

#JOURNALTUESDAY - by Abi Peck

CASP tool – Heavy slow resistance versus eccentric training as treatment for Achilles tendinopathy: A randomised controlled trial

[Download here](#)

1. Did the trial address a clearly focused issue?

Yes, group used was appropriate and had clear comparative test conditions.

2. Was the assignment of patients to treatments randomised?

Yes, computer generator was used to randomly assign patients

3. Were patients, health workers and study personnel blinded?

Yes, the study used a single blind method where an independent investigator analysed the results. It was not possible to blind the patients based on the nature of this study.

4. Were the groups similar at the start of the trial?

Yes, there were no significant differences between both groups

5. Aside from the experimental intervention, were the groups treated equally?

Yes, aside from the different intervention (exercises and training protocol), all were given the same advice about management and progression of exercises.

6. Were all of the patients who entered the trial properly accounted for at its conclusion?

Yes, the study explained reasons why some patients didn't continue with study i.e. moved away, didn't turn up, lack of time, partial Achilles rupture, back/ankle pain etc.

7. How large was the treatment effect?

There were significant improvements made in both groups between 0-52 weeks. There were no significant differences between the two intervention groups.

Measures: VAS scores from questionnaires and ultrasound Doppler

8. How precise was the estimate of the treatment effect?

Results show that intervention groups showed a statistically significant improvement. Confidence intervals varied depending on objective measure.

9. Can the results be applied in your context?

No, the study looked at patients with midportion tendinopathy, may not be able to generalise findings to patient with insertional tendinopathies. They also looked at 58 athletes; a lot of the patients we see are sedentary and physically inactive.

10. Were all clinically important outcomes considered?

Yes, improvements in pain, function and structural appearance were all considered.

11. Are the benefits worth the harms and costs?

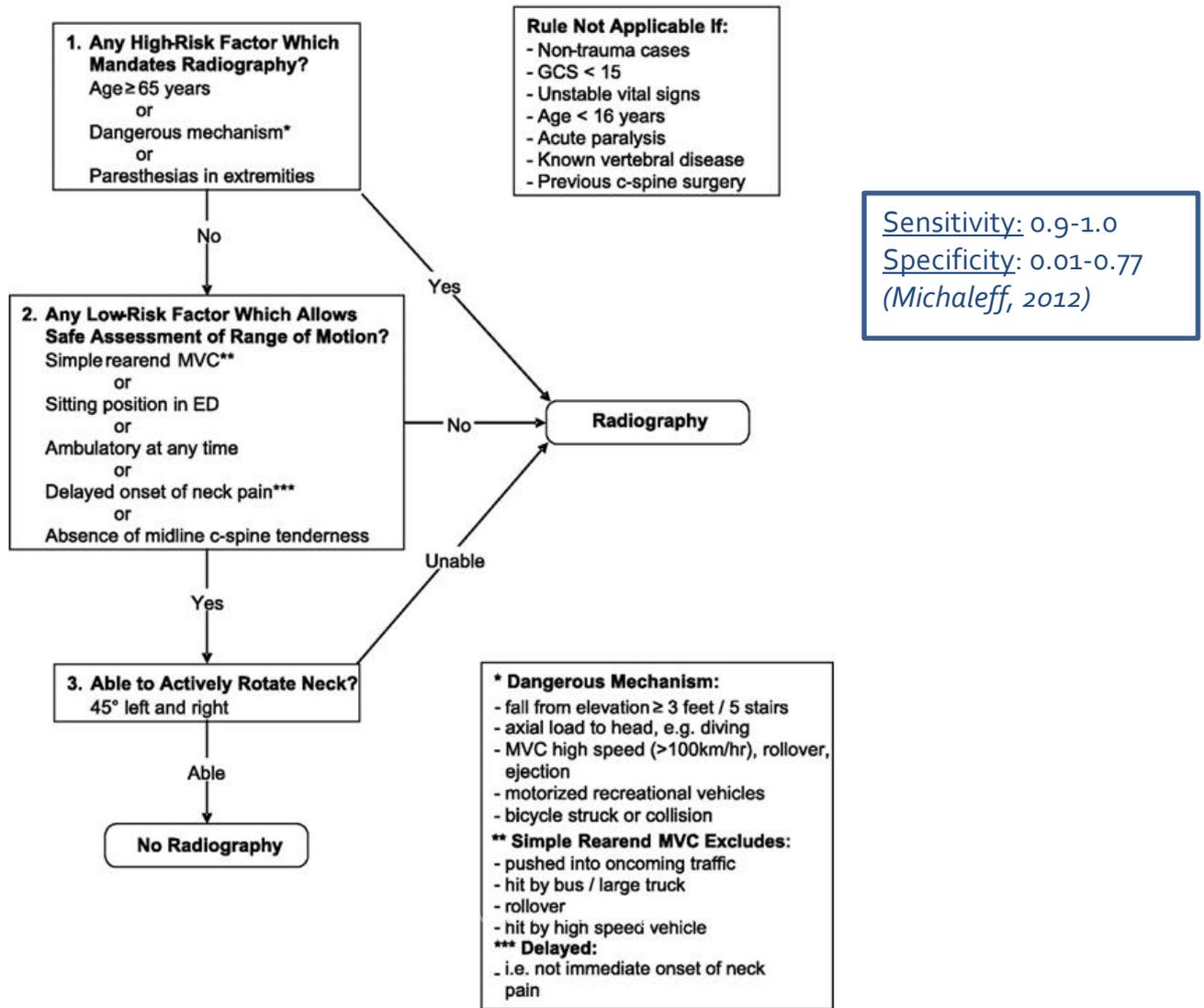
Yes, good outcomes and minimally expenditure.

