

No.1/Sep '10

**MEDIA  
PLANET**

# SPORTS INJURIES AND RECOVERY

4

TIPS TO

## BUILD YOUR STRENGTH

**Take your time:** How choosing the right exercises can prevent injuries and help you recover quicker

Kick-about  
Internal 'scaf-  
fold' that helps  
sprained ankles



PRIVATE

Dr Noel Pollock  
Building your  
muscles to help  
avoid injury



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*M. Cavendish*

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## CHALLENGES

Getting injured, if you are either starting a gym class for the first time or preparing for the Olympic Games is incredibly common because of lack of strength, balance, flexibility and agility.

# Strong foundations key to avoiding injury

If we cannot balance on one leg, without wobbling, imagine what happens to our hips, knees, ankle and back when jogging in the park, or sprinting for a ball?

These skills, although often basic, are the fundamentals from which complex skills are learnt. However, they are often overlooked both in coaching and particularly in rehabilitation by those recovering from injury. It takes many repetitions of training to achieve this muscle control, so that the body can correctly withstand the physical demands of sport. Without them we are at the mercy of injury.

## 2012 legacy

1 There have been significant advances in the management of acute and chronic injuries over recent years. In the past, doctors with an interest in looking after Sports and Exercise Medicine were mostly General Practitioners or



**Dr Andy Franklyn-Miller**  
Consultant Sports and Exercise Medicine  
Physician, Pure Sports Medicine

Orthopaedic Surgeons doing so in their spare time. The Department of Health introduced Sport and Exercise Medicine as a new medical speciality with a recognised training programme in 2005.

This may have been prompted by the London 2012 Olympic games but will likely leave a more permanent legacy than many buildings.

The training programme ensures expertise in the recognition, diagnosis and treatment of all sports injuries, but also in the designing and management of exer-

cise for those with other illnesses.

## Future challenge

2 Where sports injury treatment differs from many other injuries is the need for a truly multi disciplinary team. To get back to fitness it is essential for the integration of the physician, physiotherapist, soft tissue therapist, podiatrist and fitness professional. At the moment, it is important to improve the communication between the fitness trainer and the therapists to accelerate the rehabilitation process.

Prevention is better than cure and as such this editorial focusses on many ways in which that can be achieved whether for your kids or for yourself. When you do suffer the setback of injury it highlights many innovative approaches currently employed by specialists to maximise your potential of recovery.



## WE RECOMMEND



**Kevin Giles**  
Sports coach

PAGE 08

"It's so important that you don't just go down the gym and do lots of arm curls so you look good"

# MEDIA PLANET

We make our readers succeed!

SPORTS INJURIES AND RECOVERY,  
1ST EDITION, SEPTEMBER 2010

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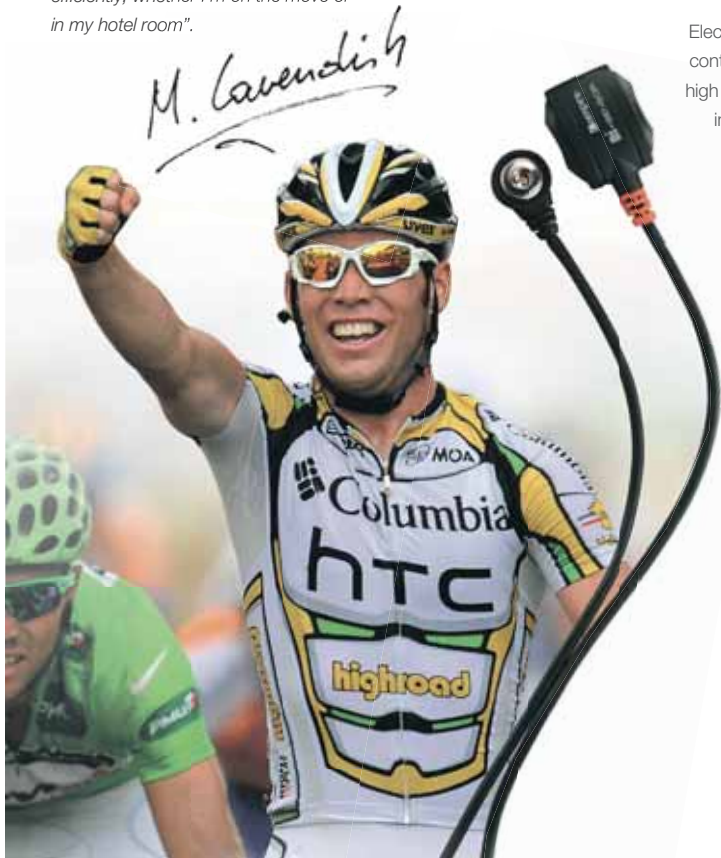
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## INSPIRATION

