality
- Player confidence is high
- Performed sport specific gradual return to practice without symptoms
- Participated in full training sessions for a minimum of 3 weeks

**Clinical assessment**

- Negative active knee extension lag test
- Knee flexion > 130°
- Negative stability tests

**Stroke test**

- Zero = No wave produced with downward stroke
- Trace = Small wave of fluid on the medial side of the knee

Oslo Sports Trauma

Peter Gettings Retweeted  
**Bradley Scanes** @BScanes · Feb 4  
Differential diagnosis of Achilles tendinopathy from @JarrodAntflick imaging is good to differentiate #greatimages #SportsKongres

**Differential Diagnoses of Achilles Tendinopathy**

Reactive (acute tendon overuse)	Achilles Tear
Achilles Dysrepair / Degeneration	
Central/Spinal Sensitization	Achilles Tendinopathy
Plantar fasciitis	
Fat pad adhesion	
Plantar Friction "syndrome"	
Enthesitis	
Insertional Calcification	
Insertional micro tear	
Complete Rupture	
Partial or Full tear	
Extra-Tendinous Micro tear	
Propriety	Non-patent and dysfunctional peroneator

**Conclusion**

In this study investigating chronic plantar fasciitis:

- 45.6% were still symptomatic 10 years after debut of symptoms
- The asymptomatic patients had plantar fasciitis for 725 days
- Bilateral heel pain and women had a significant worse prognosis
- Heel spur and tendon thickness had no impact on the prognosis
- Tendon thickness decreased over time no matter of symptoms
- Only 24% of the asymptomatic patients had a normal tendon at US
- US guided steroid injection did not give atrophy of the heel fat pad

#MEDOFTHEWEEK – by Alex Courtney-Hatcher

PHYSIOTHERAPY CONSIDERATIONS IN DM

**Tissue effect**

Histopathology shows that structure of joint capsules, ligaments and tendons are severely affected  
Collagen fibres become highly disorganized resulting in reduced elasticity  
Decreased number of tenocytes per unit of surface area  
Decreased number of capillaries: reduced arterial blood flow

Dupuytren's and trigger finger have been found in 10–15% of subjects with diabetes versus 1% in non-diabetic controls

Shoulder adhesive capsulitis has been reported in 10–20% of patients with diabetes

Symptomatic rotator cuff tears are more commonly observed both in subjects with Type I or Type II diabetes and in those with high, yet normal, plasma glucose levels.

In asymptomatic diabetic subjects, an increased thickness of supraspinatus and biceps tendons and a significantly higher prevalence of tears have been found. In addition, after surgical repair, subjects with diabetes show a restricted range of shoulder motion and a higher incidence of retears.

The prevalence of these conditions increases with the duration of diabetes with poor glycaemic control regardless of whether the patient is on insulin, metformin, or is exercise controlled

**Fracture risk**

Overall fracture risk is 2x higher in diabetic patients  
Increased falls risk due to complications such as retinopathy, autonomic dysfunction, polyuria and nocturia  
Altered structure of collagen fibres reduces bone strength despite often normal bone mineral density readings  
Reduced peak bone mass associated with type 1 diabetes increases risk of developing osteoporosis

**Exercise therapy**

Combining aerobic and resistance exercise causes greater overall reduction in HbA<sub>1c</sub> levels

Glucoregulatory properties of exercise persist for 48 hrs, therefore best glycaemic control is obtained by exercising 3- 4 days per week with no more than 2 days between bouts

<https://www.hindawi.com/journals/ije/2016/1615735/>

[http://care.diabetesjournals.org/content/32/suppl\\_2/S157.full](http://care.diabetesjournals.org/content/32/suppl_2/S157.full)

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