Common sports injuries: from evidence to practice

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The ability of doctors in primary care sports medicine to sift the evidence about the diagnosis and treatment of sporting injuries, identify the ‘truth’ and then implement this into clinical practice is limited by time and resources. This is especially true in rural areas or in the primary care setting where resources are sparse and specialised personnel are scarce. The primary care practitioner may be conflicted between time spent consulting and the need to sift through papers to find important new clinical research practice.

Review articles can do the hard work and synthesise the clinical evidence. Despite excellent reviews, the research just may not be there to help guide our clinical practice. In such times, we tend to fall back on the experience and expertise of those around us; both physically and through electronic resources and social media.

We are extremely fortunate that BJSM provides everything from research articles, review articles, editorials, consensus statements, through to podcasts, blogs and videos. Rural general practitioners and club doctors in isolated areas have access to these resources that can guide their clinical practice.

This issue concentrates on shoulder and groin injury—common sporting injuries that have diverse recommendations for management. It includes papers that challenge clinical practice and common beliefs. In addition, papers are included that are important to reinforce the importance of exercise in our fast and complex world.

SHOULDER
Shoulder pain is managed by many sports practitioners from various clinical backgrounds. Research into these different treatment approaches can highlight what really does work and demonstrate the lack of efficacy of some treatments. These positive and negative findings should assist clinical decision-making, however research often fails to change clinical practice.

THE MINIMALIST SHOE
Runners are faced with decisions about footwear and doctors may be asked for their opinions about these options. One recent trend relates to the minimalist shoe. The article by Ryan et al (see page 1257) gives some very valuable information, showing that injury rates were lowest in runners using a neutral shoe, highest in the partial minimalist shoe, with the full minimalist shoe causing an increased rate of shin and calf pain.

I also encourage you to read the article by Weston et al (see page 1227) who demonstrate that high-intensity training benefits cardiorespiratory fitness, also Janssen et al (see page 1235) who show ankle bracing to be better than neuromuscular training in preventing ankle injuries.

REFERENCES

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