



Clinical Weekly - 135th Edition

#JOURNALTUESDAY - by Abi Peck

Treatment and prevention of acute and recurrent ankle sprain: an overview of systematic reviews with meta-analysis

[Download here](#)

1. What are the best treatment methods for acute or reoccurring ankle sprains?

Exercise therapy and bracing

2. Do patients with ankle sprain benefit from manual therapy?

-Acute ankle sprain – no benefit to patients

-Reoccurring ankle sprain – found some improvements in DF AROM

3. Should more physiotherapists advocate taping/bracing for reoccurring and/or acute ankle sprains?

Yes, evidence supports the use of taping/bracing for acute or chronic ankle sprains for up to a year post injury if returning to sport

4. Were complimentary therapies and electrophysical agents (ice,compression etc) considered to be effective for acute ankle sprains?

-Complimentary – limitations in the studies used and evidence provided

-Electrophysical agents – PRICE techniques when considered with exercise therapy are considered to be effective.

5. Is surgery better than conservative management for acute/reoccurring ankle sprains?

-Acute – evidence was mixed. More risks to surgery: wound healing ,infection, dystrophy and nerve damage

-Reoccurring – Surgery as last resort when conservative management has failed.

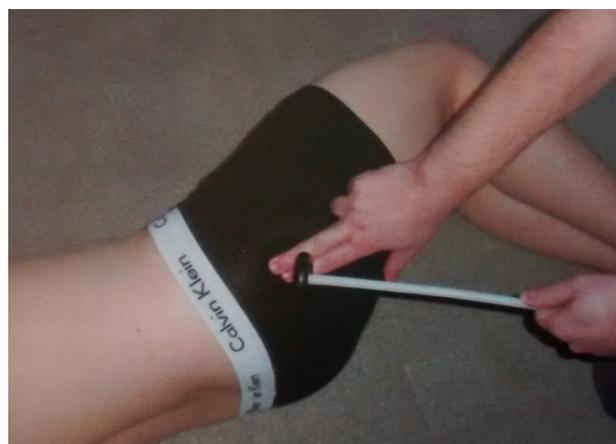
-Paper didn't elaborate on success rate of surgery or which options were used.

#CLINICALSKILLSFRIDAY - by Jess Miller

Tensor Fascia Lata Reflex

The Tensor Fascia Lata Reflex is innervated by the superior gluteal nerve (L4-S1).

The patient lies on their side with knees slightly bent. The clinician taps over the origin of the tensor fascia lata near the ASIS. A positive response is slight abduction of the thigh.



Picture from Gary Rogerson and Steven Young course 'The Spine'

For the next #CLINICALSKILLSFRIDAY–

Cauda equina video <https://www.youtube.com/watch?v=8rRq5QqoK3o>

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





Clinical Weekly - 135th Edition

#NEWSOFTHEWEEK - by Liz Wright

1. 'Short and sweet' video by Dr Jeremy Lewis: Rotator cuff related shoulder pain

Dr. Jeremy Lewis talks about rotator cuff shoulder pain, including issues relating to the shoulder special tests, medical imaging and research that reports that, for most people, exercise is as effective as surgery. Get your facts right – recap with this video in no more than 6 minutes!

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

2. Saturated fat: Good or bad or complex?

The BJSM has recently published the editorial: 'Saturated fat does not clog the arteries: coronary heart disease is a chronic inflammatory condition, the risk of which can be effectively reduced from healthy lifestyle interventions'. The British Nutrition Foundation argues that whilst a healthy dietary pattern and being physically active benefits heart health, suggesting we don't need to worry about saturated fat does not! The relationship between saturated fatty acids and heart health is more complex than the simple message of 'saturated fatty acids are bad'. Whether or not the risk of heart disease is reduced with lower intake of saturated fat is dependent on what replaces saturated fatty acids in the diet. This is a point that often gets lost in the debate. There is strong and consistent evidence that replacing saturated fatty acids with unsaturated fatty acids reduces the risk of CVD events and coronary-related mortality, as illustrated in a recent Cochrane systematic review (Hooper et al. 2015 – follow link <http://bit.ly/2p4G13W>)

