

Magyar Olimpiai Bizottság

*Edzőtovábbképzés*

2017. Ősz

# Rehabilitáció új útjai

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MKSZ Sportegészségügyi Albizottság Elnöke

MOB Orvosi és Tudományos Bizottság Elnöke

Magyar Artroszkópos Társaság Elnöke

Magyar Sportorvos Társaság vezetőségi tagja

# Rehabilitáció új útjai

- [A.R.T.® \(Active Release Techniques\)](#)
- [AlterG Anti-Gravity Treadmill\\*](#)
- [Aquatic Therapy\\*](#)
- [Bridge Program\\*](#)
- Cupping/Myofascial Decompression (MFD)\*
- [Ergonomic Assessment\\*](#)
- [Gait Analysis/Training](#)
- [Hand Therapy](#)
- [Injury Prevention](#)
- [Kinesio Taping](#)
- Maitland Concept
- [Massage Therapy](#)
- [McKenzie Method](#)
- [Medical Gym\\*](#)
- Pilates\*
- [Pre-Operative Preparation](#)
- [Return to Sport](#)
- [The Schroth Method for Scoliosis\\*](#)
- TMJ Therapy\*
- Vestibular Therapy\*

# Probléma

- Indikációk – legfontosabb a korrekt sportsebészeti diagnózis felállítása
- A rehabilitációs technikák terén gyorsan és folyamatosan változik a kínálat:
  - Kevés a tapasztalat
- Rengeteg új eszköz jelenik meg
- Sokszor rendkívül drágák a berendezések (sok klub is magas szintű felszereltséggel rendelkezik)

# Probléma

- Nem ismert a pontos hatásmechanizmus, a mellékhatások, a hosszú távú eredmények
- Van- e megfelelően képzett személy a rehabilitációs eszköz alkalmazásához?
- Ár-érték arány



LU<sup>EMBOURG</sup>  
LET'S MAKE IT HAPPEN

# MEDICAL AND TRAINING ASPECTS IN HANDBALL

1<sup>st</sup> Sports Medical Workshop meets  
2<sup>nd</sup> Meeting on medical aspects in Handball



## Are sports injuries important ?

300 mio.  
sports injuries/year

Healthcare burden:  
78 billion €  
(7,8% of healthcare budget)

=

Direct costs, without  
long term expenses  
(i.e. osteoarthritis)

# Shoulder Injuries – Playing with Pain

- German male players: **40%** of 25 examined players had been handicapped during training and play during the past 6 months because of **shoulder pain** (Gohlke et al. 1993).



## Return to play & re-injury rates

- 8-year follow-up of 79 out of 86 ACL-injured handball players (50 females) (Myklebust et al., 2003)

- 57 players (37 females) treated surgically (72%)
  - 47 BPTB, 8 suture & 2 unclear procedures
- 22 players (13 females) treated without surgery (22%)

Overall RTP = 89% & to pre-injury level = 65% (Myklebust et al., 2003)

- 5 out of 40 BPTB, 4 out of 8 sutures & 2 out of 2 unclear procedures = re-injuries

Journal of Orthopaedic Sports Physical Therapy  
The American Physical Therapy Association, 369 F St., N.W.  
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Clinical, Functional, and Radiologic Outcome in Team Handball Players 6 to 11 Years after Anterior Cruciate Ligament Injury  
A Follow-up Study

Geir Myklebust, PT, PhD, Inger Høiby, PT, PhD, Søren Stulen, MD, PhD, Lars Engelsen, MD, PhD, and Rolf Sævi, MD, PhD





# ACL re-injuries

- 
  - 2 re-tears during the rehabilitation phase before RTP
    - 1 BPTB autograft & 1 HT autograft
  
- 
  - 1 re-tear during the very first match after RTP
    - 1 BPTB autograft
  
- 
  - 4 early re-tears (within 3 months after RTP)
    - 1 BPTB autograft & 3 HT autografts



Every month you delay return to sport after ACL reconstruction, the risk of re-injury is reduced by 51% (until 9 months postoperative).

Grindem et al 2016



## Simple decision rules can reduce reinjury risk by 84% after ACL reconstruction: the Delaware-Oslo ACL cohort study

Håge Grindem,<sup>1</sup> Espen Sjøden-Mækkle,<sup>2</sup> Edward Moksnes,<sup>3</sup> Lars Engelsen,<sup>1,4</sup> May Arne Friborg<sup>1,4</sup>

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### ABSTRACT

**Background:** Five months after ACL reconstruction is common and increases the risk of re-injury. There is a need to return to sport when to sport (RTS) decisions in this population.

**Objectives:** To assess the relationship between time to return after ACL reconstruction and (1) return to level 1 sports, (2) timing of RTS and (3) time to return prior to RTS.

**Methods:** 116 patients who participated in primary sports participated in this prospective 2-year cohort study. Sports participation and time to return were recorded monthly. Time to return was assessed with the Knee Outcome Survey-Activities of Daily Living Subscale, physical testing scale of function, and quadriceps strength and hop test capacity. The RTS criteria were defined as none, <60 or >60%, before or during surgery.

**Results:** Patients who returned to level 1 sports had a 4.32 (p=0.000) times higher injury rate than those who did not. The injury rate was significantly reduced by 51% for each month RTS was delayed until 9 months after surgery, after which no further risk reduction was observed. 8.2% of those who had RTS criteria suffered re-injury versus 3.4% of those who passed (p=0.11, p=0.015). Knee functional quadriceps strength prior to return significantly reduced the time to return.

**Conclusions:** Returning to level 1 sports after ACL reconstruction leads to a four-fold increase in injury rate over 2 years. RTS 9 months after surgery and knee functional quadriceps strength prior to return substantially reduce the injury rate.

injury would lead to 51.1 million in cost savings annually.<sup>1</sup>

Return to return to level 1 (jumping, pivoting and ball contact) sports<sup>2,3,4</sup> is the most common why a patient with an ACL rupture undergoes ACL reconstruction.<sup>5</sup> Younger age and participation in pivoting sports are also independently consistent predictors of postoperative ACL rupture after ACL reconstruction.<sup>6,7</sup> Return decisions based on pre-surgical level 1 measures like biological loading and functional status (assessed with various testing) have been advocated to enable the value profile return to sport (RTS).<sup>8-11</sup> There is currently no clear evidence to guide whether participation in level 1 sports should be delayed or what level of function the patient should achieve prior to returning to level 1 sports.<sup>12</sup>

The aim of this study was therefore to assess if the timing risk of a knee re-injury after ACL reconstruction was associated with (1) return to level 1 sports, (2) timing of return to level 2 sports and (3) knee function prior to return to level 1 sports.

