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The Evidence

- ***Physician Submission:*** Adolescent sports injuries: the perspective of risk Submitted by Dr. Hamish Kerr
- Lumbar extension strengthening—underappreciated and underused
- What interventions work for frozen shoulders?
- Exercise Benefits in Post-Natal Depression

Evidence for Physical Therapy

Adolescent Sports Injuries: The Perspective of Risk Submitted by Dr. Hamish Kerr

Risk of injury is inherent to all sport. Most participants assume a subconscious benefit that outweighs such a risk. The benefit-to-risk conversation can often be initiated after an injury is sustained. Perhaps a 17 year-old baseball pitcher develops shoulder pain after a heavy schedule with school and travel teams in the spring. Adolescents often have a unique perspective of their participation in sport. Some enjoy the camaraderie and team spirit, others the competition and opportunity to excel as an athlete. Many have tumultuous emotions, external pressures from academic commitments and/or parents with their sights set on a college scholarship. These influences can certainly be swayed by sports medicine personnel, hopefully to the overall benefit of the adolescent in question's health.

Their can be ethically difficult conversations arise in this way. Consider the 17 year old pitcher is desperate to return-to-play so he can compete in the state championships in his senior year of high school. His primary care physician is unsure what is wrong, so asks for a sports medicine consultation. On arrival, the 17 year old's Dad opens the visit by stating, "Dr Smith referred us here so you could clear Bobby to play by this weekend". Even if the sports medicine physician's conclusion is that there is merely a tendonitis developing in the supraspinatous, 'clearance' is an inadequate term for what is eventually determined.

In this circumstance, I like to explain to the adolescent (rather than the parent) that the risk of participation would be perpetuating and potentially worsening an overuse injury.

Continued on next page

Hamish A. Kerr, M.D., specializes in sports medicine and is a team physician for the following regional and professional programs:

- Siena Soccer Team (Men & Women)
- Scottish Football Association (under 17 Girls National Soccer team)

Dr. Kerr is board certified in Internal Medicine, Sports Medicine, and Pediatrics. He attended the University of Glasgow, completed his Residency in Internal Medicine and Pediatrics at Albany Medical Center, and did a Fellowship in Primary Care Sports Medicine at Harvard Medical School

Adolescent sports injuries: the perspective of risk (continued from page 1)

The benefits (state championship) may need to be placed in the perspective of the threat to a college scholarship. There may not be a right or wrong decision, but theirs can be a decision that is fully informed.

Establishing the correct diagnosis is the first step. This can often be based solely on an appropriate and complete physical exam, but in high stakes decisions imaging may also be necessary. A frequent conflict of mine, is whether to rely on objective judgment and avoid further costs to the billion dollar health care industry, or get the MRI that your patient's favorite professional player got when they had the same injury.

With the correct diagnosis, a patient is still a distance from getting better. I rely heavily on referring for physical therapy, and explain what I see the likely interventions will be. Certainly stretching, manipulation, maybe modalities and eventually I expect strengthening. I try and give and idea of the timeline, prognosis and absolute contraindications to return. I very much appreciate feedback from therapists after an intake and progress reports prior to a follow-up appointment. A team approach between therapist and physician aids this process considerably and I take particular pleasure when patients feel we are talking the same language. A candid discussion about the risks of participating is certainly one we would wish to have the same message.

The Gap Between Evidence and Practice in LBP

Strengthening the back muscles has been shown to protect workers from low back pain and allow more effective rehabilitation from episodes of pain. Exercise

Two recent studies point out the need for continued education regarding the benefits of specific exercise for improving care for people with LBP.

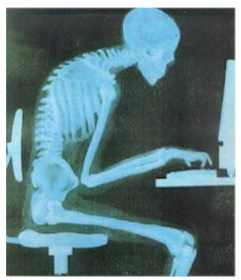
Researchers in Australia reported that workers with poor back muscle endurance sat with poorer posture and were more likely to experience low back pain. They reported that the individuals with weaker trunk muscles sit with more slumped postures and were also less physically active in general.

This information is important to share with patients who do not include back specific exercises as part of there prevention and treatment of low back pain.

A recent study reported that exercise is underutilized while medication and other treatments are over utilized. 590 people with reported back pain were interviewed regarding their care. The interviewers found that, despite evidence supporting exercise as an effective treatment for low back pain it was underutilized and not included in patient education programs on a routine basis. More work needs to be done in this area by providers and health educators.

The Relationship Between Posture and Back Muscle Endurance in Industrial Workers with Flexion-Related Low Back Pain. O'Sullivan P, et al, *Manual Therapy* 2008

A Long Way to Go: Practice Patterns and Evidence in Chronic Low Back Pain. Carey T, et al *Spine* 2009 34 (7):718-24



What Interventions Work for Frozen Shoulders

In spite of the individual and societal burden associated with adhesive capsulitis, relatively little is known about which non-surgical interventions increase or decrease the likelihood of a successful outcome. Researchers studied outcomes for over 2,300 patients with a diagnosis of adhesive capsulitis and who had completed an episode of outpatient physical therapy. (An episode varied from study to study).

Typical physical therapy interventions most commonly employed are therapeutic exercise, manual therapy including joint mobilizations, electric stimulation, and thermal modalities (moist heat, ultrasound).

Patient who received treatments with an emphasis on joint mobilizations and exercise had the best outcomes. Ultrasound, massage, iontophoresis, and phonophoresis reduced the likelihood of a favorable outcome which suggests that use of these modalities should be discouraged. Further studies into the frequency with which joint mobilizations should be applied in isolation or in combination with exercise are needed to optimize physical therapy care.

Interventions Associated With an Increased or Decreased Likelihood of Pain Reduction and Improved Function in Patients With Adhesive Capsulitis: A Retrospective Cohort Study. Jewell D, Riddle D, Thacker L, *Physical Therapy* 2009 May: 401-516

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Exercise Benefits in Post-Natal Depression

The potential beneficial effects of exercise on a variety of mental health issues has created optimism for those dealing with these issues.

The authors of this systematic review looked a series of studies of the effects of various exercise programs on the mental health status of women following childbirth.

The report findings are equivocal. While the findings are generally positive most of the improvements did not achieve statistical significance. The most effective intervention studied was one that combined exercise with social support. This result matches several other studies regarding exercise and mental health in that the benefits of exercise is enhanced by combining it with behavioral health interventions.

At this point it appears that exercise is certainly not harmful and may be helpful to women who are dealing with post-partum depression.

The Effectiveness of Exercise in the Management of Post-Natal Depression: Systematic Review and Meta-Analysis. Daley A, *Family Practice* 2009 26 (2):154-62

Post-natal depression may be controlled by including exercise with social support