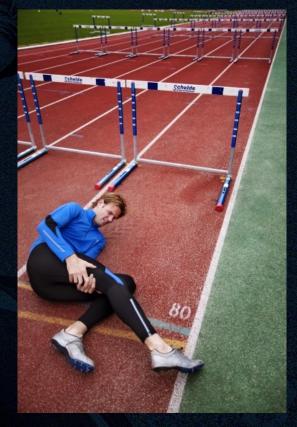
Muscle injuries: what do we need to know more?

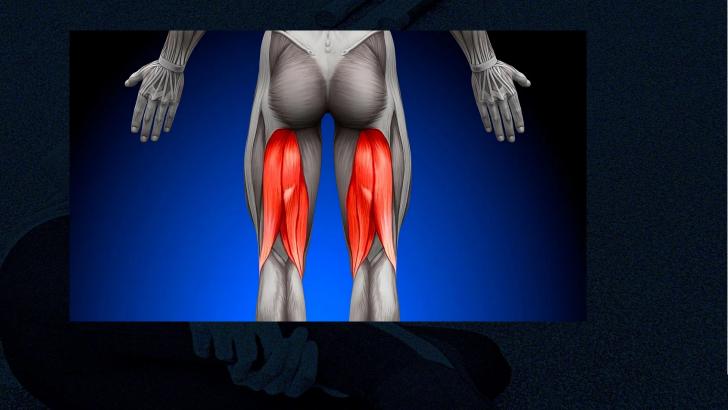
Gustaaf Reurink, MD PhD

Sports Physician & Human Movement Scientist

Academic Centre of Evidence Bases Sports Medicine Amsterdam University Medical Centre



Muscle injury research: disclaimer





Challenges in muscle injury management to discuss today

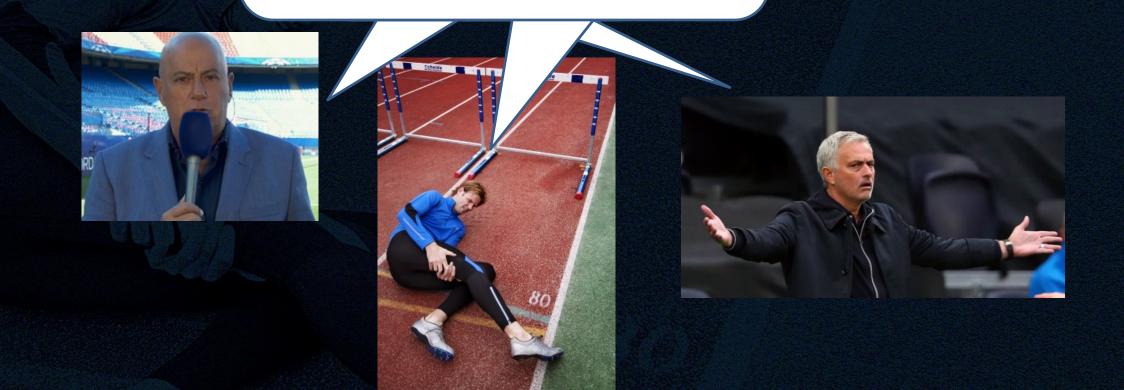
How long will this injury take?

What is the best treatment?