As well as a varied and balanced diet, physical activity is important for reducing risk of chronic disease. Walking is advantageous because of the ease in which it can be incorporated into everyday life. The important thing is that people increase their physical activity in a way that can easily be incorporated so that it is a long term lifestyle change. Every contact counts- it is our role to encourage increased physical activity. <http://bit.ly/2phQFpv> and <http://bit.ly/2oWRTJY>

3. Shoulder: Any exercise is good exercise?

The aim of the systematic review was to evaluate whether implementing specific exercise strategies involving resistive exercises are more effective than a general exercise strategy for the treatment of patients with subacromial impingement syndrome (SIS). 6 RCTs were included, 4 evaluated the effectiveness of specific scapular exercise strategy and 2 evaluated the effectiveness of specific proprioceptive strategy. 5 studies were of moderate quality and 1 study was of low quality. No consistent statistical significant differences in outcomes (pain and function) between treatment groups were reported in the studies. Despite compelling research on exercise therapy there is insufficient evidence to either support or disprove specific exercises strategies for treatment of patients with SIS. Furthermore, no recommendations about nature of exercises, frequency, dose and intensity can be made. See below the response from MACP. See the tweets below for my favourite responses.

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





Clinical Weekly - 135th Edition

#VITAMINOFTHETWEEK BY SAM ACKERLEY

Choline

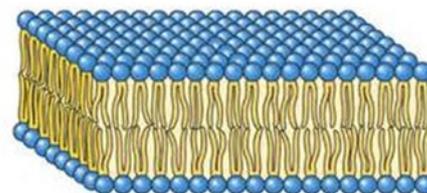
Choline is not actually considered a mineral or a vitamin, but is known to be an essential micronutrient needed for many functions of the body.

Function

Choline and its metabolites are needed for three main physiological purposes:

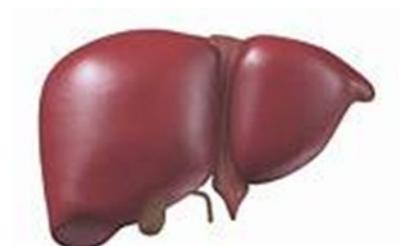
Helps make up the head groups of 2 classes of phospholipid that are abundant in cell membranes. Therefore choline is essential for structural integrity and signalling in cell membranes, Choline is the precursor molecule for the neurotransmitter acetylcholine crucial for cardiac and intestinal neuromuscular stimulation. Similarly it is involved in many functions including memory and muscle control.

Provides a major source for methyl groups essential for many signalling processes including those involved in DNA synthesis, neurotransmission in the brain, and detoxification in your liver.



Top 10 sources (Per 100 grams)

- Liver (Beef) 418.2mg (76%)
- Eggs 293.8mg (53%)
- Shellfish (Oysters) 101mg (18%)
- Fish (Cod) 79.7mg (14%)
- Mushrooms (Cooked Shiitake) 59.4mg (11%)
- Cauliflower (Raw) 44.3mg (8%)
- Dark Leafy Greens (Beet Greens, Cooked) 42.5mg (8%)
- Brussels Sprouts (Cooked) 40.6mg (7%)
- Asparagus (Cooked) 26.1mg (5%)
- Cooked Bok Choy (Chinese Cabbage) (Pak-Choi) 12.1mg (2%)



Deficiency

Inadequate consumption of choline can lead to high homocysteine (similarly to folate and B12 deficiency) and all the risks associated with hyperhomocysteinaemia, such as cardiovascular disease, neuropsychiatric (Alzheimer's disease, schizophrenia) and osteoporosis.

Furthermore poor choline intake can also lead to fatty liver or non-alcoholic fatty liver disease.

The most common symptoms of choline deficiency are fatty liver and/or hemorrhagic kidney necrosis. Consuming choline rich foods usually relieve these deficiency symptoms.

Resources:

<https://draxe.com/what-is-choline/>

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

<http://www.whfoods.com/genpage.php?tname=nutrient&dbid=50>

<https://www.healthaliciousness.com/articles/high-choline-foods.php><http://geneticgenie.org/blog/2013/10/21/acetylcholine-deficiency-in-chronic-illness-the-hunt-for-the-missing-egg/>

Images:

<https://amit1b.files.wordpress.com/2012/08/fig-25.png>

http://www.barbarabrehovsky.com/css/images/photos/3D_liver.jpg

