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| Wrong population | <p>Bortoli A, Fujii E, Queiroz M, et al. Conservative treatment of femoroacetabular impingement [Objectives: Introduction: Femoroacetabular impingement (FAI) has recently been proposed as a cause of abnormal stress contact in the hip joint and as a major cause of hip pain in athletes from different sports. The main objectives of preoperative physiotherapy (PT) are pain relief, muscle strength gain and improved function. Objective: To assess the role of physiotherapy in FAI patients Methods: We prospectively evaluated 63 patients undergoing rehabilitation program for FAI aged 19-45 years, without other hip pathologies. The exclusion criteria were associated hip injuries and osteoarthritis, previous surgeries, any neurological pathology that could interfere in the rehabilitation program. The outcome was based on the Harris Hip Score Modified and it was performed at the start and in the end of the rehabilitation program week. All patients underwent the same rehabilitation program for an average of 9.6 weeks. The program was based on exercises to improve the internal and external rotation of hip, cycle ergometer exercise for two hours a day, strength training and return to sports. Time to return to sports was also evaluated. Results: Of the 63 patients submitted to rehabilitation program. There was no significant difference in sports participation, gender and age between groups. The sport most often cited by participants was running (30%). No significant differences related to the affected side and dominance ($p=0.543$) were found. All subjects returned to their sports activities after 12 weeks of treatment. There was a significant improvement in the Harris Hip Score Modified survey points in all subjects assessed ($p < 0.001$). Conclusions: Discussion: FAI is an intra-articular problem. However the cause of the pain is due to factors such as tendinopathy of the extra joint tendons around the hip joint. Restoring the hip muscle balance and core training lead to improved function of the hip joint despite the intra-articular problem. All patients returned to their sport. Physiotherapy can improve hip pain and function in FAI patients.]. 2013. doi:http://dx.doi.org/10.1016/j.arthro.2013.09.061. [Accessed July 2020].</p> |

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| <p>Wrong rank on HDI index</p> | <p>Haxhiu B, Murtezani A, Gara E., et al. The efficacy of heavy load exercise for the treatment of chronic achilles tendinosis: a randomized controlled trial [Introduction: The Achilles tendon is the strongest and largest tendon in the body. It is extremely vulnerable to injury due to its limited blood supply and the numerous forces to which it is subjected. The objective of this study is to compare the effectiveness of treatment with eccentric loading with physiotherapeutic interventions (ultrasound and physical therapy) for the treatment of chronic Achilles tendinosis.</p> <p>Materials and Methods: This is a randomized controlled trial which is performed at the Physical Medicine and Rehabilitation Clinic in University Clinical Center of Kosovo. Twenty-four patients with Achilles tendinosis are included in the trial. The subjects were randomly assigned to either the intervention group (n=13) who were treated with eccentric loading exercise and the control group (n=11) who received ultrasound and physical therapy. Outcomes were assessed at baseline and postintervention. The primary outcome was pain as assessed by Visual Analogue Scale and the secondary outcome was calf muscle strength assessed by dynamometer. All subjects were evaluated before treatment and at the 12th week.</p> <p>Results: Twenty-four of 33 subject randomized (72.7%) completed the study. There were no significant differences between the two groups with regard to any variable at baseline ($p>0.05$). In the exercise group, significant improvements were demonstrated for VAS, and muscle strength compared to the control group. The exercise group reported a significantly greater increase in all variables at 12 weeks than did the control group ($p<0.01$).</p> <p>Conclusion: Our results suggest that heavy load eccentric exercise is beneficial in the treatment of Achilles tendinosis. Future studies are needed to evaluate the effectiveness of similar exercise programs over longer periods of time.]. ? 2016;16: 55.doi:10.1111/papr.12451. Available: [Accessed July 2020].</p> |
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| Wrong rank on HDI index | <p>Gara E, Haxhiu B, Ibrahimaj A, et al. The effectiveness of exercise therapy for treatment of medial epicondylitis: A randomized controlled trial [Objectives: Medial epicondylitis (ME) is a condition that occurs when the tendons on the inside of the forearm become irritated, inflamed, and painful due to repetitive use of the hand, wrist, and forearm. Most patients respond to conservative measures with exercise therapy and counterforce bracing. Physical modalities are effective for short-term pain control but have not demonstrated long-term benefit. The objective of the present study is to evaluate if exercise therapy in addition to mobilization techniques is more effective in improving elbow pain and function compared with ultrasound and massage in patients with ME. Methods: We performed a randomized controlled trial of 12 weeks' duration in patients with chronic medial epicondylitis. Participants aged at least 18 years with a clinical diagnosis of ME, characterized by medial elbow pain were included. We randomly assigned 43 subjects to an exercise group (n = 22), who received exercise therapy and mobilization techniques, and a control group (n = 21), who were treated with ultrasound and massage. To evaluate the subjects, two instruments were used: pain intensity, measured with a Visual Analogue Scale (VAS), and functional disability, measured with the Patient-Rated Elbow Evaluation (PREE). Results: There were no significant differences between the two groups in the baseline anthropometric data ($p > 0.05$). After the exercise program, pain and elbow function ($p < 0.01$) improved significantly with exercise compared to ultrasound. Conclusion: Overall, the findings indicated that ultrasound and massage intervention are effective at short-term follow-up, and exercise are effective at intermediate- and long-term follow-up. Our results suggest that exercise therapy is beneficial in the treatment of ME.]. ? 2016. doi:http://dx.doi.org/10.1111/papr.12451. [Accessed July 2020].</p> |
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| Wrong study design | <p>Rio E, Kidgell D, Cook J. 88 Exercise Reduces Pain Immediately And Affects Cortical Inhibition In Patellar Tendinopathy [Introduction Patellar tendinopathy (PT) affects the ability to jump and land due to pain and associated corticospinal changes to motor patterning.</p> <p>Whilst eccentric exercise is commonly used in rehabilitation, it can be painful to complete.¹ Tendinopathy is especially problematic in competitive season, during which there are constant time and performance pressures.² Where eccentric exercise has been completed in the competitive season, there has been poor adherence due to pain and either no benefit [Visnes, 2005] or worse outcomes [Fredberg, 2008]. There is a need for interventions that reduce pain immediately, enabling participation in sport yet do not negatively impact on muscle fatigue, which may affect performance. The purpose of this study was to compare an acute bout of either isometric or isotonic muscle contractions on patellar tendon pain and function and maximal voluntary isometric leg extension torque.</p> <p>Methods This was a single blinded, randomised cross over study compared the effect of a bout of isometric and isotonic muscle contractions on patellar tendon pain, quadriceps strength and measures of corticospinal excitability and inhibition. Outcome measures were single leg decline squat pain (SLDS) for tendon pain, transcranial magnetic stimulation for corticospinal excitability and inhibition and maximal voluntary isometric contraction (MVIC) torque for quadriceps strength. Data were analysed using a split-plot in time repeated measures ANOVA.</p> <p>Results Six volleyball players with PT participated (mean SLDS pain was 7.5/10 (range 7–8), mean cortical inhibition ratio was 27.53% ± 13.0). Isometric muscle contractions significantly reduced SLDS pain immediately (mean 0.16/10 range 0–1; $p < 0.0001$; 95% CI: -5.887– -1.280) (Figure 1) and reduced cortical inhibition to 54.95% ± 8.25 compared to isotonic contractions, (95% CI: 12.13–33.92; $p = 0.0020$) regardless of the order of intervention and resulted in sustained pain relief for at least 45 min post intervention. MVIC was increased following the isometric muscle contraction intervention by 18.7% but decreased following the isotonic protocol.</p> <p>Discussion Compared to isotonic contractions, a single strength training bout of isometric contractions reduced patellar tendon pain immediately and for at least 45 min post intervention and increased MVIC. The reduction</p> |

