

#JOURNALTUESDAY - by Abi Peck

Rotator cuff tendinopathy/subacromial impingement syndrome: is it time for a new method of assessment? (Lewis, 2008)

[Download here](#)

1. What is the symptom modification procedure?
  - a) How it works?
  - b) What are the four principle procedures?
  - c) How would you address these principles?
2. Why are the clinical tests for the shoulder considered as provocation tests?
3. Is the SSMP considered to be clinically significant?
4. What are your views as clinicians on using the SSMP procedure?

#CLINICALSKILLSFRIDAY by Jess Miller - Well's criteria for DVT

The Well's criteria were developed to predict the likelihood of a deep vein thrombosis before a radiological intervention.

The criteria are as follows:

1. Active cancer (treatment ongoing, within previous 6 months, or palliative)= **1 point**
2. Paralysis, paresis, or recent plaster immobilization of the lower extremities= **1 point**
3. Recently bedridden for > 3 days or major surgery within 4 weeks= **1 point**
4. Localized tenderness along the distribution of the deep venous system.  
*Tenderness along the deep venous system is assessed by firm palpation in the centre of the posterior calf, the popliteal space, and along the area of the femoral vein in the anterior thigh and groin= 1 point*
5. Entire lower extremity swelling= **1 point**
6. Calf swelling > 3 cm when compared with the asymptomatic lower extremity.  
Measured with a tape measure 10cm below the tibial tuberosity= **1 point**
7. Pitting edema (greater in the symptomatic lower extremity)= **1 point**
8. Collateral superficial veins (non-varicose)= **1 point**
9. Alternative diagnosis as likely as or more likely than that of proximal DVT. More common alternative diagnoses are cellulitis, calf strain, Baker Cyst, or postoperative swelling= **-2 points**

*>3 points: High probability of DVT*

*1-2 points: Moderate Probability of DVT*

*0 points: Low Probability of DVT*

For the next few weeks in **#CLINICALSKILLSFRIDAY** we will be looking at some of the lesser used reflexes. Next week will be the brachioradialis reflex.

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. Free 'pain' flash cards – honestly these are 'readable'!**

Follow the link to download this informative resource. Topics covered include central sensitization, pain and stress, peripheral sensitivity, nociception and descending modulation. Each flash card contains around 500 words per subjects, ranging from simple explanations, explanations involving stories/metaphors, to more complex explanations and reading lists.

<http://bit.ly/2o1CDdW>

#### **2. Further opportunity to review current thinking regarding compression and tendinopathy**

As previously discussed in the 127<sup>th</sup> weekly edition, Bullock et al. recently published a study which investigates evidence of compression of the Achilles tendon on MRI, aiming to; describe the pathology and demographics of Achilles Impingement Tendinopathy; determine if Halglunds bump is apparent in controls, and to evaluate if the site of this deformity corresponds to the insertional pathology. The authors showed that insertional pathology often show multiple tissues including tendon but also bone and bursa. Emphasis is placed on the correlation shown between the bony pathology and tendon pathology that is related to impingement. However, don't jump to conclusions! The authors are likely to be bias in looking for areas of bone/tendon pathology to match, alongside sensitivity issues of MRI's. Furthermore, similar deformities were found in controls with no pain. Take home message – bony pathology does not necessarily equate to pain so choose words wisely.

Rehab? Re-establishing load tolerance into compression is important, especially if they need this range to be tolerant for function. To be done gradually, introduce load with compression as tolerant.

<http://bit.ly/2nEgm4O>

<http://bit.ly/2n8x9Jo>

### 3. A review into the management of simple elbow dislocations

Elbow? Why is this the poor over shadowed upper limb joint? This paper (see link for full paper), describes the assessment and treatment of simple (no associated fracture) elbow dislocations. If post closed reduction the elbow remains stable to full extension, conservative management is the first instance. There is no clear consensus on the necessity to protect the joint post simple dislocation – some advocate a sling for comfort and immobilisation, others recommend a dynamic brace. Patients are instructed to avoid shoulder abduction to avoid excessive varus stress on the elbow. Full flexion is often permitted immediately though a step by step approach to extension is often needed. Normally after 4 weeks full mobilisation is permitted. Isometric exercises are started as soon as the inflammatory phase has decreased; active contraction of the anconeus (yes go and look it up!) may aid lateral stability and strengthening of the flexor-pronator group will help medial stability. The paper goes on to discuss when surgery may be indicated/factors to influence management plan. <http://bit.ly/2mImSZd>

### #TWEETOFTHEWEEK

(See link for paper) Discussion poses questions such as; the link between degeneration and pain are sketch - what about pain? Sample group age was under 50 years? What impact does this have on interpretation of results? <http://bit.ly/2jnaGab>



Ben Cormack @CorKinetic · Mar 24

Is bending and twisting bad for your discs?  
This study found LESS disc degeneration  
in dancers  
[journals.sagepub.com/doi/abs/10.117 ...](http://journals.sagepub.com/doi/abs/10.117...)

### #VITAMINOFTHEWEEK – by Sam Ackerley

#### Pantothenic Acid (vitamin B5)

Pantothenic acid is an essential water-soluble vitamin. Its name is derived from the Greek pantothen, meaning "from everywhere", as small quantities are found in nearly every food. It is commonly found as provitamin pantothenol (pantothenol), and as calcium pantothenate.

#### Functions:

In humans and animals pantothenic acid is required to synthesize coenzyme-A (CoA) an important enzyme used in around 4% of all cellular processes. Furthermore CoA is used for the synthesis and oxidation of fatty acids, and the oxidation of pyruvate in the citric acid cycle – Energy metabolism.



Since pantothenic acid participates in a wide array of key biological roles, it is essential to all forms of life, deficiencies are known to have numerous wide-ranging effects

**Top 10 Sources (Per 100 grams)**

1. Sunflower Seeds - 7.06mg
2. Mushrooms (Shiitake, Cooked) - 3.59mg
- 3: Cheese (Gjetost) - 3.35mg
- 4: Oily Fish (Trout, Cooked) - 2.24mg
5. Lean Pork (Sirloin, Cooked) - 1.65mg
- 6: Beef & Veal (Veal Shoulder, Cooked)- 1.61mg
- 7: Eggs - 1.53mg
- 8: Avocados - 1.4mg
- 9: Chicken & Turkey (Chicken Drumstick, Cooked) - 1.1mg
- 10: Sweet Potato (Baked) - 0.88mg



**Deficiency**

Pantothenic acid deficiency is exceptionally rare and has not been thoroughly studied but Symptoms are similar to other vitamin B deficiencies.

-Due to impaired coenzyme-A synthesis energy production is reduced relating to symptoms of irritability, fatigue, and apathy.

As acetylcholine synthesis is also impaired neurological symptoms such as numbness, paraesthesia, and muscle cramps can also appear.

Deficiency in pantothenic acid can cause hypoglycemia or an increased sensitivity to insulin.

**Resources:**

[https://en.wikipedia.org/wiki/Pantothenic\\_acid](https://en.wikipedia.org/wiki/Pantothenic_acid)

<https://www.healthaliciousness.com/articles/foods-high-in-pantothenic-acid-vitamin-B5.php>

**Pictures:**

[B5]

[http://img.breakingmuscle.com/sites/default/files/imagecache/full\\_width/images/bydate/20130522/shutterstock132285557.jpg](http://img.breakingmuscle.com/sites/default/files/imagecache/full_width/images/bydate/20130522/shutterstock132285557.jpg)

[Sunflower seeds] <http://www.shakahariblog.com/wp-content/uploads/2014/08/sunflower.jpg>