

What's New for January 2023?

Evidence Express

Division d'orthopédie
ASSOCIATION CANADIENNE DE PHYSIOTHÉRAPIE



Orthopaedic Division
CANADIAN PHYSIOTHERAPY ASSOCIATION



CLINICAL PRACTICE GUIDELINES

Exercise-Based Knee and Anterior Cruciate Ligament Injury Prevention

Clinical Practice Guidelines Linked to the International Classification of Functioning, Disability and Health From the Academy of Orthopaedic Physical Therapy and the American Academy of Sports Physical Therapy

J Orthop Sports Phys Ther. 2023;53(1):CPG-0124. doi:10.25934/jospt.2023.0001

Check out this brand new [CPG](#) published in JOSPT on exercise based injury prevention for the knee and ACL!

Comparative efficacy of exercise therapy and oral NSAIDs and paracetamol for knee or hip OA (Weng et al 2023)

Exercise may be the best medicine! This meta-analysis showed that exercise has a similar effect on pain and function to that of oral NSAIDs and paracetamol for hip or knee OA.

[Open Access](#)



Subramanian et al. Sports Medicine - Open. 2023;6:149. https://doi.org/10.1186/s13047-023-00241-6

Sports Medicine - Open

ORIGINAL RESEARCH ARTICLE Open Access

Evidence-Based High-Loading Tendon Exercise for 12 Weeks Leads to Increased Tendon Stiffness and Cross-Sectional Area in Achilles Tendinopathy: A Controlled Clinical Trial

Goran Radovanovic^{1,2,3*}, Sebastian Boher¹, Kim Kristin Reppel¹, Adamantios Arampatzis¹ and Kristin Lagersted¹

This 3 arm study found that high-loading tendon exercise was significantly superior to eccentric exercise and passive therapy at improving plantarflexor strength, tendon stiffness, mean cross-sectional area and maximum tendon strain in chronic Achilles tendinopathies. Additionally VISA-A scores increased and pain levels decreased, suggesting that high-loading interventions may be the treatment of choice!

[Read more.....](#)

REFRAMING PAIN FOR OSTEOARTHRITIS

Season 3, Episode 18 with A/Prof Tasha Stanton

Presented by Joint Action - a podcast interviewing the world's experts in osteoarthritis hosted by Prof David Hunter

Beliefs about osteoarthritis negatively impact the uptake of evidence-based treatments. Some common pain beliefs about osteoarthritis are...

"Osteoarthritis is caused by wear and tear"
"My knee is bone on bone"
"Osteoarthritis is a degenerative disease"

These beliefs come from different sources, however one source is from medical professionals such as doctors, surgeons or physiotherapists. Medical reinforcement of these types of terminology make patient beliefs very strong, leading to poor uptake of evidence-based treatments such as exercise and physical activity.

Osteoarthritis is not just a disease of the joint

Osteoarthritis is a WHOLE body process which involves low levels of inflammation. There are many things that you can do to alter these levels of inflammation.

Medical professionals need to be targeted to provide appropriate knowledge about osteoarthritis to their patients.

Nine out of ten people with knee osteoarthritis are inactive

Pain science education about osteoarthritis aims to increase knowledge about how pain works and target unhelpful beliefs about pain.

Listen to [www.jointaction.info/podcast](#) or where ever you listen your podcast!
Apple Podcasts, Spotify, Google Podcasts

HAVE A LISTEN TO THIS [PODCAST](#) ON REFRAMING PAIN FOR OSTEOARTHRITIS

The Osteoarthritis Knowledge Scale (Darlow et al 2022)

How well an individual understands their health condition is important to effective management. But how can a person's knowledge be measured? The **Osteoarthritis Knowledge Scale (OAKS)** is just that tool!

Hip Osteoarthritis Knowledge Scale

Please answer all items. Mark your answers like this: ☒ if you make a mistake, do this then tick the correct response ☒

THESE STATEMENTS ARE ABOUT HIP JOINT OSTEOARTHRITIS

Please rate each statement as: False, Possibly False, Unsure, Possibly True, True

Statement	False	Possibly False	Unsure	Possibly True	True
1 Your hip joint wears out with everyday use	☐	☐	☐	☐	☐
2 Osteoarthritis will only get worse over time	☐	☐	☐	☐	☐
3 Increased hip pain always means that you have damaged your hip	☐	☐	☐	☐	☐

THESE STATEMENTS ARE ABOUT WHAT YOU SHOULD DO IF YOU HAVE HIP OSTEOARTHRITIS

Please rate each statement as: False, Possibly False, Unsure, Possibly True, True

Statement	False	Possibly False	Unsure	Possibly True	True
4 You need an X-ray or scan to know if you have osteoarthritis	☐	☐	☐	☐	☐
5 Being active makes osteoarthritis feel better	☐	☐	☐	☐	☐
6 Keeping a healthy body weight is a key part of osteoarthritis care	☐	☐	☐	☐	☐

Person centred care for musculoskeletal pain: Putting principles into practice (Hutting et al 2022)

This masterclass provides a framework that supports clinicians in delivering person-centered care in practice. It consists of three key principles: 1) a biopsychosocial understanding of the patient's pain experience, 2) person-focused communication, and 3) supported self-management. The framework also includes three phases: 1) identification and goal setting, 2) coaching to self-management, and 3) evaluation.