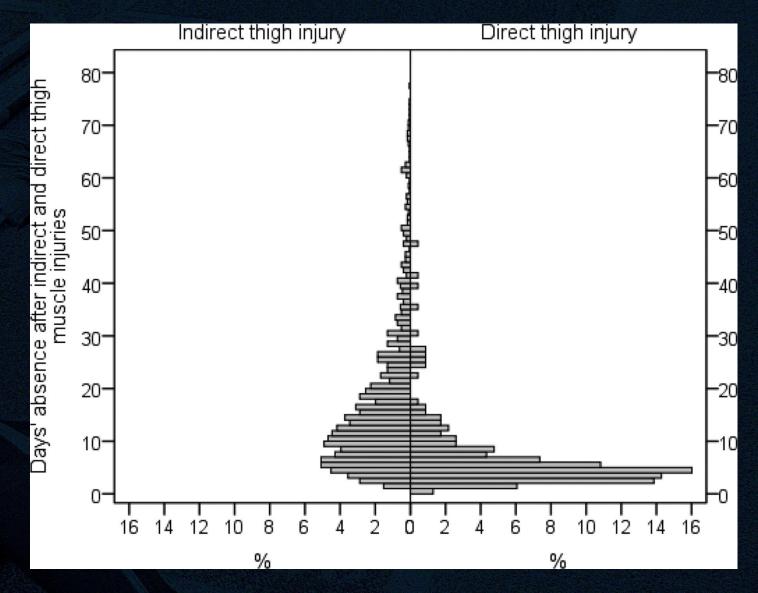


Can we predict injury duration?

How long will this injury take?



The challenge: large variation



Ueblacker et al. Br J Sports Med 2015

"Quick – get an MRI so we know when he will be back ready to compete"









MRI grading

UEFA study, Ekstrand et al. 2012:

	MRI findings	Days to return to play
Grade 0	No abnormalities	6 (t±7)
Grade I	Oedema without rupture	17 (±10)
Grade II	Partial rupture	22 (±11)
Grade III	Totale rupture	73 (±60)

Statistical significant p<0.05but useful in clinical practice?

Real world: large variance in time to RTP, even within MRI grades

"Coach, based on the MRI scan.... I am quite sure he will play in 0 to 44 days"

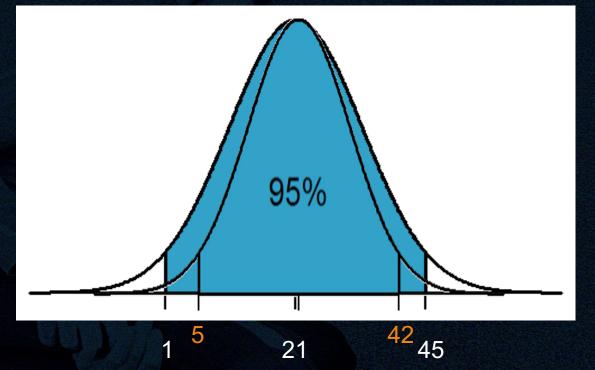


95% 0 22 44 Return to Play (days)

Grade II: Partial rupture

Hallen en Ekstrand Br J Sports Med 2014

Other MRI variables?



MRI variables: Grade Volume of oedema Volume of rupture Location Free tendon injury

Wangensteen et al. Br J Sports Med. 2015

"Quick – get an MRI so we know when he "I be back ready to play"



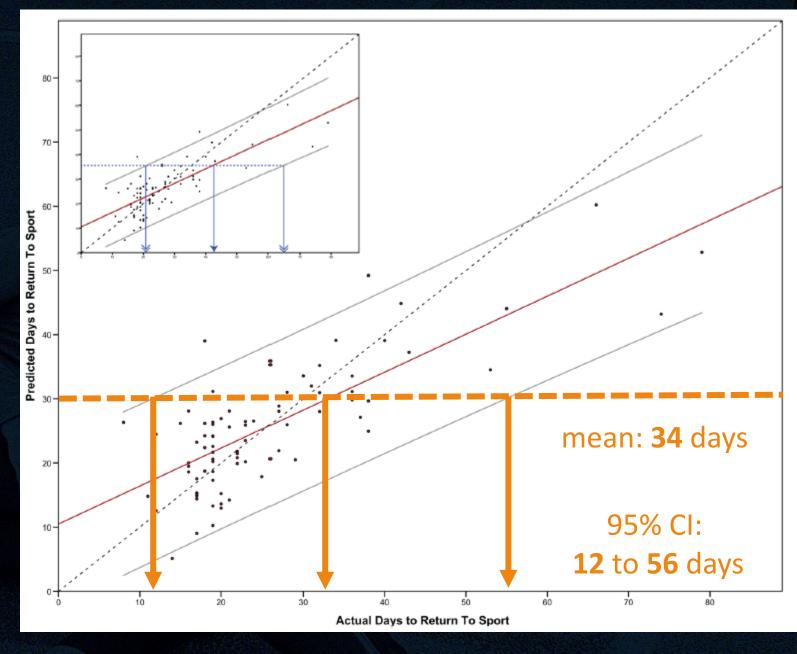
A combination of initial and follow-up physiotherapist examination predicts physician-determined time to return to play after hamstring injury, with no added value of MRI