**Question:** A professional sports person is bound to suffer injuries; how does he or she best recover?

**Answer:** England rugby captain, Lewis Moody, believes listening to medical advice coupled with a strong mental attitude are essential

# Mental strength key to Moody's successful career

## CHANGE

With three shoulder reconstruction operations, hip surgery, repair of a ruptured Achilles tendon, a stress fracture of a key bone in the foot (navicular) and a broken ankle to contend with throughout a long and successful career, one may wonder how Lewis Moody has managed to stay positive and repeatedly come back to match fitness in order to regain his place in Leicester and England rugby.

The flanker, who joined Bath this season, has had his determination well rewarded. Career highlights include every domestic trophy and two Rugby World Cup finals (a winner in 2003, runner up in 2007) as well as captaining England against France this spring and for the two test series against Australia this summer.

Nevertheless, after being helped off Leicester's training ground in January 2009 with a twitching ankle, following a collision, he received news he thought

would end his career.

"When the doctor told me the scan showed it was broken I thought my career was over," he recalls.

"I was 30 and had just come back from nine months out recovering from an Achilles rupture and hip surgery and I just didn't know if I could go back through it all again.

"That feeling only lasted for the day. I got home and my wife told me to snap out of it, you only get a short career so get on with it. So I did."

### Top honours

While it took a lot of hard work, Moody points out professional rugby players are lucky to be surrounded by top medical experts who do everything they can to help a team member get back to peak fitness safely.

"Sitting around doing gym work and training on your own isn't fun but I've been very lucky to have top medical people around me who come up with games and

"When the doctor told me the scan showed it was broken I thought my career was over"

Lewis Moody  
England Rugby  
Captain

different ways of making the rehabilitation more interesting," he says.

Moody believes half of the battle to regain fitness is mental. He proved the point by coming back to form to captain England this year, and also in the year following England's World Cup victory of 2003. He won the line out which set up Jonny Wilkinson's winning drop goal despite playing with a fractured navicular, a key load bearing bone in the foot.

"I was lucky we didn't know I had the fracture at the time or else I wouldn't have been able to play," he says.

"It was a very frustrating injury because three months in I was told it had not mended properly and we were back to square one with a new cast on, so there seemed no light at the end of the tunnel. That's when you have to face the mental challenge, the most difficult part of injury, and just get back on with it."

SEAN HARGRAVE

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**PMA RESULTS IN SUCCESS**  
 England's flanker Lewis Moody during their six nations rugby match in Rome's Flaminio Stadium on February 14, 2010  
 PHOTO: FILIPPO MONTEFORTE/ AFP/GETTY IMAGES

4

REHABILITATION TIPS

**Be precise**

**1** Always get as precise a diagnosis of what is wrong as possible. Get your doctors and physiotherapists to think about the demands your sport puts on the injured area.

**Get a programme**

**2** Remember that although surgery can help your body return to its pre-injury structure, you will always need to follow a rehabilitation programme to regain pre-injury strength, flexibility, co-ordination and skill.

**Be realistic**

**3** Rest is not rehabilitation. Work with your therapists to regain joint range of motion and strength. Be imaginative and focus on what you can do, not what you can't.

**Use the opportunity**

**4** Set clear goals in your rehabilitation. Progress to the next level when you can actually achieve these rather than following a formulaic timetable. Use the opportunity to become a better athlete.

