



Clinical Weekly - 152nd Edition

#JOURNALTUESDAY - by Abi Peck

“Running retraining to treat lower limb injuries: a mixed-methods study of current evidence synthesised with expert opinion”.

[Download here](#)

1. What were the aims of this paper?
2. What intrinsic factors can increase the risk of lower limb injuries when running?
3. What extrinsic factors can increase the risk of lower limb injuries when running?
4. What does the paper suggest?

#NEWSOFTHEWEEK - by Liz Wright

1. Development and delivery of an exercise programme for falls prevention: the Prevention of Falls Injury Trial

Published research in falls prevention strategies often fails to describe trial interventions adequately, making it difficult to translate research findings into clinical practice. The PreFIT exercise intervention, using the TIDieR checklist, has been set to potentially allow easier replication into practice should the intervention prove effective. PreFIT is testing an exercise intervention within a large RCT. The intervention comprises strength and balance exercises and a walking plan, set across 6 months. It is already widely used within the UK NHS, although commonly in a shorter format (12 weeks). The approach taken to deliver the PreFIT exercise intervention within the constraints of busy NHS physiotherapy departments, community falls services and existing exercise therapy services faces challenges (NHS structural changes, service reorganisation and staff changes). The effectiveness and cost-effectiveness of the PreFIT exercise intervention in comparison with advice only and a 'Multifactorial Fall Prevention assessment intervention' will be reported at the conclusion of the trial. <http://bit.ly/ziCFzvu>

2. What does practice actually do to make us better at things?

Mastering any physical skill takes practice. Practice is the repetition of an action with the goal of improvement, and it helps us perform with more ease, speed, and confidence. But what does practice actually do to make us better at things? Annie Bosler and Don Greene explain how practice affects the inner workings of our brains. Watch the video (< 5 minutes!) to develop improved understanding.

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





Clinical Weekly - 152nd Edition

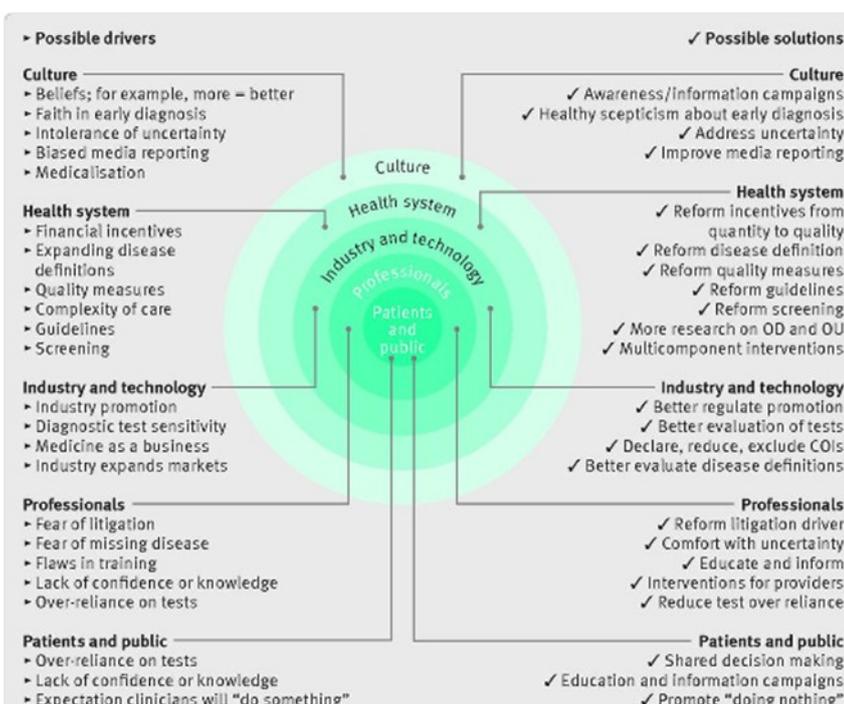
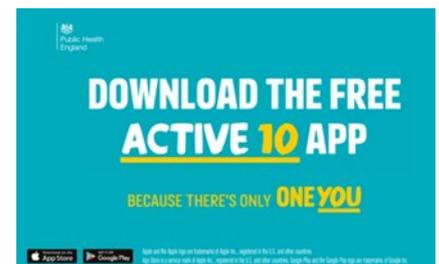
#NEWSOFTHEWEEK - by Liz Wright