Phil Jacobsen,¹ Erik Witvrouw,^{1,2} Patrice Muxart,¹ Johannes L Tol,^{1,3} Rod Whiteley¹



Prediction just after injury



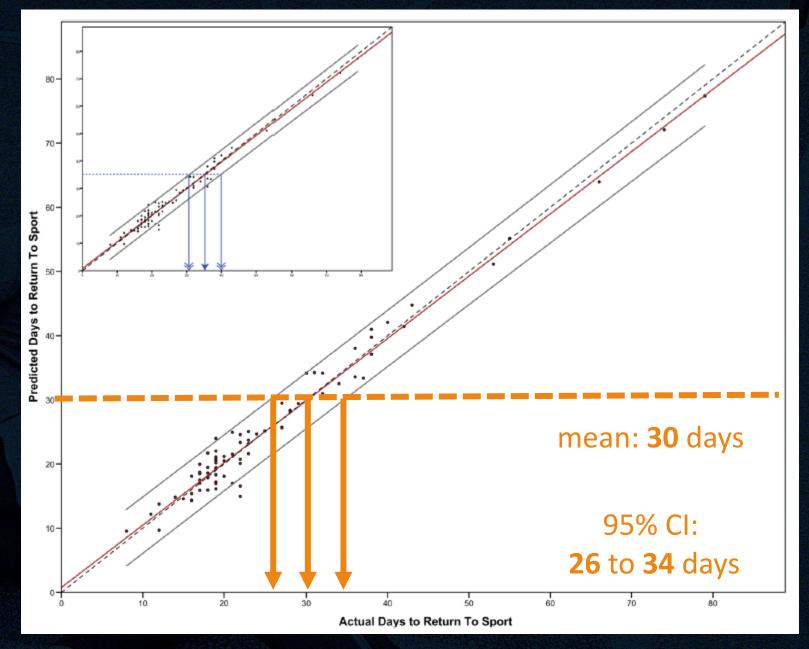


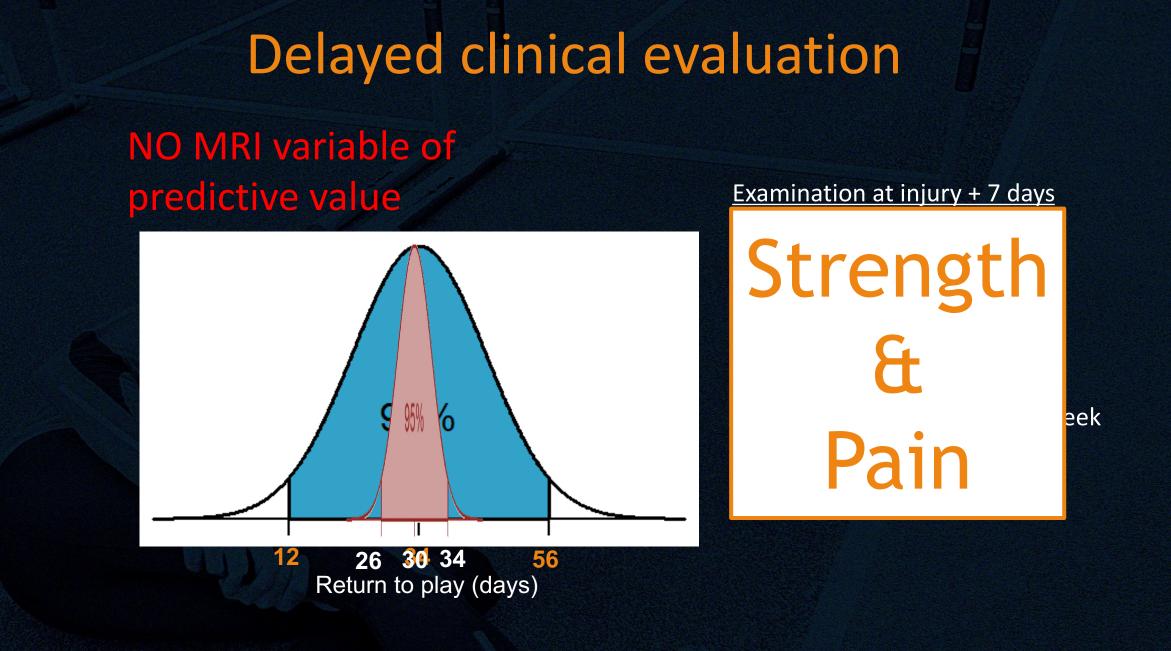
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Prediction +1 week after injury





Real world prediction...