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 HEAD OF SPORTS MEDICINE AT THE RUGBY FOOTBALL UNION

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## INSPIRATION



**KICK-ABOUT**  
Rob Petrella and colleague  
taking some time out from  
their research  
PHOTO: PRIVATE

■ **Question:** How did medical researchers take the strain out of ankle sprains?

■ **Answer:** By taking a long established treatment for joint pain and applying it to soft tissue.

## HOW WE MADE IT

Hyaluronic acid injections are a long-established treatment for joint pain, which also help to fill out wrinkles in dermatology.

So when Rob Petrella at the University of Western Ontario was looking for a way of helping sports people with sprained ankles he started to wonder whether the known benefits of the long chain sugar molecule would work as well in soft tissue as joints.

Hyaluronic acid molecules have many benefits. Not only are they large but they are also elastic and found throughout the body naturally. Today injections into a joint are now commonplace to help ease osteoarthritic pain by encouraging natural lubrication between joints. In dermatology, the large molecules are

used to bridge and smooth out the appearance of wrinkles.

**Sprain strain**

With this in mind, Petrella leads a team of researchers to discover whether this soft tissue dermatological use meant the acid could play a part in helping sports people overcome soft tissue injuries as well as ease joint problems. He started out with sprained ankles as it is the most common everyday sporting injury for professionals and amateurs alike.

“We thought that the large molecules which are found naturally in the body anyway would be an effective way of providing a scaffold around the damaged ligaments,” he says.

“Opinion is divided on what the best treatment for a sprained ankle is but generally the idea is you protect and brace the ankle. We’ve found, though, that rather than bind the area if we can inject it with hyaluronic acid the large molecules act as an internal brace around the ligament and so allow blood flow to the area to speed up healing.”

**Back sooner**

Tests on sprained ankles incurred while playing a variety of sports have shown that those receiving the injections are able to return to sport eleven days earlier than those treated by the traditional brace and protect approach.

The injection developed by the team is now marketed under the SportVis brand in the UK and throughout Europe. Petrella explains that the success of registrations throughout Europe has led to the approach being extended to other common soft tissue injuries.

“We’ve now shown it works with tennis elbow which was more of a challenge as the symptoms tend to last longer,” he says. “We’re also looking at it for a potential treatment for patellofemoral, or ‘jumpers knee,’ so there are probably a range of therapies. We’re approved throughout most of Europe and part of South East Asia and so the next step for us is to get FDA approval for use in North America.”

TIP

1

LOOK TO NEW  
RESEARCH

6

SPRAINED ANKLES AND  
TENNIS ELBOW FACTS**Three in four chance**

1 Sprained ankles are believed to be the most common sports injury, with a professional athlete and serious recreational sports person having a near three in four chance of being affected at some time in his or her career, according to a 1994 report in the British Journal of Sports Medicine.

**6 year symptoms**

2 The injury is rated in three grades of severity with a Grade 1 normally proving disabling for a little over a week to a Grade 2 taking just over a fortnight for mobility to return. The majority are rated as Grade 1 or Grade 2 with mild or moderate symptoms. Grade 3 injuries can take several weeks or even months and in one follow-up study 40% of those who had ankle sprains were still recording periodic pain six years later.

**RICE approach**

3 Opinion differs on treatment with Rest Ice Compression and Elevation (RICE) being the most common alongside anti-inflammatory creams or pills.

**Near 50:50 risk**

4 Tennis elbow is not only restricted to tennis players, although a report in the BMJ rates keen tennis players as having a 40-50% chance of picking up the injury at some time.

**Forties plus**

5 The condition is believed to affect 1% to 3% of the population at any one time and is typically suffered by those in their 40s and older. The condition is rare for people aged 30 or under.

**Long term**

6 The pain associated with tennis elbow can last anywhere from six to twenty-four months. The main treatments offered are anti-inflammatory creams or pills, although corticosteroid injections are an option.

SEAN HARGRAVE

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## Interview with Dr Jamie Butler, Senior Medical Officer, Manchester City Football Club

### What generated your interest in sports medicine?

I was asked to help with the EIS and Sale Sharks rugby club. I was a keen cyclist and runner always looking at ways to improve performance and speed recovery.