### METHODS AND RESULTS

**Participants**  
 The cohort consists of the ACL injured patients in the Norwegian and (p=230) of the Delaware-Oslo ACL Cohort Study (p=390) who underwent ACL reconstruction (p=296).<sup>13</sup> Patients were consecutively assessed for inclusion at the Norwegian Sports Medicine Clinic between 2007 and 2012. We excluded patients who had sustained a collateral

# More on re-inj

Likelihood of ACL graft rupture: not meeting six clinical discharge criteria before return to sport is associated with a four times greater risk of rupture

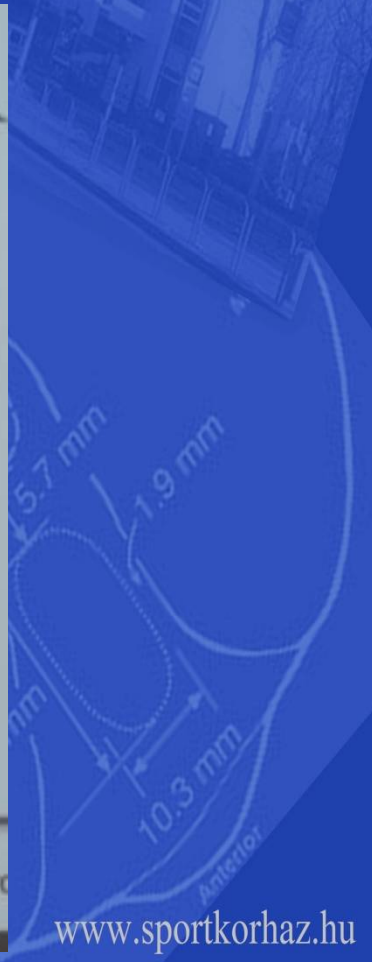
## Time & criteria

- Time
  - Minimum time of 9 months
  - Ensure a long interval between T<sub>1</sub> & M
  
- Criteria
  - Player must pass ALL discharge tests



Table 1 Graduated return to play protocol

Rehabilitation stage	Functional priorities at each stage of rehabilitation	Duration of each stage
1. No activity	Optimize tissue healing and nutrition etc.	Minimum
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity < 70% maximum predicted heart rate to maintain training	Minimum 4W
3. Sport specific exercise	Training skills to the level necessary to return to sport. No load impact activities	4W maximum
4. Non-contact training skills	Aggravated to meet complete training skills, eg. passing skills, or football and/or hockey. Stop when progression indicates training	Swallow, maintenance and cognitive load
5. Submaximal practice	Submaximal intensity participation in training activities	Return to maximum and specific functional skills to training level
6. Return to play	Football game play	





# Gyógytorna

- Új megközelítések
- Egyre nagyobb figyelmet kap/kell kapjon a prevenció!
- Egyre több klubban bevezetésre kerül a rutin, preventív gyógytorna

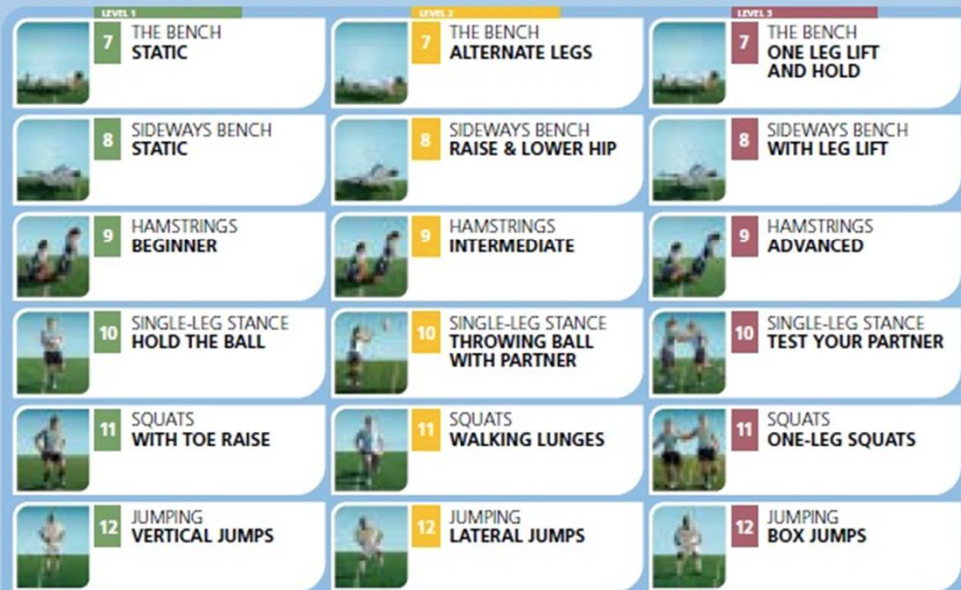


## 11+

### PART 1 RUNNING EXERCISES · 8 MINUTES



### PART 2 STRENGTH · PLYOMETRICS · BALANCE · 10 MINUTES



### PART 3 RUNNING EXERCISES · 2 MINUTES



# Manuál terápia

- Egyre divatosabb
- Gyógytornász, kiropraktőr, oszteopata, edző, gyúró...
- Sokféle technika, sokféle képzés



# Maitland mobilizáció

- Geoffrey Douglas
- Vizsgálati és kezelési metódus a gerinc és a végtagok ízületeinek, izomainak és idegeinek fájdalmára és mozgáskorlátozottságára

## Effect of stretching of piriformis and iliopsoas in coccydynia

P.P. Mohanty, MPT, FIAP, PhD, Monalisa Pattnaik, MPT  
Swami Vivekanand National Institute of Rehabilitation Training & Research, Olatpur, Cuttack 754010, Odisha, India

PlumX Metrics

DOI: <http://dx.doi.org/10.1016/j.lbrmt.2017.03.024> | CrossMark

Article Info

Abstract Full Text Images References

*“there was significant improvement in pain pressure threshold and pain free sitting in both the experimental groups with treatment and improvement continued after cessation of therapy”*