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#CLINICALSKILLSFRIDAY by Jess Miller - Canadian Cervical Spine Rules

The Canadian Cervical Spine Rules were developed to determine the need for a radiograph following acute head or neck injury to rule out a fracture. A systematic review by Michaleff (2012) reported the rule could reduce imaging rates by an average of 42%.

For alert (GCS=15) and stable trauma patients where cervical spine injury is a concern.



For the next #CLINICALSKILLSFRIDAY-Cervical radiculopathy clinical prediction rule

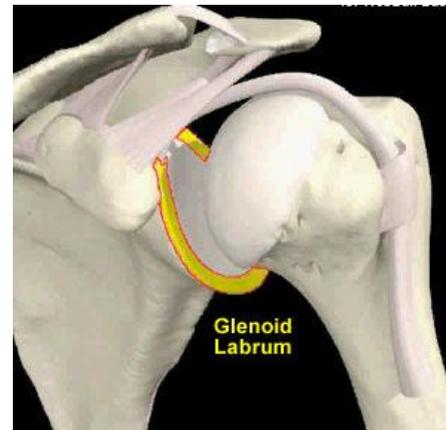
Any pictures, left, suggestions or comments to Jessica.z.miller@ahpsuffolk-cic.nhs.uk

#NEWSOFTHEWEEK by Liz Wright

1. Outcomes in patients with glenoid labral lesions.

This cohort study highlights the impact on health-related outcome measures on those patients with glenoid labral lesions alongside rotator cuff tears. Those patients with labral pathologies and rotator cuff tears tend to do worse on outcomes rather than those without labral pathologies. This present study provides important information on expected outcomes in patients who receive operative or non-operative treatment for labral pathologies, and may help guide decisions on when to consider intervention types based on these criteria. Patients who received operative treatment of labral pathology (tear/degenerative) significantly had improve outcome scores after 2 years vs non-operative group.

<http://tinyurl.com/mkgugkj>



2. Trial shows Pregabalin ineffective for sciatica

Pregabalin is effective in the treatment of some types of neuropathic pain. This study examined if Pregabalin was effective in reducing the intensity of sciatica. This RCT, double-blind, placebo-controlled trial, monitored outcomes (primary was leg pain intensity score on a 10-point scale) at week 8 and week 52. No significant between-group differences were found. Additionally, more adverse effects, most commonly dizziness, were reported in the Pregabalin group.

<http://tinyurl.com/l7g23bj>

3. Knee patients spending millions on wasted treatments.

Further support for physiotherapy recommended before surgery for those patients with moderate to severe OA. Highlighted in this article is the fact that treatments which are not effective in the management of pain and stiffness (e.g. knee braces, hyaluronic acid injections, steroid injections) are been over used resulting in high, unnecessary costs.

<http://tinyurl.com/lag7rs2>

#TWEETOFTHEWEEK

Tom Goom providing some excellent resources here. Follow the link to sign up and receive the FREE resources instantly! <https://running-physio.leadpages.co/new-glutes-circuit/>



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Download your free Glutes Circuit to use in clinic. Includes activation exercises, movement control & strength work running-physio.leadpages.co/new-glutes-cir...
pic.twitter.com/OrtKYHmhPB

1:29 AM - 23 Mar 2017 from Saltdean, England



#VITAMINOFTHEWEEK – by Sam Ackerley

NIACIN (vitamin B₃, nicotinic acid)

Niacin is a water-soluble B vitamin also known as nicotinic acid which is an essential human nutrient. Vitamin B₃ is available in several different supplement forms: Niacinamide, Niacin and Inositol hexaniacinate.

Deficiency

Mild niacin deficiency has been shown to slow metabolism, causing decreased tolerance to cold.

Severe deficiency of niacin causes the disease *pellagra*, characterized by:

Diarrhoea, dermatitis, dementia, Casal's necklace- red skin rash in the distribution of a broad collar dermatomes C₃ and C₄, hyperpigmentation, thickening of the skin, inflammation of the mouth and tongue, digestive disturbances, amnesia, delirium, death if left untreated



Functions:

- Niacin supplementation is primarily used to treat hypercholesterolemia and pellagra.
- Niacin and nicotinamide are both precursors of the coenzymes *nicotinamide adenine dinucleotide (NAD)* and *nicotinamide adenine dinucleotide phosphate (NADP)* essential in the hydrogen transfer processes in cellular respiration aka energy metabolism. High energy requirements (brain) or high turnover rate (gut, skin) organs are usually the most susceptible to their deficiency
- NAD is important in catabolism of fat, carbohydrate, protein, and alcohol, as well as cell signalling and DNA repair, and NADP mostly in anabolism reactions such as fatty acid and cholesterol synthesis.

Top 10 Sources (Per 100 grams)

1. Fish (Cooked Yellowfin Tuna) - 22.1mg
2. Liver (Cooked Lamb Liver) - 16.7mg
3. Chicken & Turkey (Cooked Chicken Breast) - 14.8mg
4. Peanuts (Oil Roasted) -13.8mg
5. Pork (Cooked Lean Chop) - 10.9mg
6. Beef (Cooked Lean Rib) - 9.0mg
7. Sunflower Seeds - 8.3mg
8. Mushrooms (Grilled Portobello) - 6.3mg
9. Green Peas (Fresh) - 2.1mg
10. Avocado - 1.7mg

Resources:

<https://en.wikipedia.org/wiki/Niacin>

<https://tinyurl.com/mqx6z7w> <http://umm.edu/health/medical/altmed/supplement/vitamin-b3-niacin>