### You're now Senior Medical Officer at Manchester City Football Club, how did that come about?

I was invited to MCFC as Assistant Doctor 3 years ago and appointed Senior Medical Officer in 2009.

### What do you look for when dealing with joint problems in football professionals?

Pain and functional limitation, and how it impacts on a player's ability to train or play.

### What symptoms would lead you to consider intra-articular injections?

Joint swelling, pain, and restricted movement.

### What agents do you commonly inject?

Whenever possible I avoid steroid. I prefer Viscosupplementation, it's relatively risk free and I'm very familiar with it.

### Has Viscosupplementation enhanced your treatment regime?

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no risk to the joint itself, which can be used repeatedly. Patients love it!

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### Have you tried the single injection option, Ostenil Plus?

Yes, 3 times with very good clinical response.

### Overall, would you recommend Viscosupplementation as a treatment modality in sports medicine?

Absolutely, without question.



Dr Jamie Butler

## NEWS

TIP

2

USE SIMPLE  
EXERCISES**Question:** How can sports people best avoid injury?**Answer:** Five simple exercises in five minutes, "5 in 5", will help anybody develop physical competence which can help avoid injury.

# PHYSICAL COMPETENCE HELPS AVOID INJURIES

Every action on the sports field starts at the toes and goes through the body to the finger tips, and if people do not develop physical competence the strain going through their body will damage the weakest link.

That is a summary of sports coach Kelvin Giles, who fears that with "the physical being taken out of physical education" at school, we are developing a new breed of sports people who cannot move in the correct way. Even on the sports field, he believes, coaches are training tactics while fitness staff are handling movement skills without the two being as interlinked as they should.

Giles has coached the GB Team at the Moscow Olympics and the Australian team at five later Olympics,

as well as advising the golfing, tennis and football authorities at the PGA, LTA and FA. He believes that a simple exercise regime can help teach sports people to move more effectively and prevent injury.

"Most sporting movements are multiplane, multidirectional and multijoint and so you've got to be able to do six basic things; squat, lunge, push, pull, rotate and brace," he says.

"The good news is you only need to Google these to get some very simple exercises which only use your body weight, you don't have



**Kelvin Giles**  
Sports coach

to go down a gym. I'm working on publishing a guide to five simple exercises you could do in five minutes which would help develop the physical competence to carry out those actions well."

## Prevention is key

It is important because although sports people cannot prevent contact from an opponent, they can reduce the likelihood of incurring injuries when no other player is involved.

"Four in five anterior cruciate ligament injuries occur when a player's on their own, normally when they're turning on a knee to change direction," he says.

"A top footballer turning suddenly will put three to five times their body weight on one leg and so if there's any weakness the body will

find and expose it. That's why it's so important you don't just go down the gym and do lots of arm curls so you look good on the beach, you need to follow simple exercises to develop physical competency."

Giles contends that not only should all sports people seek to develop the ability to lunge, pull, push, rotate, squat and brace they should also have these skills taught as they recover so the athlete, and not just the injury, is attended to.

Ultimately, he believes, all people involved in sport need to question their assumptions about fitness and consider the basics of movement which, if learned well, will both improve performance and protect against injury.

