

ORTHOPAEDIC EVIDENCE

NEWSLETTER

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CHRONIC COMPLAINTS AFTER ANKLE SPRAINS: A SYSTEMATIC REVIEW ON EFFECTIVENESS OF TREATMENTS

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A total of 20 randomized controlled trials and 1 controlled clinical trial were analyzed. Different treatments were compared including training programs, physiotherapy, chiropractic/manual therapy, surgery, postoperative training, and functional treatment.

Study Findings:

A training program was more effective than conservative treatment in the case of pain and function outcomes.

Two studies found a decrease of recurrences after a proprioceptive training program. Early mobilization following surgery also produced better outcomes.

Conclusions:

In chronic ankle complaints after an ankle sprain, a training program gives better results for pain and function, and a decrease of recurrent ankle sprains, than a wait-and-see policy. There was insufficient evidence to determine the most effective surgical treatment, but evidence suggests that postoperative, early mobilization was more effective than a plaster cast.



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FIBULAR MALALIGNMENT IN INDIVIDUALS WITH CHRONIC ANKLE INSTABILITY

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3-D analysis of computed tomography-based bone models was used to determine if individuals with chronic ankle instability had abnormal fibular alignment

Study Findings:

The fibula of the chronically unstable ankle was significantly more lateral than the unaffected, healthy side. There was no significant difference in anterior-posterior position of the fibula in chronic versus healthy ankles.

Conclusions:

The significantly more lateral position of the fibula in chronically unstable ankles may contribute to recurrent lateral ankle sprain or giving-way episodes.

Physiotherapists have multiple tools to address the fibular position in unstable ankles including manual therapy, taping and bracing techniques, exercise prescription for stability and are, therefore, in an ideal position to assist in the rehabilitation of these individuals.

COMPARISON OF THE SHORT TERM OUTCOMES BETWEEN TRIGGER POINT DRY NEEDLING AND TRIGGER POINT MANUAL THERAPY FOR THE MANAGEMENT OF CHRONIC MECHANICAL NECK PAIN: A RANDOMIZED CLINICAL TRIAL

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94 patients were randomized and placed in the dry needling group or manual therapy group for treatment of their trigger points due to chronic neck pain.

Study Findings:

2 sessions of either dry needling or manual therapy for trigger points produced similar results for pain, disability and cervical spine ROM at 1 and 2 weeks post treatment.

Patients who received dry needling had better scores with pressure sensitivity of trigger points in the cervical spine.

Conclusions:

Manual therapy and dry needling can help improve pain, disability and ROM in chronic neck pain but dry needling appears to have an advantage in reducing pressure point sensitivity.

More research is needed to determine the effects of these 2 treatment options over long-term follow up.

West Side and Eastview Physiotherapy offer dry needling as another tool to assist rehabilitation