Data analysis

The Journal of Physical Therapy Science



Original Article

## Effect of maitland mobilization in cervical and thoracic spine and therapeutic exercise on functional impairment in individuals with chronic neck pain

KEUN-SU LEE, PT<sup>1)</sup>, JOON-HI

<sup>1)</sup> Department of Physical Therapy, Republic of Korea

<sup>2)</sup> Department of Physical Therapy, Chungcheongbuk-do, Republic of Korea

*“The joint mobilization and therapeutic exercise for functional impairments caused by chronic neck pain had a significant effect on several types of functional impairment”*

**Abstract.** [Purpose] The purpose of this study was to investigate the effect of maitland mobilization and therapeutic exercise on functional impairment in individuals with chronic neck pain. [Methods] The study subjects were randomly divided into two groups: Group I (maitland mobilization and therapeutic exercise) and Group II (therapeutic exercise only). The visual analog scale (VAS) and the neck disability index (NDI) were assessed for two weeks for each group, followed by a post-test using the same protocol as the pre-test. [Results] The visual



# A.R.T- active release technique

- Manuál terápia a lágyrészek mobilizálására
- Hegszövetek felszabadítása
- CTS, Achilles tendinosis, teniszkönyök
- Kevesebb szakirodalom, de jó tapasztalok

Original Article

## Effects of the active release technique on pain and range of motion of patients with chronic neck pain

JUN HO KIM, PT<sup>1)</sup>, HAN SUK LEE, PhD, PT<sup>1)\*</sup>, SUN WOOK PARK, MS, PT<sup>1)</sup>

<sup>1)</sup> Department of Physical Therapy, Faculty of Health Science, Eulji University: 212 Yangji-dong, Sujeong-gu, Seongnam-si, Gyeonggi-do 461-815, Republic of Korea

**Abstract.** [Purpose] To compare the influences of the active release technique (ART) and joint mobilization (JM) on the visual analog scale (VAS) pain score, pressure pain threshold (PPT), and neck range of motion (ROM) of patients with chronic neck pain. [Subjects] Twenty-four individuals with chronic neck pain were randomly assigned to 3 groups: an ART group, a joint mobilization (JM) group, and a control group. Before and after intervention, the degree of pain, PPT, and ROM of the neck were measured using a VAS, algometer, and goniometer, respectively. [Results] The ART group and JM group demonstrated significant changes in VAS and ROM, while no significant change was observed in the control group. Significant differences in the PPT of all muscles were found in the ART group, while significant differences in all muscles of the trapezius were found in the JM group. No significant difference in PPT was observed in any muscle of the control group. The posthoc test indicated no statistically significant difference between the ART and JM groups. The differences of variation in VAS, PPT, and ROM were greater in the ART group than in the JM and control groups.

***“ART for the treatment of chronic neck pain may be beneficial for neck pain and movement.”***



# Rehabilitációs eszközök

- Már széles körben elérhető:
  - Lökéshullám terápia
  - Lézer/ fény kezelés
  - Mágnessterápia
  - Krioterápia különböző alternatívái
  - Testösszetétel mérés

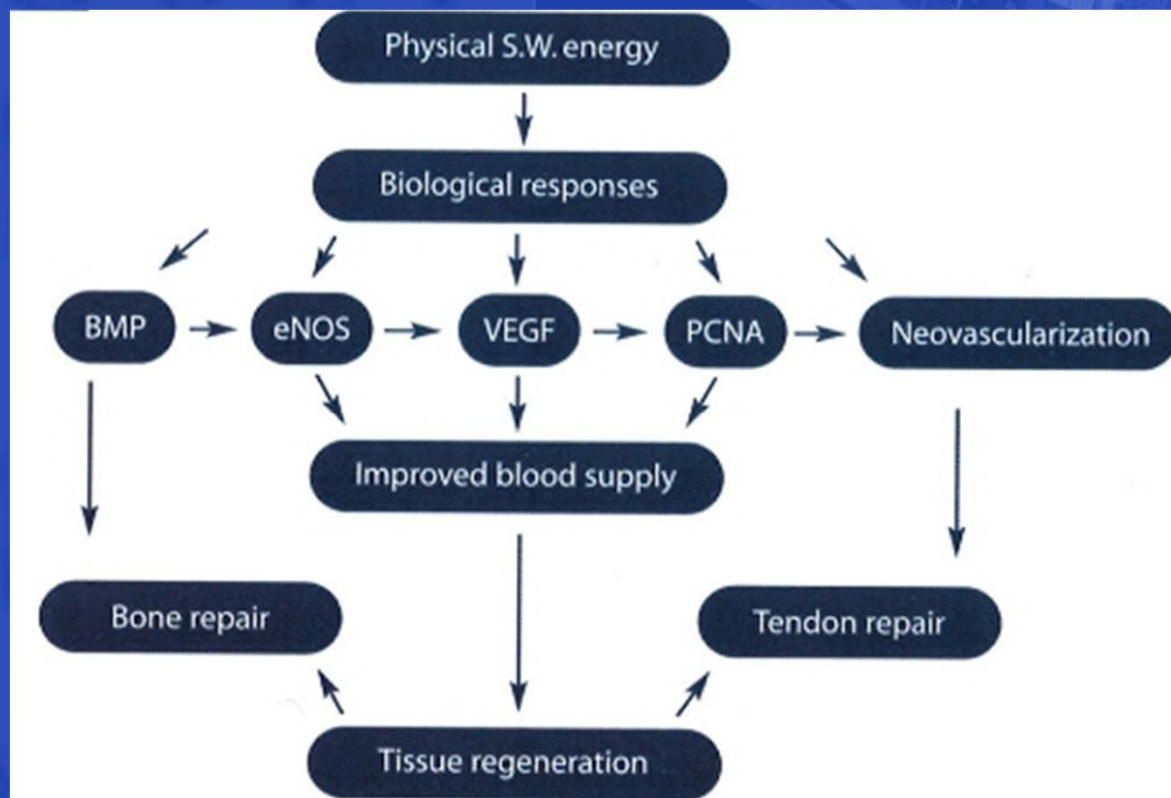




- Több rehabilitációs eszközzel széleskörű nemzetközi és hazai tapasztalat és pontos ajánlás áll rendelkezésre
- Egyes esetben a hatásmechanizmus nem tisztázott, pontos ajánlás nem áll rendelkezésre de jók a tapasztalatok