SEAN HARGRAVE

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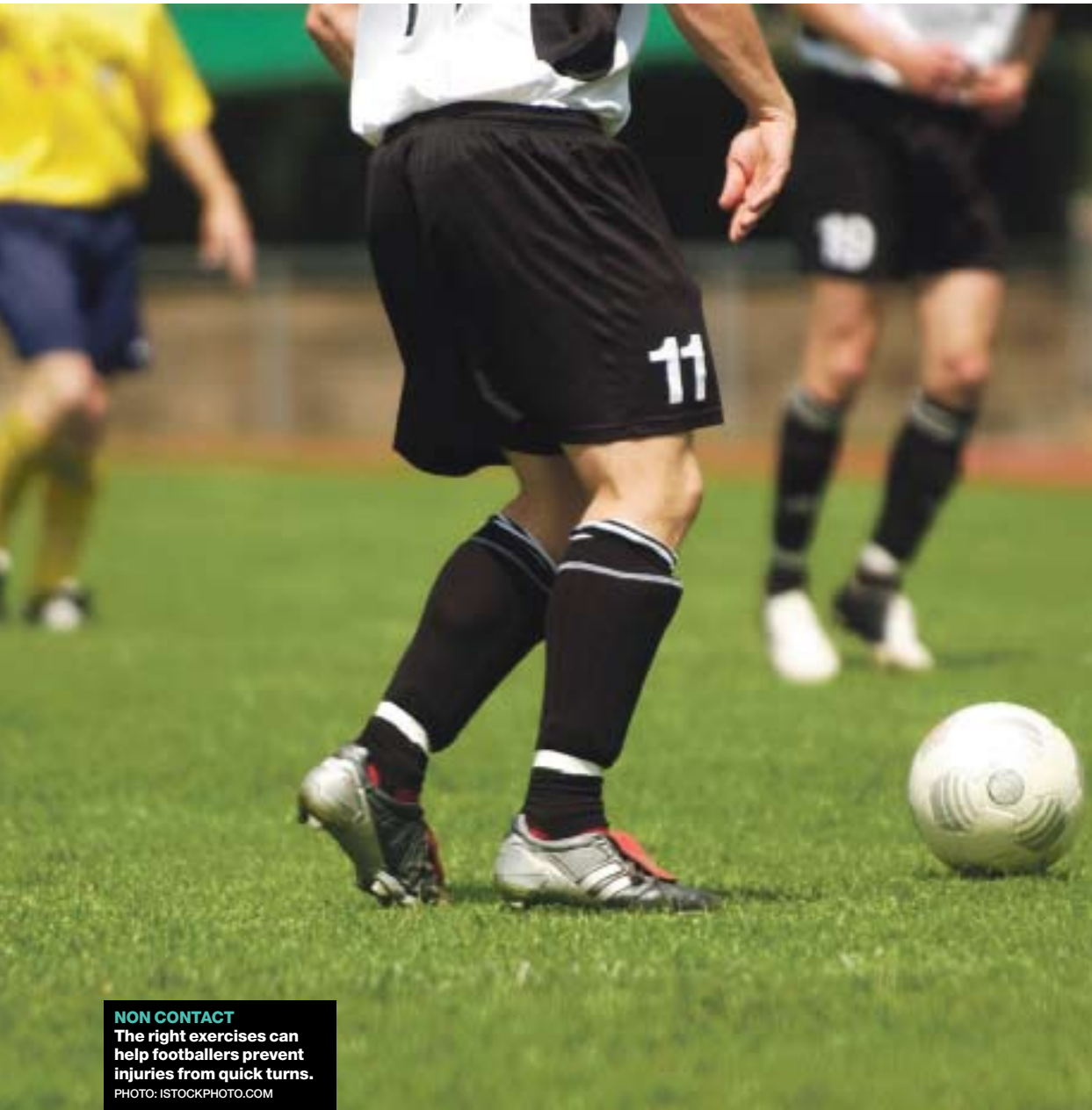
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**NON CONTACT**  
The right exercises can help footballers prevent injuries from quick turns.  
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# 5

## KEVIN GILES' BEST TIPS

### Be realistic

**1** We have all been lied to: You can't transform yourself in three minutes a day with no sweat, by making New Year's resolutions, by substituting 'lite' for real, by exercising your problem area, by joining a club, dieting or by paying the exercise 'guru'.

### Two truths

**2** You can't exercise your way out of an unhealthy diet and you can't diet your way out of an unhealthy lifestyle.

### Teach your body

**3** Choose exercises that work more than one joint so that the body learns to be coordinated.

### Take your time

**4** Start exercise slowly to get the technique perfect and only then speed them up and add external resistance.

### Save your pennies

**5** Use medicine balls, skipping ropes, broomsticks as your equipment - don't waste money on machines even though the sales pitch will be attractive.

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## NEWS

TIP

3

BUILD UP  
MUSCLE  
STRENGTH

# Strong flexible muscles help avoid injury

■ **Question:** Can sports people do anything to prevent muscle strains?

■ **Answer:** Building muscle strength, improving flexibility and correct nutrition can help avoid injuries.

