

#JOURNALTUESDAY - by Abi Peck

Questions for evidence based diagnosis and treatment of the painful sacroiliac joint

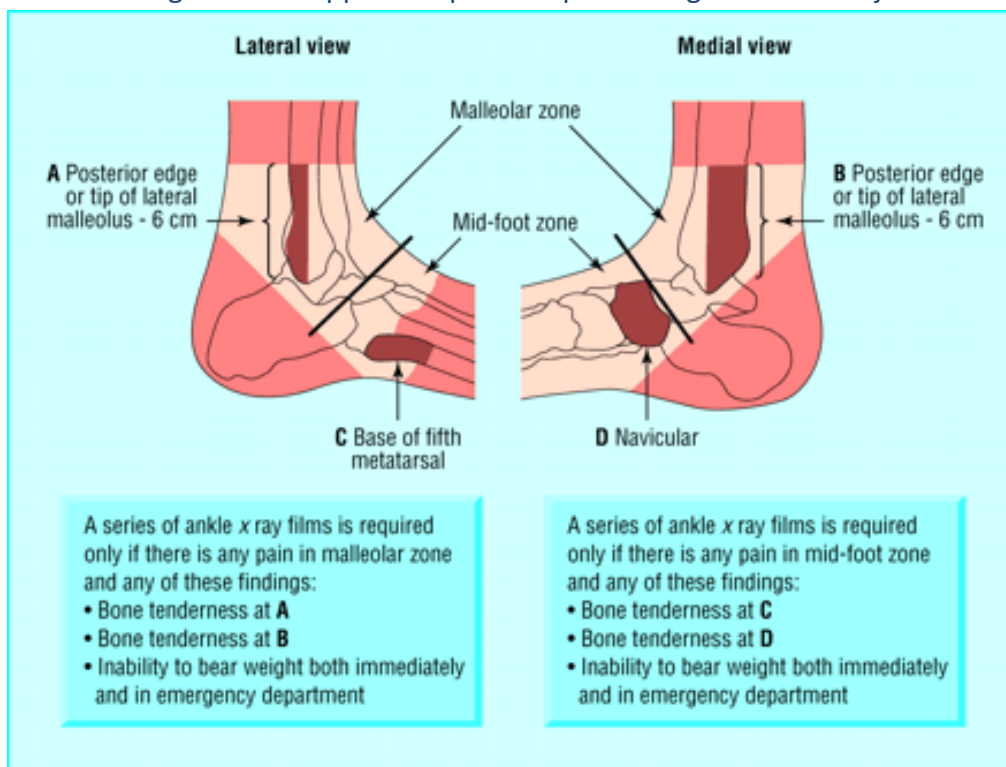
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- 1) What are the 5 provocation tests for SIJ diagnosis?
- 2) What is the sensitivity and specificity for a cluster of 3 or more of the provocation tests?
- 3) What is the value in these measures
- 4) What are the three ways the paper suggests you can differentiate SIJ pain from other types of lower back pain?
- 5) What treatment for SIJ pain has some validity?

#CLINICALSKILLSFRIDAY by Jess Miller- Ottawa ankle rules

The Ottawa ankle rules were developed to reduce the number of radiographs ordered in patients with ankle injuries (*Stiell et al, 1992*). It is reported that most people who present to emergency departments with ankle injuries have radiographs taken but less than 15% have a fracture.

The following rules are applied to patients presenting with ankle injuries:



Bachmann et al (2003)

Sensitivity: 96.4-99.6%

Specificity: 26.3-47.9%

Bachmann et al (2013) suggest using the rule can reduce unnecessary radiographs by 30-40%.

For the next **#CLINICALSKILLSFRIDAY**- Ottawa knee rules

Any pictures, suggestions or comments to Jessica.z.miller@ahpsuffolk-cic.nhs.uk

#NEWSOFTHEWEEK by Liz Wright

1. Step counting apps probably make people less healthy, leading computer scientist says. 'I say rubbish!' The above article published in the independent argues that 'step counting' apps may be doing more harm than good. I argue that if an app encourages a person to move more, then that in itself is beneficial. Different people will find different cues and prompts helpful, for some an app may not be helpful, for others it is a way of motivating themselves and gives them a sense of achievement. Thoughts welcome.