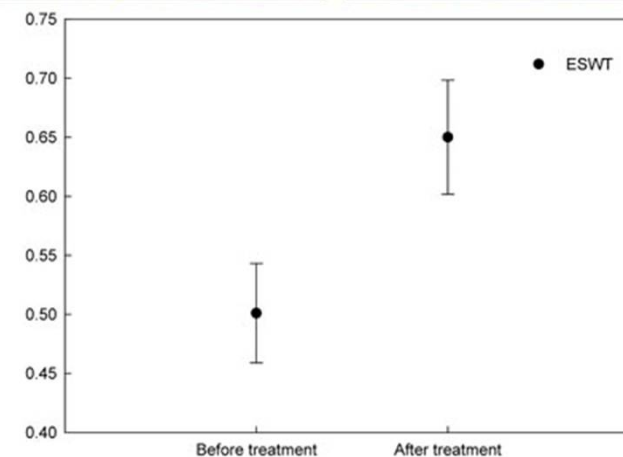
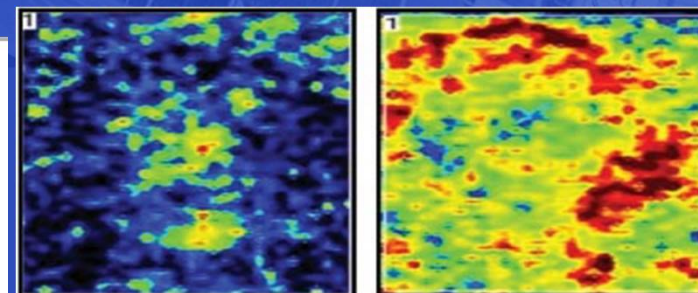
# Lökéshullám terápia

- ESWT- extracorporal shock wave therapy
- Hatásmechanizmus:



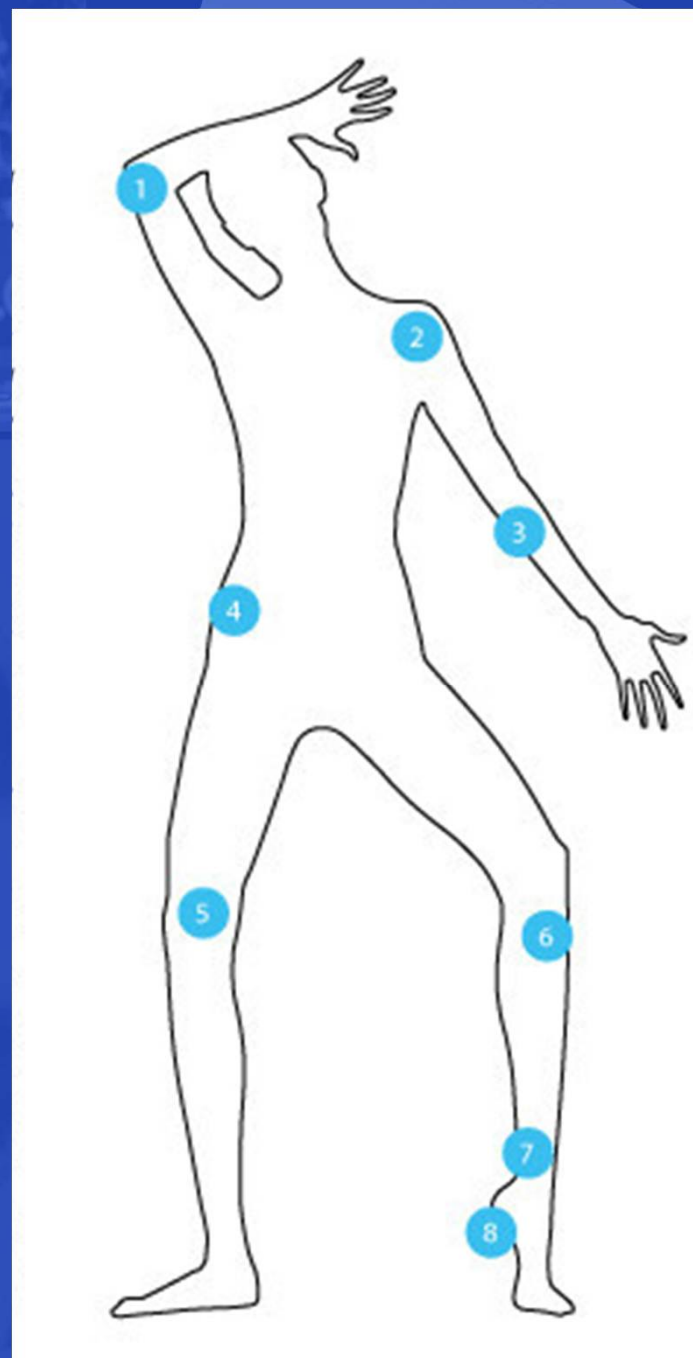
- Nagy hazai és nemzetközi tapasztalat
- Számos kutatás alátámasztja a hatékonyságát