"Coach, it's a hammie, we will monitor the player closely the coming week...than we know more accurate how long the injury will take...



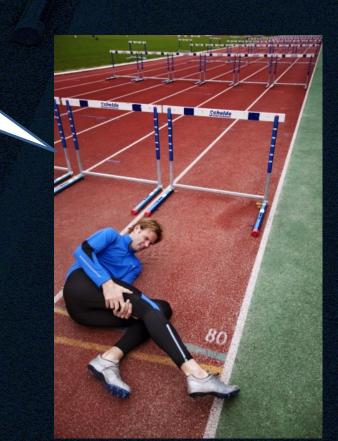


Coach, I expect the player is fit to play in 20 to 27 days"



Part 2: Treatment

What is the best treatment?



ort its use Medical treatment modalities

- **NSAIDs** •
- Corticosteroids 0
- evidence to Platelet-rich plasma •
- Actovegin •
- Traumeel •
- Losartan •
- Relaxin
- msufficient a-interferon

mabolic steroids Hyperbaric oxygen

els

- Horse placenta extract
- Dental treatments
- **Enzymatic preparations**
- Mesotherapy •
- Hirudoid 0

....

SU

Autologous blood 0

ortitsuse Medical treatment modalities

- **NSAIDs** •
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....

SU

Autologous blood 0

NSAIDs

Aim: Reduce inflammatory respon

- Clinical studies
 Placebo controlled P
- Animal model
 - Delayer

on pain or strength

- Inc (increase TGF β -1 expression)² e and prostaglandin depletion \rightarrow e muscle regeneration³ - ection = locally myotoxic ⁴

1. Reynolds et al. 1995; 2. Shen et al. 2005; 3. Smith et al. 2008; 4. Reurink et al. 2014

Corticosteroids

- Aim: Reduce inflammatory response
- Clinical studies
 - Two case series
 58 NFL hamstring injurier
- Animal models³
 - Delayed in
 - Increa
 - Less rege
- Mon/atrophy at 2-4 weeks

dissue

esponse

1. Levine et al. 2000; 2. Stevens et al. 2010; 3. Beiner et al. 1999; 4. Guttu et al. 1990

1et

pitchers²

Impact of Inflammation and Anti-inflammatory Modalities on Skeletal Muscle Healing: From Fundamental Research to the Clinic

Elise Duchesne, Sébastien S. Dufresne, Nicolas A. Dumont

• The inflammatory process plays a critical role in orchestrating muscle regeneration following injury

 There is accumulating evidence that pharmacological inhibition of the inflammatory process actually impairs acute muscle healing

Platelet-rich plasma (PRP)

Animal models with muscle injury:

- Growth factors released by platelets⁽¹⁻³⁾
 - Myoblast proliferation \uparrow
 - Myofiber regeneration \uparrow



1. Menetrey et al. 2000; 2. Wright-Carpenter et al. 2004; 3. Hammond et al. 2009;

RCT's on PRP in muscle injury

- Reurink et al. 2014
- Hamilton et al. 2015
- Martinez-Zapata et al. 2016
- Hamid et al. 2014
- Rossi et al. 2016

Reurink et al. *NEJM* 2014; Hamilton et al. *BJSM* 2015; Martinez-Zapata et al. *Blood Transfus* 2016; Hamid et al. *AJSM* 2014; Rossi et al. *KSSTA* 2016

RCT's on PRP in muscle injury

Time to recover:

NO EFFECT PRP

- Reurink et al. 2014
- Hamilton et al. 2015
- Martinez-Zapata et al. 2016

POSITIVE EFFECT PRP

- Hamid et al. 2014
- Rossi et al. 2016

\rightarrow What can explain this difference?