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Wrong study design

Kirwan P, French H. 50 Recalcitrant Achilles Tendinopathy Treated With Exercise And Glyceryl Trinitrate: A Case Report [Introduction Tendinopathy is a common musculoskeletal condition that is prevalent in both the sporting and sedentary population, and Achilles tendinopathy (AT) has a higher prevalence than any other tendinopathy site (de Jonge, 2011). The annual incidence of Achilles tendinopathy has been estimated at 9% in top level runners (Lysholm, 1987) and elite long distance runners have a lifetime risk of 52% (Kujala, 2005). Clinically, tendinopathy presents with tendon pain with loading, tenderness on palpation and impaired function (Kountoris, 2007). Topical glyceryl trinitrate (GTN) has exhibited a role in tendon healing via increasing nitric oxide, which in turn causes fibroblast proliferation, collagen synthesis, contraction of collagen lattices and local vasodilation (Paoloni, 2004; Murrell, 1997). The majority of research in the area of GTN and AT has been conducted by one group (Paoloni, 2004) but there is conflict in the literature, as the results have not been replicated (Kane, 2008).

Methods A 32-year old male triathlete presented with a seven year history of Achilles tendinopathy which had failed conservative treatment. Tendinopathic changes were confirmed on MRI. The patient reported intermittent Achilles pain related to running and was unable to train or participate in running components of triathlons due to the Achilles pain. Swimming and cycling were pain-free. The patient had declined injection therapies and surgery. Local pain and stiffness were particularly noticed in the morning. Any attempts at running caused alteration of running technique, reduction in performance times and pain for three days thereafter.

Initial presentation (Day 1) Initial examination revealed tenderness and palpable thickening in the mid-portion of the right Achilles. The following outcome measures were administered: Victoria Institute of Sports Assessment (VISA-A), Lower Extremity Functional Scale (LEFS) and Numerical Rating Scale (NRS) (Table 1). Repeat assessments were conducted at days 30, 60, 90 and 180.

Treatment The option of using topical GTN patches as an adjunct to the exercise regime was discussed and the possible side effects were highlighted. The patient consented to this treatment. The GTN patch was prescribed by a consultant rheumatologist, and administered as outlined by Paoloni et al (2004), one quarter patch delivering 1.25 mg/day placed on the affected tendon and replaced daily, for 6 months. The patient also commenced a phased Achilles tendon loading programme (Silbernagel, 2007).

Results The patient had made a complete recovery and was asymptomatic by day 180 (see table 1) and the affected Achilles was no longer tender on palpation. The patient had returned to running and triathlete training, running 7 km at a pace of 3 min 41 seconds per kilometre.

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| | <p>Discussion The evidence to date suggests that GTN has a potential role in the treatment of tendinopathy as an adjunct to exercise. This case highlights the benefit of topical GTN as an adjunct to a specific exercise programme and as a treatment consideration for a triathlete with recalcitrant Achilles tendinopathy. Further trials would be useful in validating the role of GTN as a potential modality in the treatment of tendinopathy.]. Br J Sports Med 2014;48:2 A32-A33. [Accessed July 2020].</p> |
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