Muscle strains and tears can keep a sports person away from competition for several weeks, depending on their severity, so professionals are always keen to avoid an injury.

According to Dr Noel Pollock, Consultant in Sport & Exercise Medicine at the Hospital of St John and St Elizabeth, and the UK Athletics team doctor, there are several ways to reduce the risk of muscle strain. Essentially by ensuring that not only are the athlete's main muscle groups strong enough to bear the load placed upon them but to also ensure that other muscle groups are strong.

"Muscle strains happen when they can't take the load placed on them usually because they are not strong enough in that position, or because of poor coordination of the muscle contraction," he says.

"So we work a lot with our athletes



"We work a lot with our athletes to build up the muscle strength associated with their discipline."

**Dr Noel Pollock**  
Consultant in Sport & Exercise Medicine  
at the Hospital of St John and St Elizabeth and the UK Athletics team doctor

to build up the muscle strength associated with their discipline but also other muscle groups which might have an important stabilising or assisting role. They may not be the main groups associated with their event but they've got to be able to stand the loads place on them,

you need all over muscle strength."

## Strain advice

When an athlete suffers a muscle strain, the best early management advice is to compress it with a bandage. Although any injury will need some blood flow to start the healing

process, too much can lead to scarring, Pollock warns.

"There are two ways a muscle will seek to heal itself; fibrosis, which is basically scarring, and regeneration of muscle tissue," he says.

"You obviously want the muscle to regenerate rather than suffer scarring which would make it less able to generate force. So that's why it's important to compress the area but then to also begin using the muscle so the body is prompted to create more muscle tissue. You can't stay in bed, you've got to do some mild exercise, bit by bit, so long as there isn't pain or pulling in the injured muscle."

An important point to remember is that pain relief for the week or two after a muscle pull should not be sought from Ibuprofen-based medicines. Although they are effective in relieving pain, Pollock points out they can have an adverse effect on the cells required to rebuild muscle tissue and so, in his opinion, paracetamol is a better alternative.

SEAN HARGRAVE

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## FACTS

■ **After finishing** an event and warming down, everyone has a half hour and then a two hour window to help nourish their muscles.

■ **Trackside** Pollock suggests a cereal snack bar and plenty of fluids to help start to replace expended

carbohydrates and, crucially, the sugars muscles use for energy.

■ **Within two hours**, though, the best advice is to eat a meal rich in protein and carbohydrates - fish or meat with rice or pasta is a good choice.

