E-Learning Course 1.10 PEACE & LOVE

Scientific References

2020-Dubois, B. & J.-F. Esculier. Soft-tissue injuries simply need PEACE and LOVE. British Journal of Sports Medicine 54 (2): 72-73. 3

2020-Executive Committee. The Diagnosis and Treatment of Peripheral Lymphedema: 2020 Consensus Document of the International Society of Lymphology. Lymphology 53 (1): 3-19. 4

2018-Vuurberg, G., A. Hoorntje, L. M. Wink, B. F. W. van der Doelen, M. P. van den Bekerom, R. Dekker, C. Niek van Dijk, R. Krips, M. C. M. Loogman, M. L. Ridderikhof, F. F. Smithuis, S. A. S. Stufkens, E. A. L. M. Verhagen, R. A. de Bie & G. M. M. J. Kerkhoffs. Diagnosis, treatment and prevention of ankle sprains: update of an evidence-based clinical guideline. British Journal of Sports Medicine 52 (15): 956. 5

2017-Doherty, C., C. Bleakley, E. Delahunt & S. Holden. Treatment and prevention of acute and recurrent ankle sprain: An overview of systematic reviews with meta-analysis. British Journal of Sports Medicine 51 (2): 113-125. 6

2012-Bleakley, C. M., P. Glasgow & D. C. MacAuley. Price needs updating, should we call the police? British Journal of Sports Medicine 46 (4): 220-221. 7

2012-van den Bekerom, M. P. J., P. A.A. Struijs, L. Blankevoort, L. Welling, C. N. van Dijk & G. M. M. J. Kerkhoffs. What Is the Evidence for Rest, Ice, Compression, and Elevation Therapy in the Treatment of Ankle Sprains in Adults?. Journal of Athletic Training 47 (4): 435–443. 8

2020-Dubois, B. & J.-F. Esculier. Soft-tissue injuries simply need PEACE and LOVE. *British Journal of Sports Medicine* 54 (2): 72-73.

Rehabilitation of soft-tissue injuries can be complex. Over the years, acronyms guiding their management have evolved from ICE to RICE, then on to PRICE and POLICE. Although widely known, these previous acronyms focus on acute management, unfortunately ignoring subacute and chronic stages of tissue healing. Our contemporary acronyms encompass the rehabilitation continuum from immediate care (PEACE) to subsequent management (LOVE). PEACE and LOVE outline the importance of educating patients and addressing psychosocial factors to enhance recovery. While anti-inflammatories show benefits on pain and function, our acronyms flag their potential harmful effects on optimal tissue repair. We suggest that they may not be included in the standard management of soft-tissue injuries.

2020-Executive Committee. The Diagnosis and Treatment of Peripheral Lymphedema: 2020 Consensus Document of the International Society of Lymphology. *Lymphology* 53 (1): 3-19.

This International Society of Lymphology (ISL) Consensus Document is the latest revision of the 1995 Document for the evaluation and management of peripheral lymphedema (1). […] The document attempts to amalgamate the broad spectrum of protocols and practices advocated worldwide for the diagnosis and treatment of peripheral lymphedema into a coordinated proclamation representing a "Consensus" of the international community based on various levels of evidence. The document is not meant to override individual clinical considerations for complex patients nor to stifle progress. It is also not meant to be a legal formulation from which variations define medical malpractice. The Society understands that in some clinics the method of treatment derives from national standards while in others access to medical equipment, technical expertise, and supplies is limited; therefore, the suggested treatments might be impractical. Adaptability and inclusiveness does come at the price that members can rightly be critical of what they see as vagueness or imprecision in definitions, qualifiers in the choice of words (e.g., the use of "may... perhaps... unclear", etc.) and mentions (albeit without endorsement) of treatment options supported by limited hard data. Most members are frustrated by the reality that NO treatment method has really undergone a satisfactory meta-analysis (let alone rigorous, randomized, stratified, long-term, controlled study). With this understanding, the absence of definitive answers and optimally conducted clinical trials, and with emerging technologies and new approaches and discoveries on the horizon, some degree of uncertainty, ambiguity, and flexibility along with dissatisfaction with current lymphedema evaluation and management is appropriate and to be expected. We continue to struggle to keep the document concise while balancing the need for depth and details. With these considerations in mind, we believe that this 2020 version presents a Consensus that embraces the entire ISL membership, rises above national standards, identifies and stimulates promising areas for future research, and represents the best judgment of the ISL membership on how to approach patients with peripheral lymphedema in the light of currently available evidence. Therefore, the document has been and should continue to be challenged and debated in the pages of Lymphology (e.g., as Letters to the Editor) and ideally will remain a continued focal point for robust discussion at local, national and international conferences in lymphology and related disciplines. We further anticipate as experience evolves and new ideas and technologies emerge that this "living document" will undergo further periodic revision and refinement as the practice and conceptual foundations of medicine and specifically lymphology change and advance.