<http://ind.pn/2lzgDVN>

2. Optimal rehabilitation post Achilles Tendinopathy Repair. While surgical techniques and rehabilitation protocols have not reached a consensus, understanding of variables that can affect outcomes has improved. Key recommendations include; early weight bearing, avoid over lengthening, early motion with the emphasis of combined loading (highly recommended to initially implement a water based programme), end range strengthening when indicated and plyometric training. Achilles repair rehabilitation is one of the most fun and challenging diagnoses. A fundamental understanding of healing times, loading progressions is key. <http://bit.ly/2lPa1Ci>



RunningPhysio
@tomgoom

Weighted Soleus Lunge; nice exercise for challenging Soleus & kinetic chain. Potential option for Achilles tendinopathy from #RunningRepairs
pic.twitter.com/MxAI4THuoF

4:28 AM - 25 Feb 2017

#TWEETOFTHEWEEK



3. Involuntary urinary incontinence can discourage sufferers from exercise. According to a study published in the journal PLOS ONE urinary incontinence symptoms are more common in women who lead a more sedentary lifestyle and whose weekly physical activity is below the recommended 2.5 hours of endurance exercise. Regular, problematic urinary incontinence increases with age, in particular after menopause. The study does not answer the question of whether exercise is being avoided because of the urinary incontinence or whether more abundant exercise helped to keep symptoms in check. The study does demonstrate that urinary incontinence symptoms are linked to physical activity levels in middle-aged women. Health care professionals should be asking openly whether urinary incontinence is a barrier to exercise and if evident, the forms of exercise they undertake should include exercises that support core and pelvic floor management.

<http://bit.ly/2m7tdMw> and <http://bit.ly/2m7tdMw>

Your thoughts are always welcome on the news topics, feel free to email me elizabeth.wright@ahpsuffolk-cic.nhs.uk

#VITAMINOFTHESWEEK – by Sam Ackerley

Welcome to weekly vitamins!

Vitamins are essential organic compounds which our bodies are unable to produce itself sufficiently therefore they must be taken in through our diets.

Supplementation is important for the treatment of certain health problems, but there is little evidence of nutritional benefit when used by otherwise healthy people.

VITAMIN A

Vitamin A is a fat-soluble vitamin with three active forms within the body - Retinol, retinal, and retinoic acid. Beta carotene can easily be converted to vitamin A as required by the body.

Functions:

- Vision: One of the 1st signs of deficiency is night blindness.
- Gene transcription: The retinoic acid form plays an important role in gene transcription by binding to DNA receptors which can regulate the expression of target genes. (Pretty much required for all functions within the body).
- Skin health: Retinoic acid, helps to maintain normal skin health by switching on genes and differentiating keratinocytes (immature skin cells) into mature epidermal cells. Retinoid drug is 13-cis retinoic acid (isotretinoin) is commonly prescribed for acne.
- Other functions include: Immune function, Embryonic development and reproduction, Bone metabolism, Haematopoiesis, Antioxidant activity, Teeth, Mucous membrane



RDA

Men: 900 µg/day
Women: 700 µg/day

Top 10 sources: (Per 100 grams)
Cod liver oil (30000 µg 3333%)
Liver (turkey) (8058 µg 895%), (beef, pork, fish -6500 µg 722%) (chicken-3296 µg 366%)
Capsicum, red (2081 µg 231%)
Sweet potato (961 µg 107%)
Carrot (835 µg 93%)
Broccoli leaf (800 µg 89%)
Butter (684 µg 76%)
Kale (681 µg 76%)
Collard greens (frozen then boiled) (575 µg 64%)
Dandelion greens (508 µg 56%)



Other common sources:

Spinach, pumpkin, collard greens, cheddar cheese, cantaloupe melon, egg, apricot, papaya, tomatoes, mango, peas, broccoli florets, milk.

Deficiency

Vitamin A deficiency can occur as either a primary or a secondary deficiency. A primary vitamin A deficiency occurs with insufficient consumption of vitamin A containing foods. A secondary vitamin A deficiency is associated with chronic malabsorption of lipids, impaired bile production and release, and chronic exposure to oxidants, such as cigarette smoke, and chronic alcoholism. Zinc deficiency can also impair absorption.

Vitamin A deficiency is estimated to affect approximately one third of children under the age of five around the world. Vitamin A deficiency is "the leading cause of preventable childhood blindness," according to UNICEF. It also increases the risk of death from common childhood conditions such as diarrhoea. UNICEF regards addressing vitamin A deficiency as critical to reducing child mortality, the fourth of the United Nations' Millennium Development Goals.

Resources:

http://www.health.harvard.edu/staying-healthy/listing_of_vitamins
https://en.wikipedia.org/wiki/Vitamin_A#Metabolic_functions

Pictures:

[Eye] http://www.clker.com/cliparts/3/1/2/2/11949848201138561364eye_01.svg.hi.png
[Food table] <https://chandrakumarnutrition.files.wordpress.com/2013/08/vitamin-a-chart-1.jpg>