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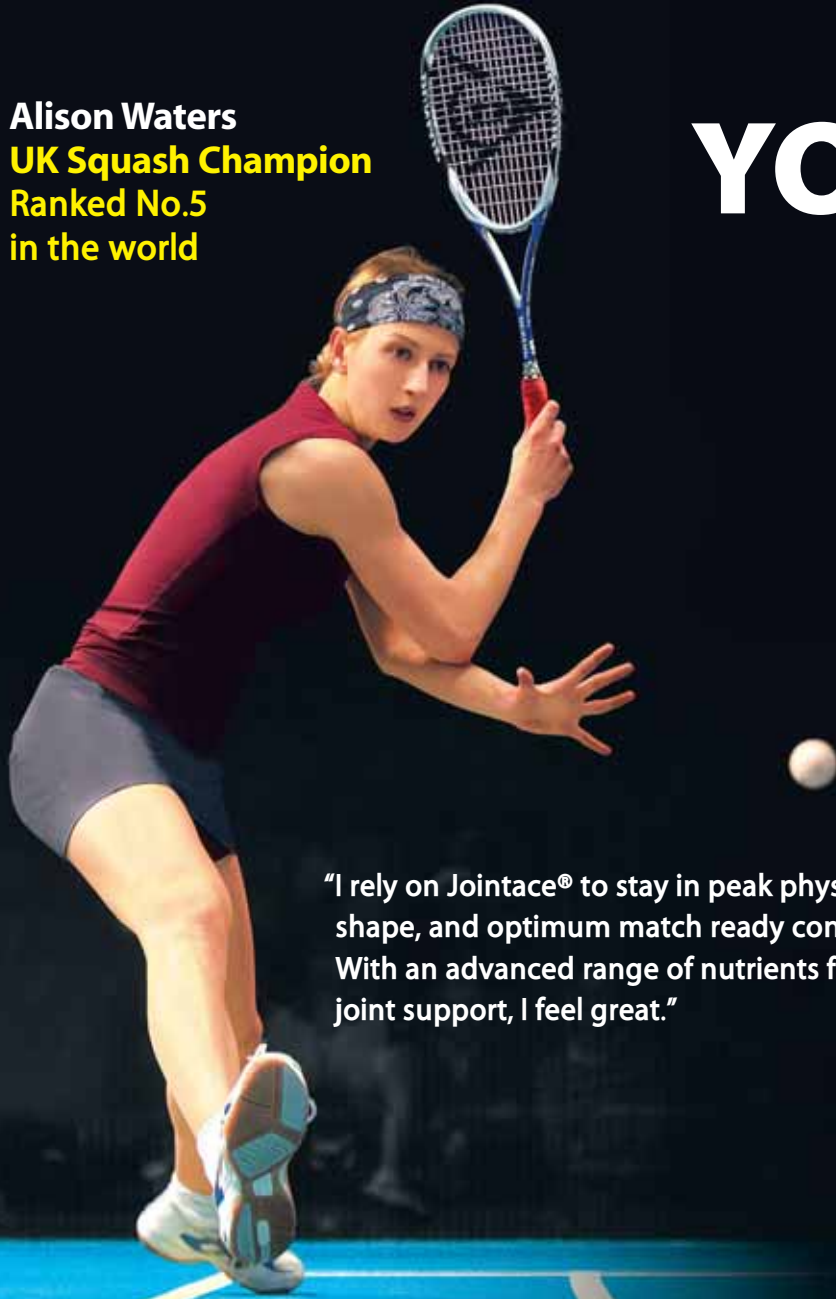
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## NEWS

TIP

4

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**MOVING IMAGE**  
When injury in the ankle occurs an ultrasound gives a real-time image of the problem.  
PHOTO: ISTOCKPHOTO.COM

# Ultrasound offers 'live' injury images

■ **Question:** How can ultrasound help sports people overcome injuries?

■ **Answer:** It is a vital diagnostic tool which gives an experienced doctor a real-time view beneath the skin's surface.

In the hands of a knowledgeable user, ultrasound is a very powerful tool which can help doctors diagnose injuries.

It sends high frequency waves into soft tissue which, when they rebound, allow sophisticated machinery to image the area. As Dr Rod Jacques points out, though, it is imperative that the user is experienced and is preferably the doctor who normally treats the patient in question. He is the Director of Medical Services at the English Institute of Sport (EIS) which provides medical advice, support and treatment to 1700 lottery-funded summer and winter Olympic and Paralympic athletes.

"It's very easy to press too hard or too light and get a distorted image," he says.

"It's also important that the person doing the ultrasound is the doctor treating the patient with their



**Dr Rod Jacques**  
Director of Medical Services at the English Institute of Sport

full medical history in front of them, because this can be influential in what the doctor is looking for in the examination. You should always start off with a long list of what the problem may be and then work down to a short list which you then look for when you carry out the ultrasound."

## FACTS

■ **NHS statistics** for England show that although sports injuries only account for 2% of people seeking treatment at Accident and Emergency units (274,000 per year out of a total of 13.8m visits), they are still more common than road traffic accidents (1.3%) and assault (1.3%)

■ **A Barclays** questionnaire in 2005, found nearly one in three people (30%) suffer a sporting injury each year, equating to 22m injuries per year suffered by 13.4m people.

## Repeat injuries

Medical history is vital because, as any sports person will know, once an injury has been suffered, the area is more susceptible to further injuries which may be progressively worse than previous problems.

"If a person has had an injury in an area their primary defences may have been damaged and so they would be less able to defend underlying tissue and bone from injury," explains Jacques.

"With an ankle, for example, the tendons and muscles would be the first line of defence and ligaments the second with the joint capsule the third. So it's vital a doctor knows the patient's history well."