Reurink et al. *NEJM* 2014; Hamilton et al. *BJSM* 2015; Martinez-Zapata et al. *Blood Transfus* 2016; Hamid et al. *AJSM* 2014; Rossi et al. *KSSTA* 2016

RCT's on PRP in muscle injury

Time to recover:

NO EFFECT PRP

- Reurink et al. 2014
- Hamilton et al. 20
- Martinez-Zar

a et al. 2014 xossi et al. 2016

PRP

ATROLLED



Reurit et al. *NEJM* 2014; Hamilton et al. *BJSM* 2015; Martines- Zapata et al. *Blood Transfus* 2016; Hamid et al. *AJSM* 2014; Rossi et al. *KSSTA* 2016

PRP in muscle injury

5 RCTs < 2years \rightarrow great job!

The current available evidence:

- Placebo effect
- No effect found on re-injury

→ BUT IT WAS EFFECTIVE IN ANIMALS??

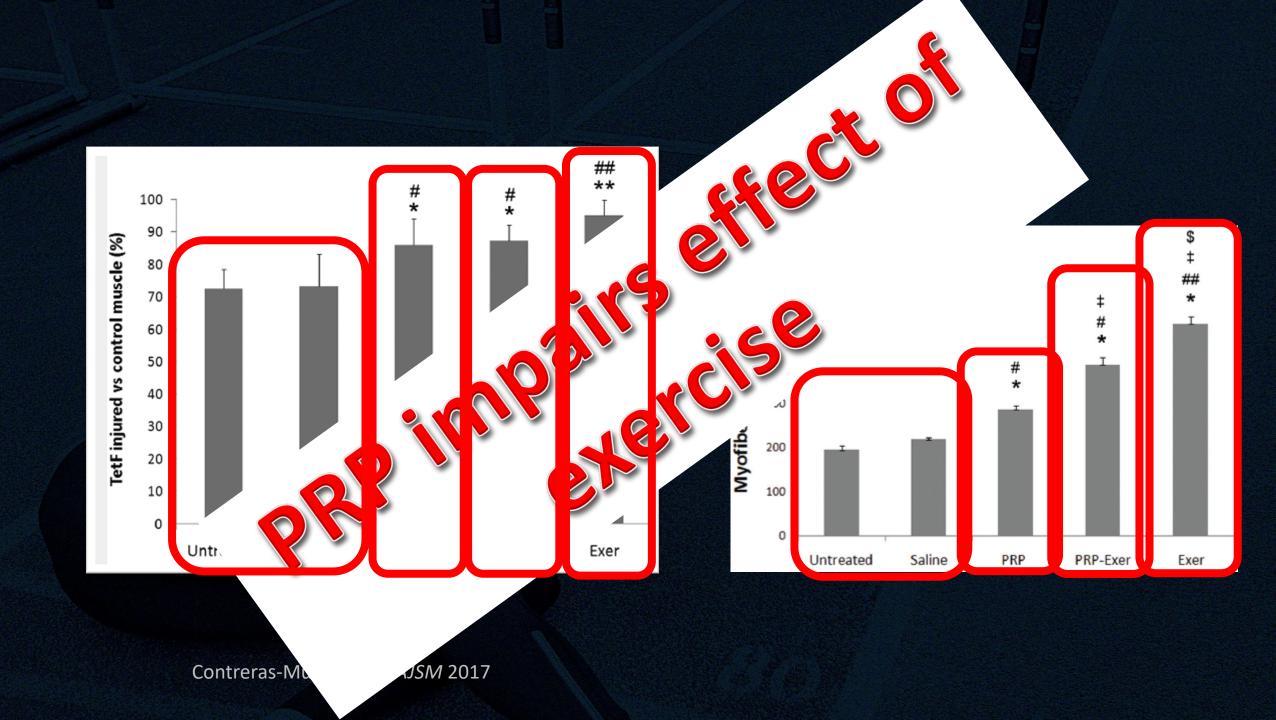
Postinjury Exercise and Platelet-Rich Plasma Therapies Improve Skeletal Muscle Healing in Rats But Are Not Synergistic When Combined