3. GPs in England 'unconfident' discussing physical activity with patients

Set out in July 2011, the national guidelines recommend that adults aged between 19-64 undertake 75 minutes of intense activity or 150 minutes of moderate physical activity per week. In 2015-16 > ¼ of adults in England were undertaking physical activity for < 30 minutes a week. The British Journal of General Practice published a study stating 80% of GPs say they are unfamiliar with the national guidelines, and > 1 in 7 doctors say they are not confident raising the issue of physical activity. The authors say physical activity needs a greater emphasis during medical training and greater GP awareness of training initiatives. Sport England and other partners have developed programmes to address. The chair of the Royal College of General Practitioners, said that while it is important that GPs are up to date on physical activity guidelines, 10-minute patient consultations are too short to implement such measures. <http://bit.ly/2vL6vME>

4. Public Health England: Active 10 campaign

There is evidence to show that a brisk 10 minute walk each day brings the following health benefits: increased physical fitness, greater ease in performing everyday physical activities, improved mood, improved quality of life, increased physical leanness and healthier weight. The free app measures when you've got up to a certain speed (about 3 miles an hour) and when you keep that going for 10 minutes. Your burning question: Why are you encouraging people to only do 10 minutes of walking a day if current guidelines recommend 150 minutes a week? It's a great place to start when working towards the guidelines. 10 minutes is a simple and achievable way to start building some activity. A 10 minute continuous brisk walk a day could have a significant impact on health, although encouragement to build more into the day if possible should be provided. <http://bit.ly/2vFoBOq>



5. Mapping the drivers of over diagnosis to potential solutions

Curiosity is growing in tackling the problems of over diagnosis and overtreatment. 5 possible drivers and possible solutions have been proposed across domains such as culture, public health system, industry and technology, healthcare professionals, and patients and the public. More work is required in the development of interventions to prevent over diagnosis, in the first instance raising public awareness is a priority.

<http://bit.ly/2xui9vO>





Clinical Weekly - 152nd Edition

#FRACTUREFRIDAY BY SAM ACKERLEY

Carpal bone fractures– Lunate fractures

Articulations

Along with the scaphoid and triquetrum forms the distal articular surface of the radiocarpal joint

Intercarpal articulations:

- Scaphoid (lateral)
- Capitate (distal)
- Triquetrum (medial)
- Hamate (distal and medial)
- Articulates with the triangular fibrocartilage complex

Blood supply

Arterial supply: branches from the dorsal radiocarpal arch and dorsal intercarpal arch supply the lunate via the dorsal and palmar surfaces (80%) or palmar surface (20%).

Perilunate dislocations and perilunate fractures

These injuries involve dislocation of the carpus relative to the lunate which remains in normal alignment with the distal radius.

Typically occur in young adults with high energy trauma resulting in loading of a hyperextended, ulnarly deviated hand, usually from a fall onto a dorsiflexed wrist.

Untreated there is high risk of median nerve palsy, pressure necrosis, compartment syndrome and long-term wrist dysfunction. As with other dislocations, perilunate dislocation should be reduced as soon as possible. Prompt open reduction with ligamentous repair is necessary.

Kienböck disease

Avascular necrosis involving the lunate.

The condition is most common within the dominant wrist of young adult men where it appears to be due to repeated loading of the lunate. In women, Kienbock disease typically occurs in middle age and is equally divided between the dominant and non-dominant wrist.

In 70% of lunates there is vascular supply multiple vessels either volarly or dorsally. In the remaining 30% only a single vessel is present volarly and dorsally, which may explain some of the vulnerability of the lunate to avascular necrosis.

Typical symptoms of Kienböck's disease are pain and weakness in the wrist often accompanied by swelling at the lunate level. The complaints are in most cases longstanding and increase progressively. The pain can be described from just mild and occasional to severe and debilitating. The range of motion of the joint is nearly always decreased, with loss of flexion and extension. Finally compared to the unaffected side there is loss of grip strength at the affected side

Conservative management with rest, non-steroidal anti-inflammatory drugs and immobilisation in mild cases is often very effective. Radial shortening to correct negative ulnar variance is the most common surgical therapy with good results.

Resources

<http://bit.ly/2waiBgT>
<http://bit.ly/2waLdGU>

<http://bit.ly/2vO3Ncx>
<http://bit.ly/2w1JzzR>
<http://bit.ly/2vNlgF7>

<http://bit.ly/2waLdGU>
<http://bit.ly/2ell5vJ>
<http://bit.ly/2xcUVNS>

Lunate dislocations

Uncommon traumatic wrist injury that require prompt management and surgical repair.

The lunate is displaced and rotated volarly. The rest of the carpal bones are in a normal anatomic position in relation to the radius.

Typically occur in young adults with high energy trauma resulting in loading of a dorsiflexed wrist. Overall, carpal dislocations comprise less than 10% of all wrist injuries. Patients often prefer to hold their fingers in partial flexion due to pain on extension.