PATELLAR TENDINOPATHY						
Peers et al., 2003	Chronic patellar tendinopathy	27	III	- Surgical treatment (n = 13) - ESWT (n = 14)	6 months	ESWT showed comparable outcomes compared to surgery
Taunton and Khan, 2003	Chronic patellar tendinopathy	30	II	- ESWT (n = 20) - ESWT with energy-absorbing pad (n = 10)	Not reported	ESWT is effective in adjunction with eccentric exercises in treating patellar tendinopathy
Wang et al., 2007	Chronic patellar tendinopathy	50	II	- ESWT (0.18 mJ/mm <sup>2</sup> energy flux density; n = 27) - Conservative treatment (n = 23)	2-3 years	ESWT is more effective compared to conservative treatment
Vulpiani et al., 2007	Jumper's knee	73	IV	- ESWT (4 sessions 1500-2500 impulses, energy varying between 0.08 and 0.44 mJ/mm <sup>2</sup> )	Not reported	Satisfactory outcomes in ESWT treatment for jumper's knee
Zwerver et al., 2010	Severe patellar tendinopathy	19	IV	Patient guided Piezo-electric, focused ESWT	3 months	Patient guided Piezo-electric ESWT without local anesthesia is a safe and well-tolerated treatment for severe patellar tendinopathy
Zwerver et al., 2011	Patellar tendinopathy in athletes	62	I	- ESWT (n = 31) - Sham ESWT (n = 31)	1 year	No benefit of ESWT over placebo in treatment of patellar tendinopathy in in-season athletes
Furia et al., 2013	Chronic patellar tendinopathy	66	III	- Radial low-ESWT (n = 33) - Conservative treatment (n = 33)	1 year	The percentage of "excellent" functional outcomes was significantly higher in the ESWT group
ELBOW PATHOLOGY						
Rompe et al., 2001	Chronic lateral epicondylitis of the elbow	30	II	- ESWT (0.16 mJ/mm <sup>2</sup> ) - ESWT (0.16 mJ/mm <sup>2</sup> ) plus cervical manual therapy	1 year	Each group showed significant improvement in the pain and functional scores. The authors concluded that ESWT may be an effective conservative treatment method for unilateral chronic tennis elbow
Maier et al., 2001	Chronic lateral tennis elbow	42	IV	ESWT	18.6 months	Good clinical performances after ESWT. Male patients performed better than female ones. In female patients, Magnetic Resonance Imaging (MRI) may predict the results of ESWT
Speed et al., 2002b	Lateral epicondylitis	75	II	- ESWT at 0.12 mJ/mm <sup>2</sup> - Sham therapy	1 year	No significant difference between the groups, concluding that the placebo effect of ESWT may be considerable
Melegati et al., 2004	Lateral epicondylitis	41	II	- ESWT (Lateral tangential focusing) - ESWT (tangential focusing)	Not reported	No differences between the techniques
Furia, 2005	Chronic lateral	36	IV	ESWT	Not reported	77.8% were rated excellent or good on the Roles and Maudsley scale



**! Fontos a helyes technika a jó eredmény eléréséhez!**

- Teniszkönyök
- Váll fájdalmak
- Golfkönyök
- Trochanter bursitis
- “Ugró térd”
- Fáradásos törések
- Achilles tendinopathia
- Plantaris fascitiis,  
Calcaneus periostitis
- ...



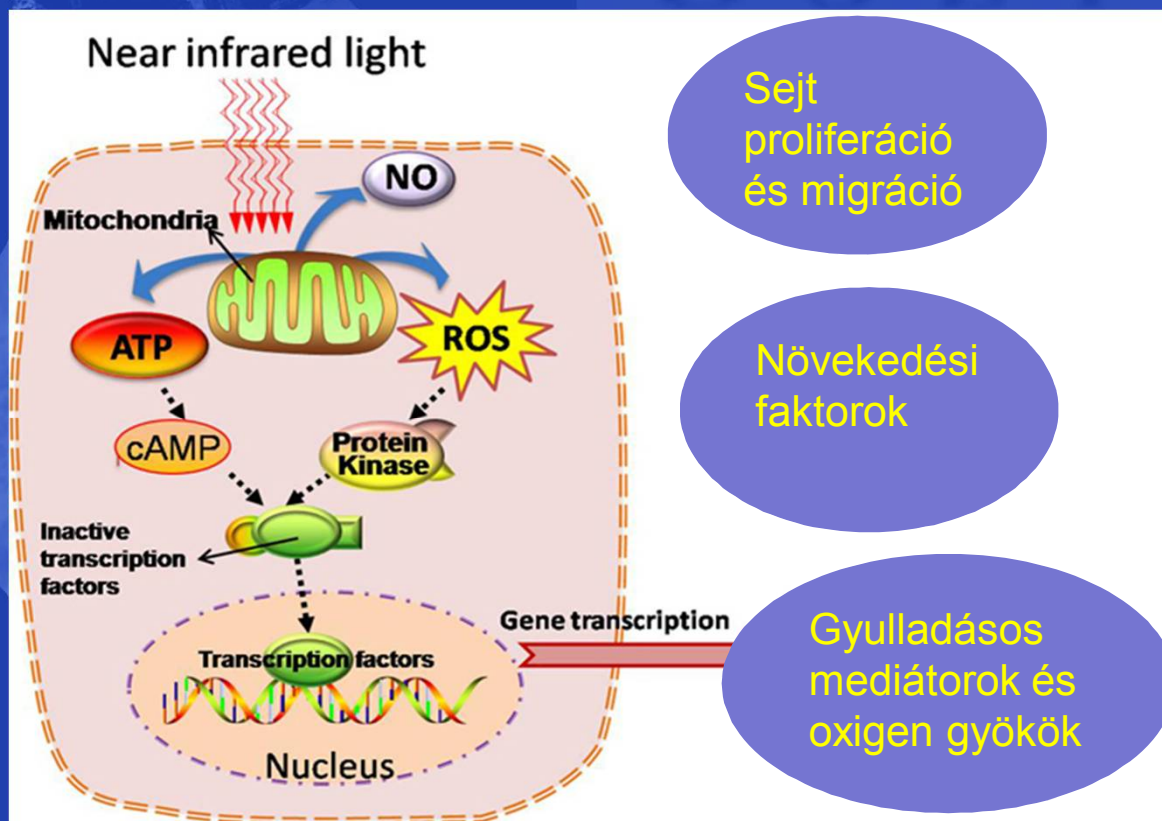
# Lézer

- Klinikai alkalmazása:
  - Csökkenti a gyulladást, az ödémát, krónikus ízületi panaszokat
  - Gyorsítja a sebgyógyulást és a mélyebb szövetek regenerációját
  - Neurológiai hatások, fájdalomcsökkentés



# Lézer

- A lézer sejtszintű hatásmechanizmusa még nem pontosan ismert, de számos kutatás alátámasztja a hatékonyságát



Sejt  
proliferáció  
és migráció

Növekedési  
faktorok

Gyulladásos  
mediátorok és  
oxigen gyökök

- Kutatások eredményei között diszkrepancia
- Nincs egységes ajánlás
  - Eltérő beállítások
  - Eltérő kezelési idő
  - Eltérő indikáció

- A hatékonyság függ:
  - Megfelelő frekvencia
  - Energia/intenzitás
  - Kezelés időtartalma
  - Megfelelő indikáció megválasztása

Lézerterápiás készülék csak megfelelő szaktudással használható eredményesen



# Elektroterápia

- Gerincvelő hátsó szarvában lévő vastag idegrostok fogadják és szállítják a fájdalomingereket az agyba
- Ezek a rostok könnyen ingerelhetőek a bőrön keresztül
- Az ingerléssel az idegrostok telítődnek, így nem fogadják az információt a periféria felől





# Mágnesterápia

- Alacsony és magas frekvenciák által képzett mágneses mező
- Enzimkinetikát befolyásolja ?
- Alkalmazás:
  - Csonttörések
  - Gyulladásos és degeneratív ízületi betegségek
  - Reumatoid arthritis
  - Migrén
  - Íngyulladás
- Hatékonysága: ?