Paola Contreras-Muñoz,*[†] PhD, Joan Ramon Torrella,[‡] PhD, Xavier Serres,[§] MD, PhD, David Rizo-Roca,[‡] PhD, Meritxell De la Varga,* PhD, Ginés Viscor,[‡] PhD, Vicente Martínez-Ibáñez,[†] MD, PhD, José Luis Peiró,^{†||} MD, PhD, Tero A. H. Järvinen,[¶] MD, PhD, Gil Rodas,^{*#} MD, PhD, and Mario Marotta,^{*†**} PhD

- 5 groups of rats with muscle injuries
 - Untreated
 - Saline (placebo)
 - -PRP
 - PRP + exercise
 - Exercise

Contreras-Munoz et al. AJSM 2017





Medical treatment modalities

- NSAIDs
 - Corticosteroids

- Surgery
- Cryotherapy

Insufficient evidence to support its use Possible detrimental

Relaxin

- Decorin
- Suramin
- Gamma-interferon

Dental treatments

- Enzymatic preparations
- Mesotherapy
- Hirudoid

....

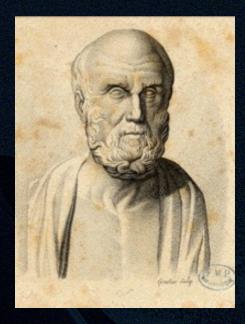
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Autologous blood

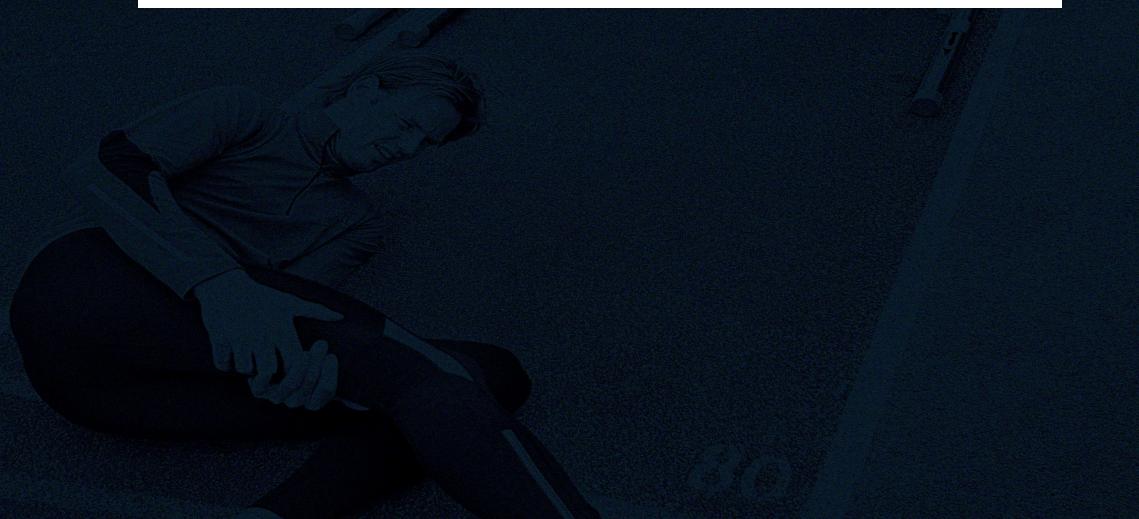


THINK TWICE before you intervene in the healing process of muscle injury

... you can do harm

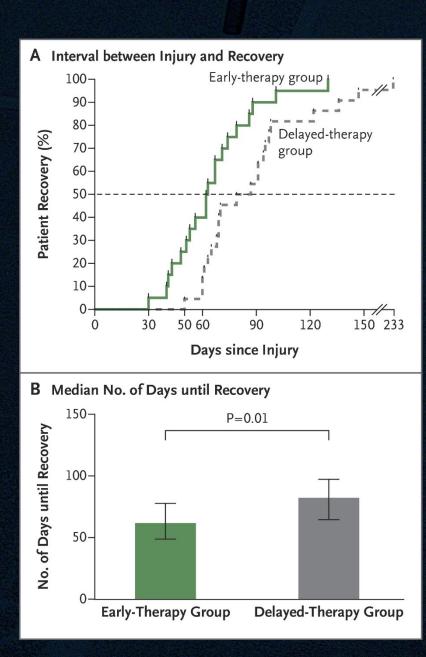


Muscle rehab that works!