Ultrasound has significant advantages over X-ray or MRI scans. Due to the technology posing a very minimal risk to the patient, a doctor can take their time and ask the sports person to move the area being inspected by flexing or tensing muscle groups. The scan gives doctors a real-time, moving image they can explore in order to provide the best diagnosis possible.

SEAN HARGRAVE

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## NEWS IN BRIEF

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## Treatment use

■ Physiotherapists also use ultrasound post-diagnosis in the treatment stage. The machine is different from a diagnostic ultrasound and sends out higher frequency waves which can only penetrate circa 2cm below the skin surface, compared to around 5cm to 8cm for diagnostic kit. Hence injuries need to be superficial for there to be a benefit.

It is not clear what the exact mechanism is but the ultra high frequency ultrasound waves are believed to stimulate the cells below the skin to generate new tissue; be that muscle, ligament or cartilage.

## Building a picture

■ A doctor will normally ask for a detailed explanation of what happened when the injury was incurred so they can get a detailed picture of what muscle groups were involved and where excess load may have been experienced. A person with a sprained ankle will have a very different injury if they were tackled by a competitor, stepped on a ball or slipped, for example.

## Air resistance

■ Although it may appear to be applied to allow the ultrasound probe to move more freely across the skin, the gel a doctor applies to an area, prior to examination, is actually there to provide an airtight seal between the device and soft tissue.

Ultrasound waves are high frequency and so cannot travel far through the air, hence they need to be in constant contact with the skin.



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## PERSONAL INSIGHT

“I didn’t want to give into the pain of osteoarthritis in my knee and so after having some ‘tidying up’ surgery a couple of years ago I got measured up for a new type of brace which has allowed me to carry on running without pain.”

## Beagle keeps on bounding

“I’ve always been a very keen sportsman. As a young man I was always playing rugby and I ran for the Essex Beagles; I used to do the 100m sprint and the 200m hurdles. I even got to run at White City back in the days when it was an athletics track.

When I was 18, though, I had a lot of knee pain and I had to have an operation. The surgeons tell me now that procedures have come a long way and the cartilage operation I had back then would have been done a lot better today but I guess that’s the case with any operation, things are always progressing.

**Keeping active**

I still managed to stay active and kept up with my rugby and athletics. In fact, I ran the London Marathon 18 years ago and I kept up my involvement with rugby after I finished playing by coaching the Essex County squad.

However, I was getting a lot of pain and so a couple of years ago I went to see a surgeon to see if there was an-

thing they could do for me. It was then that I found out that although the surgeon 50 years ago did his best, the operation and a lifetime of sport meant that there wasn’t a lot of knee cartilage for the surgeon to repair. He conducted an operation for me and took a look inside the leg and did, what he called, some ‘tidying up’ but then basically told me there wasn’t a lot he could do for me.

However, what he did do was point me to a company that provides braces which are much better than anything you would pick up off the shelf. I’d run before in every day braces, that’s how I managed to complete the London Marathon, but this new type he assured me, was different.

**Made to measure**

I had to go to get measured at the company base in Wimbledon and I was really surprised to see how it works. It’s not one of those braces that you pull up over or wrap around the knee, in fact, it doesn’t really touch the knee at all. It straps above and below the knee so it supports and aligns the bones and, they say, prevents the knee joint from rub-



**Peter Madden**  
Osteoarthritis sufferer

“The cartilage operation I had back then would have been done a lot better today”

bing where there is little or no cartilage left.

I’ve been really pleasantly surprised by how it has cut down the pain of running. I’d been determined to carry on running, but was held back a bit by the pain in the knee, and so when I got the brace I got back in to the swing of things. I did a 10Km run this spring, which was great.

Actually, it’s quite funny. When you’ve got the brace on I think people sometimes think you’ve got a disability and so they pat you on the back and say ‘well done, mate.’

My knee problems got me interested in physiotherapy. I wanted to find out more about the human body, how it works and how injuries can be avoided and treated and how they should be handled by a coach. I was training the Essex County team at the time so I knew the knowledge would be really useful.

So I studied for three years and then became a qualified physiotherapist in 1991. It’s not something I make a living from, although I still do get patients referred to me.

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