**R I C E**

( Rest Ice Compression Elevation )

rest, ice, compression and elevation



Egyes termékek egy már ismert és széleskörűen alkalmazott hatásmechanizmusra épülnek



- Bleakly és munkatársai:
- *“WBC induces tissue-temperature reductions that are comparable to or less significant than traditional forms of cryotherapy. ...*
- *... Until further research is available, athletes should remain cognizant that less expensive modes of cryotherapy, such as local ice-pack application or CWI, offer comparable physiological and clinical effects to WBC.*

## Whole-body cryotherapy: empirical evidence and theoretical perspectives

This article was published in the following Dove Press journal:  
Open Access Journal of Sports Medicine  
10 March 2014  
Number of times this article has been viewed

Chris M Bleakly<sup>1</sup>  
François Bieuzen<sup>2</sup>  
Gareth W Davison<sup>1</sup>  
Joseph T Costello<sup>3</sup>

<sup>1</sup>Sport and Exercise Science Research Institute, Faculty of Sciences, University of Limerick, Newtownabbey, Ireland  
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<sup>3</sup>Research Department of Sport, Exercise and Health, French National Institute for Research and Safety in Sport, Paris, France

**Abstract:** Whole-body cryotherapy (WBC) involves short exposures below  $-100^{\circ}\text{C}$ . WBC is increasingly accessible to athletes, and is purported after exercise and facilitate rehabilitation postinjury. Our objective was to and effectiveness of WBC using empirical evidence from controlled relevant reports; the majority were based on small numbers of active athletes < 35 years. Although WBC produces a large temperature gradient for tissue (

### Conclusion

WBC induces tissue-temperature reductions that are comparable to or less significant than traditional forms of cryotherapy. Controlled studies suggest that WBC could have a positive influence on inflammatory mediators, antioxidant capacity, and autonomic function during sporting recovery; however, these findings are preliminary. Although there is some evidence that WBC improves the perception of recovery and soreness after various sports and exercise, this does not seem to translate into enhanced functional recovery. Only one study has focused on recovery after significant musculoskeletal injury, and long-term implications are unclear. Until further research is available, athletes should remain cognizant that less expensive modes of cryotherapy, such as local ice-pack application or CWI, offer comparable physiological and clinical effects to WBC.

WBC: whole body cryotherapy  
CWI: cold water immersion  
[www.sportkorhaz.hu](http://www.sportkorhaz.hu)

# Anti-gravitációs futópad

- Magas nyomású levegővel szabályozható parciális antigravitációs hatást ér el
- Derék és alsó végtag
- Cardiopulmonalis edzés a rehabilitáció alatt
- Pontosán szabályozható részterhelés
- Gyorsabb rehabilitáció



