



Clinical Weekly - 158th Edition

#JOURNALTUESDAY - by Abi Peck

Atrophy of the quadriceps is not isolated to the vastus medialis oblique in individuals with patellofemoral pain [Download here](#)

1. Did the trial address a clearly focussed issue?
2. Was the assignment of patients to treatments randomised?
3. Were all of the patients who entered the trial properly accounted for at its conclusion?
4. Were patients, health workers and study personnel 'blind' to treatment?
5. Were the groups similar at the start of the trial?
6. Aside from the experimental intervention, were the groups treated equally?
7. How large was the treatment effect?
8. How precise was the estimate of the treatment effect?
9. Can the results be applied in your context?
10. Were all the clinically important outcomes considered?
11. Are the benefits worth the harms and costs?

#NEWSOFTHEWEEK - by Liz Wright

1. Early rehab key

See the link for in depth rehab programmes for hamstring, calf and quadriceps strains, used within this two-armed randomised controlled trial.

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

EARLY VERSUS DELAYED REHABILITATION AFTER ACUTE MUSCLE INJURY

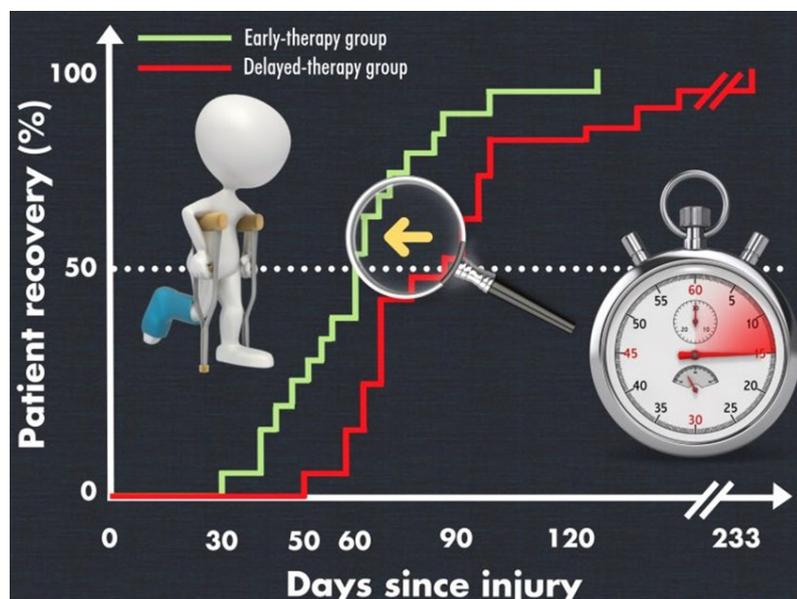
Reference: Bayer ML, Magnusson SP, Kjaer M, NEJM 2017

Designed by @YLMSportScience

42 amateur athletes with acute injury of the thigh muscle or calf muscle receive early therapy (2 days after injury) or delayed therapy (9 days after injury) and were followed for 12 months

Starting rehabilitation 2 days after injury rather than waiting for 9 days shortened the interval from injury to pain-free recovery and return to sports by 3 weeks without any increase in the risk of reinjury

Regular and controlled mechanical loading early after trauma is needed to reduce the adverse effects of protracted immobilization on muscle and tendon structure and function



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#NEWSOFTHEWEEK - by Liz Wright

2. The natural course of non-operatively treated rotator cuff tears: an 8.8-year follow-up of tear anatomy and clinical outcome in 49 patients.

49 patients with non-operatively treated full thickness rotator cuff tears were followed for > 8 years to evaluate how their tears evolve over time. By grouping patients after tear size progression the following were witness:

- Patients with > 20mm increase generally reported significantly worse shoulder function than the remaining 41 patients.
- Patients with larger tear progression reported higher levels of pain than patients with smaller progressions.
- The same findings were reported with regards to shoulder strength: patients with larger progressions had significantly reduced shoulder strength than those with smaller progressions.

In spite of the observation that most non-operatively treated ruptures tend to progress over time, the majority of ruptures have small to modest progressions and the vast majority of patients (>80%) report good to excellent shoulder function after 8 years.

3. Key papers for discussing optimal load

This consensus statement from the International Olympic Committee reviews the scientific evidence for the relationship of load (defined broadly to include rapid changes in training and competition load, competition calendar congestion, psychological load and travel) and health outcomes in sport. Emerging evidence indicates that poor load management is a major risk factor for injury. Included in the guidelines are guidance on prescription of training and competition load, monitoring of training, competition and psychological load, and athlete well-being and injury. Paper 2 summarises the results linking load to risk of illness and overtraining in athletes, and provides athletes, coaches and support staff with practical guidelines for appropriate load management. Part 1 <http://bit.ly/2g3dGwf> Part 2 <http://bit.ly/2b3XggN>

#FRACTUREFRIDAY BY JOE RUSSELL

Carpal bone Fracture - Trapezium Fracture

Anatomy

The trapezium is the lateral most of the distal row of the carpal bones. It is distinguished by a deep groove in the anterior surface. It makes up the radial border of the carpal tunnel.

Epidemiology

Trapezium fractures are thought to account for 3-5% of carpal fractures. These often occur in high energy trauma with axial loading and are associated with 1st metacarpal base fractures, as the 2 are driven together. Trapezial ridge fractures may occur from a direct blow to the volar surface of the hand.

Non displaced fractures are difficult to spot as they are frequently occult on plain film. Often CT is required for diagnosis.

Management

Normally conservative management is sufficient but displaced fractures are often managed with ORIF or K- wire.



Resources

<http://bit.ly/2zjBtN4> <http://bit.ly/2g4IHMK>

