Lower limb injury: improving our translation of research into clinical practice for acute injuries and long-term sequelae

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BETTER UNDERSTANDING OF THE EFFECT OF SOCCER IN MRI FINDINGS IN THE CONTEXT OF GROIN PAIN

Adductor-related groin pain remains the bane of the soccer medical team's existence. While MRI is commonly used to assist in diagnosis of groin pain (acute and long standing), few studies have compared symptomatic athletes with matched controls. Imaging is known to uncover pathologies that may not fit with the clinical picture and MRI is no exception. The paper by Branci *et al* (***see page 681***) provides insight into the MRI findings that may be associated with soccer participation and reminds us that caution and clinical judgment must be used when interpreting the MRI of an athlete with adductor-related groin pain.

In a second paper, Branci *et al* try to standardise criteria to evaluate key findings in pubic and groin MRIs in athletes (***see page 692***). It reminds us that the findings should continue to be placed in a clinical context as there is still variability around reporting on some pathologies such as the adductor tendons. Studies should continue to strive for standardised criteria for MRI reporting as this will improve clinical utility and consistency for athletes everywhere.

ACL RUPTURE AND CUTTING—CAN WE IMPROVE THE BIOMECHANICS OF THE TASK WITH TRAINING?

Injury prevention programmes that aim to target and alter biomechanics are popular. However, it is not known how effective they are at changing a movement pattern considered to be high risk. Pappas *et al* conducted a systematic review and meta-analysis on this very important topic (***see page 673***) and found that injury prevention programmes focused on altering cutting task biomechanics leads to a decreased lateral hamstring electromyographical activity. Single studies have found a number of other benefits related to muscle activity, kinetics and kinematics.

ACL RECONSTRUCTION—DOES DELAYING IT AFFECT OUTCOME?

First, it must be said only one patient was lost to follow-up in 5 years out of a cohort of more than 100! Frobell *et al* conducted a high quality randomised controlled trial with long-term follow-up and clinically important outcome measures that provides evidence for clinicians to use when educating patients about their rehabilitative options. The cohort of young active adult patients reflects the most common presentation of ACL injury to practitioners thus this is highly translatable and food for thought (***see page 700***).

Continuing the ACL theme, this editorial by Engebretsen discusses the need for widespread and transparent ACL registers (***see page 636***). This enables collation of huge amounts of data that may drive important decisions on surgical procedures, fixation devices and rehabilitation protocols.

PAIN IN OSTEOARTHRITIS

Injection based treatments for osteoarthritis is popular and the research is lagging behind their widespread clinical use. Laudy *et al* detected a positive result for platelet rich plasma injections compared with placebo and hyaluronic acid injections for pain at 6 months (***see page 649***). However, there is a high level of bias in the studies that were identified. It is imperative that we strive for good quality evidence so that we can be confident in translating research into clinical practice and also aim for long-term follow-up of patient outcomes and satisfaction.

"LOAD ME UP, SCOTTY": MECHANOTHERAPY FOR PLANTAR FASCIOPATHY (FORMERLY KNOWN AS PLANTAR FASCIITIS)

Plantar fasciopathy is a common clinical presentation. Previous treatments have been predominantly passive including orthotics, stretching and massage. The shift towards a mechanotherapy based loading regime has perhaps been slower to reach the plantar fascia than for its tendon cousins, but it has arrived and shown to be more effective than stretching. This editorial by Rathleff *et al* outlines the justification behind a loading approach for the treatment of plantar fascia as well as highlighting new commercially available technologies that may make it easier for the clinician to implement effective protocols (***see page 638***).

THE ASICS SPORTS MEDICINE AUSTRALIA CONFERENCE, 21–24 OCTOBER 2015

This edition of *BJSM*, on lower limb injury and translation of evidence to practice, draws to attention one of the key foci of the annual ASICS Sports Medicine Australia Conference. As well as a strong scientific programme, an impressive list of internationally renowned keynote speakers, daily workshops offering practical tips and tricks from experts in the field of sports science and sports medicine, in recent times there has also been the introduction of a specific series of oral presentations on 'Clinical and Cutting Edge'. These presentations are selected particularly for their relevance and translation to clinical practice. Check out the website (http://sma.org.au/conferences-events/conference/) or follow on Twitter (@SMA_Events) and join us at the Intercontinental Sanctuary Cove—Gold Coast, Queensland, 21–24 October 2015.

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