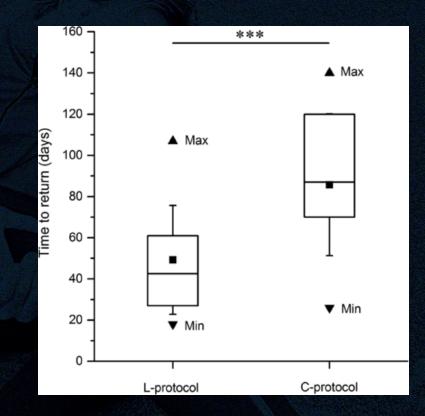


Muscle injury: Rehabilitation clinical pearls

Start early



- Start early
- Exercises at functional muscle length





- Start early •
- Exercises at functional muscle le
- **Emphasise bi-articular control** •
 - Hamstring: hip and knee
 - Calf: knee and ankle

REGIONAL MUSCLE USE DURING HAMSTRING STRENGTHENING EXERCISES



PROXIMAL

Media







Nordic hamstring

Russian bel

Reference: by Mendez-Villanueva, Suarez-Arrones et al. PLoS ONE 2016

Hip-extension conic-pulley

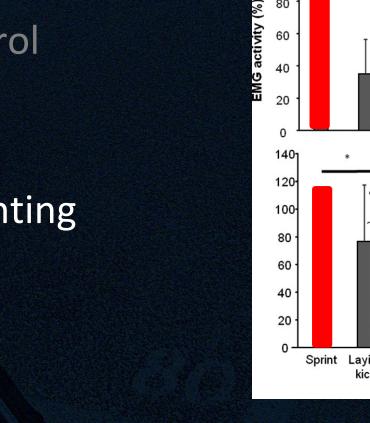
		Flywheel leg-curl	Nordic Hamstring	Russian belt	Hip-extens conic-pull
	Proximal	+		+	++
Biceps Femoris (long head)	Medial	++		+	
(iong nead)	Distal	++	+	+	
	Proximal	++	++	+	
Biceps Femoris (short head)	Medial	++	++		
(short neady	Distal	++	++	+	
	Proximal	++	++	++	+
Semitendinosus	Medial	++	++	++	++
	Distal	++	++	+	
	Proximal			++	
Semimembranosus	Medial	++		+	
	Distal			+	

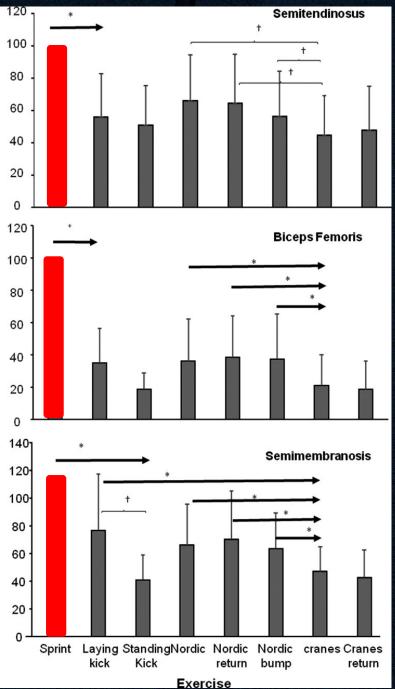
Designed by @YLMSportScience

Mendez-Villanueva et al. IJSPT 2017

- Start early
- Exercises at functional muscle length
- Emphasise bi-articular control

 Hamstring: hip and knee
 Calf: knee and ankle
- Incorporate speed and sprinting





- Start early
- Exercises at functional muscle length
- Emphasise (bi-)articular control
 - Hamstring: hip and knee
 - Calf: knee and ankle
- Incorporate speed and sprinting
- Final rehab phase that mimics sport-specific demands

Take home messages

How long will this injury take?

Follow-up clinical examination is most valuable, not imaging

What is the best treatment?

Don't do harm with medical stuffRehab is key