The authors provide a clinical case to illustrate the practical implementation and the use of the Self-Management Identification Tool.

[Free Access](#)



ACL MYTH BUSTING with Jackie Whittaker

True or False.....

1. ACL reconstruction reduces the risk of OA compared to non-surgical management.
2. Only patellar tendon grafts get patello-femoral osteoarthritis after ACL reconstruction.
3. Non-surgical management of an ACL injury increases the risk of future meniscal tears.

[Listen here](#)

Shoulder stretching vs shoulder muscle strength training for the prevention of baseball related arm injuries (Shitara et al 2022)

GIRD is often identified as a risk factor for shoulder and elbow injuries in baseball pitchers. Shoulder stretching is commonly used to address the deficiency. [This study](#) suggests that maybe management should focus on strengthening instead.....



OPT KNEE CONSENSUS Clinical Recommendations to Optimise Knee Health after Knee Injury to Prevent Osteoarthritis

WHO to target to prevent post-traumatic osteoarthritis

- People with single and multi-trauma injuries (particularly Anterior Cruciate Ligament tears, meniscal tears, intra-articular fractures, and patellar dislocations with concomitant chondral lesions)
- People with symptoms and/or functional deficits persisting beyond usual recovery times, or with a subsequent injury

WHAT AND WHEN to target to prevent post-traumatic osteoarthritis

- Promote knee health through education, self-management, mitigating known modifiable risk factors for re-injury and non-traumatic OA and pain-control goals
- Start these efforts as soon as possible after injury and continue across the lifespan

WHAT TO DO after an Anterior Cruciate Ligament (ACL) tear

- 1st ACL tear treatment includes education and exercise therapy based rehabilitation. Delay the decision to undergo ACL reconstruction (ACLR) until there is a quiet knee. The ACLR decision should be made by the patient (informed by relevant stakeholders) if they cannot achieve their acceptable functional level despite sufficient muscle function
- ACL tear and ACLR rehabilitation incorporate patient preferences, in goal and/or criterion-based, and begins with supervised, then semi-supervised home (gpm)-based rehabilitation to unsupervised home (gpm) self-management
- Core components of ACL tear and ACLR exercise-based rehabilitation include:
 - Weight-bearing, mobility, open and closed kinetic chain resistance-based, neuromuscular control and plyometric lower limb exercises (including neuromuscular electrical stimulation to improve quadriceps strength, return to work, sport or other physical activity preparation techniques to promote exercise adherence and self-management of knee health, and cognitive behavioral techniques as appropriate)
 - Adjunct treatments for quadriceps strength include blood flow restriction training, and whole-body vibration
- ACL tear and ACLR rehabilitation DOES NOT include continuous passive motion, or knee bracing
- Return to pivoting sport criteria after ACL tear or ACLR includes being at 9 months post-ACL tear or ACLR and test battery pass

WHAT TO MONITOR after a traumatic knee injury

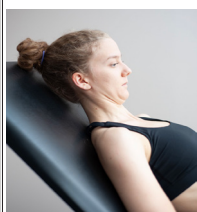
Download the [full document](#) here.

PHYSIOTHERAPY THEORY AND PRACTICE
https://doi.org/10.1080/09593980.2022.2128887

RESEARCH REPORT

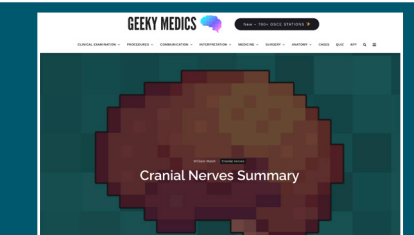
The effect of neck-specific exercise and prescribed physical activity on headache and dizziness in individuals with cervical radiculopathy: Further analyses of a randomized study with a 1-year follow-up

Jard Svensson MSc, PT^{1,2}, Annett Peolsson PhD, PT^{1,2}, Anna Hermansen PhD, PT^{3,4}, Jeremy J. Cross DPT, PT¹, Allan Abbott PhD, PT^{5,6}, Joshua A. Cleland PhD, PT^{7,8}, Marie Kierkegaard PhD, PT^{9,10}, Marie Halvorsen PhD, PT¹¹, and Asa Declercq PhD, PT¹²



Neck specific exercise and prescribed physical activity showed similar improvements in headache intensity and dizziness in individuals with cervical radiculopathy. Headache intensity is associated with neck pain, and dizziness with neck pain and dorsal neck muscle endurance, highlighting the importance of these factors when evaluating headache and dizziness.

[Read more!](#)



AMAZING RESOURCE!

<https://geekymedics.com/cranial-nerves-explained/>