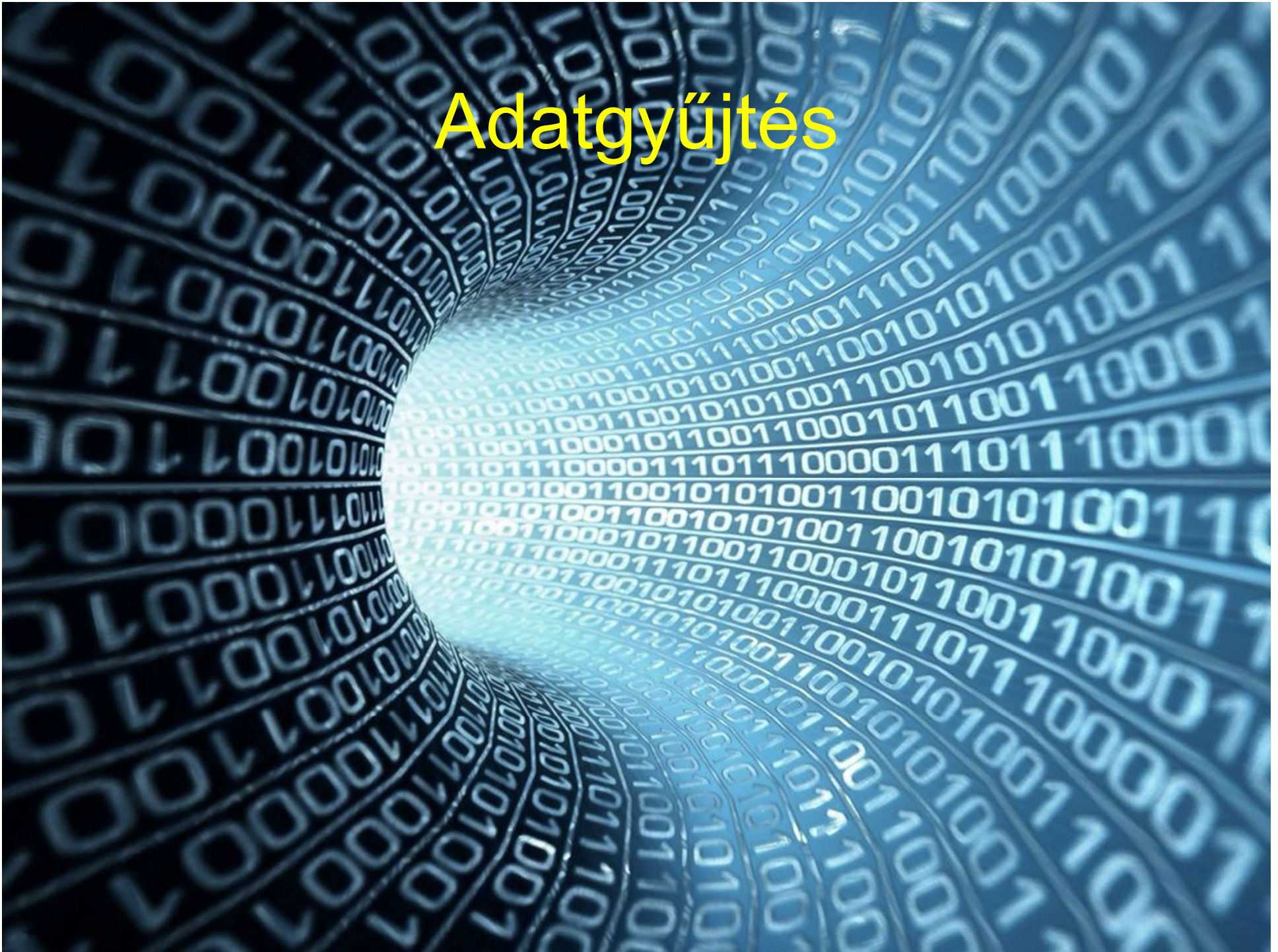


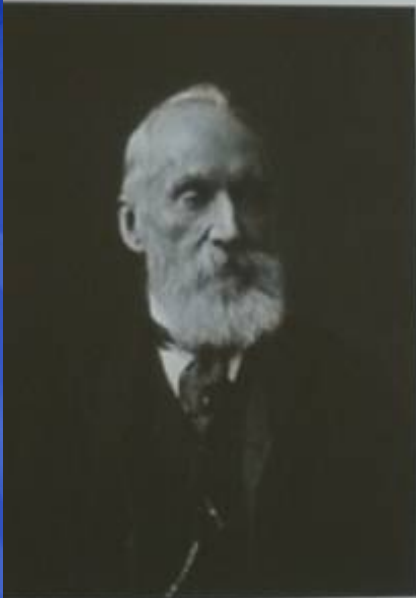
- Mi a különbség:  
hatékonyság? hozzá  
férhetőség?  
Ár?



- A már széleskörűen elterjedt rehabilitációs eszközök alkalmazására sincs elengedő szakember
- A különböző modern berendezések sokszor ugyanazon hatás kiváltásán alapulnak
- Rehabiliáció vagy edzés?!
- Cost-benefit?

# Adatgyűjtés





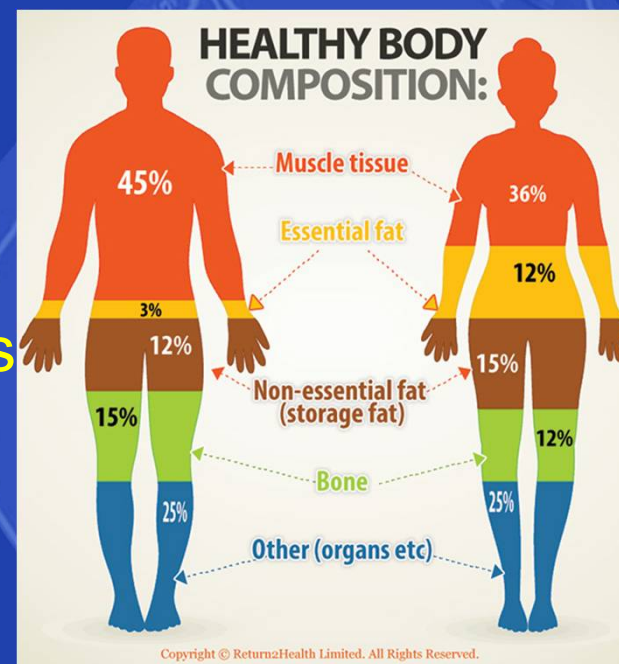
Lord Kelvin

If you can't measure it,  
You can't improve it  
... and you lose money!



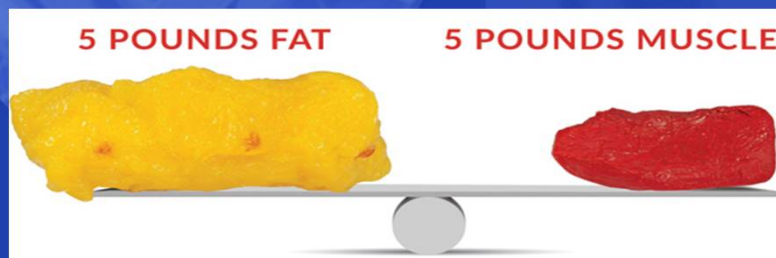
# Testösszetétel mérése

- Több műszeres eljárás létezik
  - (bőrredő mérése, izotóp higításos technika, DEXA, CT, MRI, plethysmograph, 3D photo scanner...)
- Sportban: izom-zsír arány, hidratáltság
- Magas testzsírarány:
  - nagy terhet ró a szervezetre,
  - jelentősen lecsökkentheti a sportteljesítményt
  - lassíthatja a sportoló mozgását
- Izomtömeg: teljesítménymutató lehet
- Optimális test-zsír arány sportágspecifikus
  - Közép és hosszútáv futók, testépítők: 6% alatt
  - Labdasportok, kajakozók: 6-15%
  - Síelők, úszók, teniszezők: 8-19%



# Bioimpedancián alapuló testösszetétel mérés

- Mindennapi gyakorlatban használt módszer
- A szövetek elektromos vezetőképességének különbsége alapján
- Két komponensű modell:
  - FM- FFM mérése (fat mass és fat-free mass)
- Végtagokra és törzsre külön-külön vonatkoztatva

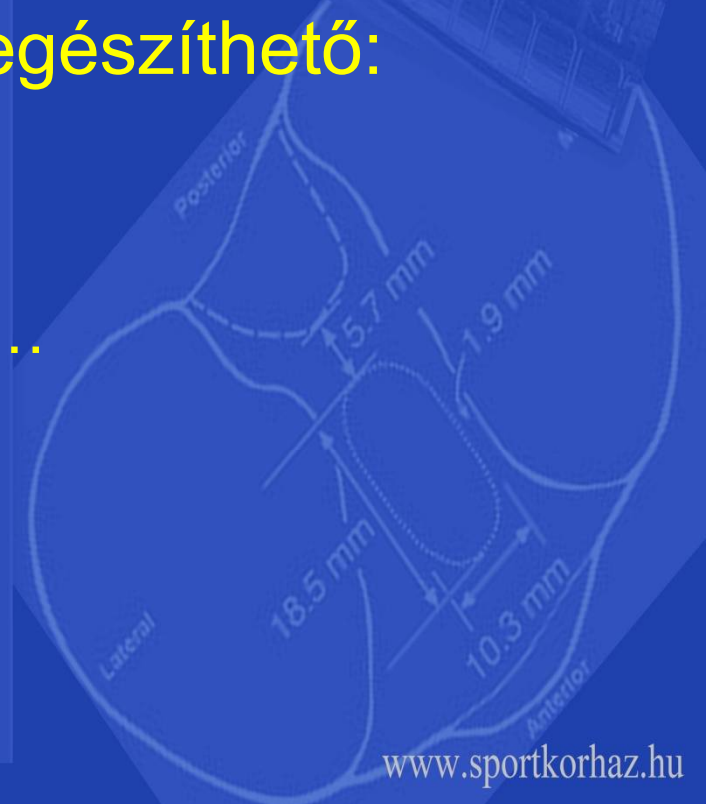


# Járás analízis



# 3D mozgásanalízis

- Több videókamera által egy időben felvett mozgás digitalizálása a mozgásra jellemző biomechanikai paraméterek rögzítésére
- Mozgáselemző szoftver ami kiegészíthető:
  - Erőplató
  - EMG
  - Cardiopulmonalis mérőeszközök...





# Hordható mozgáselemzők

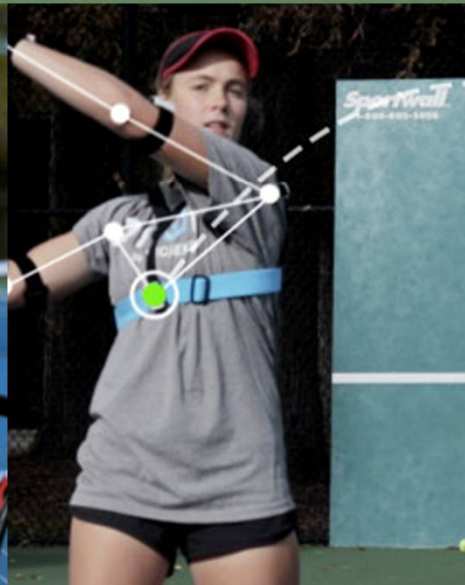
- Sport közben kényelmesen hordható szenzorok
- Kamera és vezeték nélkül
- Real-time: edzés és meccsek közben is alkalmazható
- Nincs mozgáselemző laborhoz kötve
- Szenzorok:
  - Akkcelerométer
  - Giroszkóp
  - Magnetoszkóp



- Szenzorok:
  - Akkcelerométer
  - Giroszkóp
  - Magnetoszkóp
- Kielemezhetőek a sérülést provokáló mozgásminták
- Rehabilitáció lépéseinek pontos követése



# PIVOT mozgáselemző



# Catapult

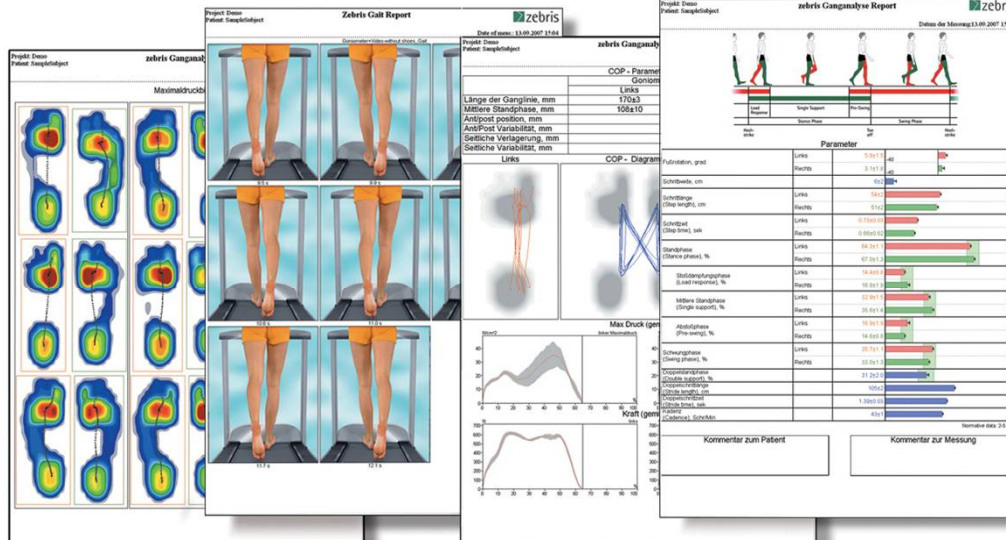


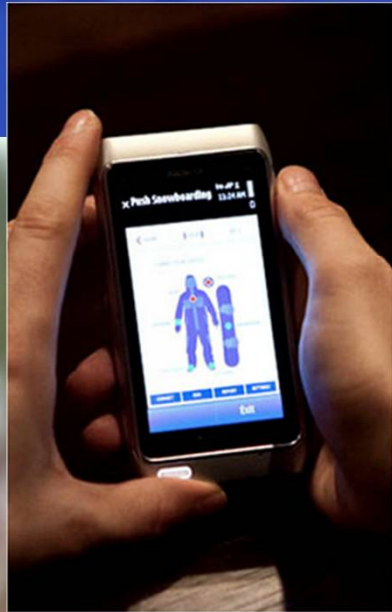




# Zebris

# Posturomed





- Rengeteg adat és információ áll/állhat a rendelkezésünkre
  - Az adatgyűjtés nem áll egyensúlyban az adatfeldolgozással
- Emberi erőforrás / szaktudás hiánya
- Az adatok gyakorlati felhasználása:
  - Edzésfejlesztés,
  - Teljesítményfokozáson
  - Rehabilitáció
  - Prevenció



- Mit kezdhetnénk ezzel a rengeteg információjával?
  - Rehabilitáció követése, új aspektusok
  - Egységes, használható és megbízható mérési módszerek
  - Rehabilitációs időszak alatt biztonságos de a lehető leghasznosabb egyéni edzés megtervezése
  - Visszatérés időpontjának objektív meghatározása
  - Újrasérülés megelőzése

# Jövő



Az adatok helyes értelmezése