2018-Vuurberg, G., A. Hoorntje, L. M. Wink, B. F. W. van der Doelen, M. P. van den Bekerom, R. Dekker, C. Niek van Dijk, R. Krips, M. C. M. Loogman, M. L. Ridderikhof, F. F. Smithuis, S. A. S. Stufkens, E. A. L. M. Verhagen, R. A. de Bie & G. M. M. J. Kerkhoffs. Diagnosis, treatment and prevention of ankle sprains: update of an evidence-based clinical guideline. *British Journal of Sports Medicine* 52 (15): 956.

This guideline aimed to advance current understandings regarding the diagnosis, prevention and therapeutic interventions for ankle sprains by updating the existing guideline and incorporate new research. A secondary objective was to provide an update related to the cost-effectiveness of diagnostic procedures, therapeutic interventions and prevention strategies. It was posited that subsequent interaction of clinicians with this guideline could help reduce health impairments and patient burden associated with this prevalent musculoskeletal injury. The previous guideline provided evidence that the severity of ligament damage can be assessed most reliably by delayed physical examination (4–5 days post trauma). After correct diagnosis, it can be stated that even though a short time of immobilisation may be helpful in relieving pain and swelling, the patient with an acute lateral ankle ligament rupture benefits most from use of tape or a brace in combination with an exercise programme.

New in this update: Participation in certain sports is associated with a heightened risk of sustaining a lateral ankle sprain. Care should be taken with non-steroidal anti-inflammatory drugs (NSAIDs) usage after an ankle sprain. They may be used to reduce pain and swelling, but usage is not without complications and NSAIDs may suppress the natural healing process. Concerning treatment, supervised exercise-based programmes preferred over passive modalities as it stimulates the recovery of functional joint stability. Surgery should be reserved for cases that do not respond to thorough and comprehensive exercise-based treatment. For the prevention of recurrent lateral ankle sprains, ankle braces should be considered as an efficacious option.

2017-Doherty, C., C. Bleakley, E. Delahunt & S. Holden. Treatment and prevention of acute and recurrent ankle sprain: An overview of systematic reviews with meta-analysis. *British Journal of Sports Medicine* 51 (2): 113-125.

Background: Ankle sprains are highly prevalent with high risk of recurrence. Consequently, there are a significant number of research reports examining strategies for treating and preventing acute and recurrent sprains (otherwise known as chronic ankle instability (CAI)), with a coinciding proliferation of review articles summarising these reports.

Objective: To provide a systematic overview of the systematic reviews evaluating treatment strategies for acute ankle sprain and CAI.

Design: Overview of intervention systematic reviews.

Participants: Individuals with acute ankle sprain/CAI.

Main outcome measurements: The primary outcomes were injury/reinjury incidence and function.

Results: 46 papers were included in this systematic review. The reviews had a mean score of 6.5/11 on the AMSTAR quality assessment tool. There was strong evidence for bracing and moderate evidence for neuromuscular training in preventing recurrence of an ankle sprain. For the combined outcomes of pain, swelling and function after an acute sprain, there was strong evidence for non-steroidal anti-inflammatory drugs and early mobilisation, with moderate evidence supporting exercise and manual therapy techniques. There was conflicting evidence regarding the efficacy of surgery and acupuncture for the treatment of acute ankle sprains. There was insufficient evidence to support the use of ultrasound in the treatment of acute ankle sprains.

Conclusions: For the treatment of acute ankle sprain, there is strong evidence for non-steroidal anti-inflammatory drugs and early mobilisation, with moderate evidence supporting exercise and manual therapy techniques, for pain, swelling and function. Exercise therapy and bracing are supported in the prevention of CAI.

2012-Bleakley, C. M., P. Glasgow & D. C. MacAuley. Price needs updating, should we call the police? *British Journal of Sports Medicine* 46 (4): 220-221.

The acronym PRICE (protection, rest, ice, compression and elevation) has been central to acute soft tissue injury management for many years despite a paucity of high-quality, empirical evidence to support the various components or as a collective treatment package. Treatment paradigms in sports medicine must be updated based on contemporary research evidence. As a recent example, the widespread use of non-steroidal anti-inflammatory drugs in acute soft tissue injury management has been challenged, particularly with ligament and muscle injuries.

2012-van den Bekerom, M. P. J., P. A.A. Struijs, L. Blankevoort, L. Welling, C. N. van Dijk & G. M. M. J. Kerkhoffs. What Is the Evidence for Rest, Ice, Compression, and Elevation Therapy in the Treatment of Ankle Sprains in Adults?. *Journal of Athletic Training* 47 (4): 435–443.

Context: Ankle sprains are common problems in acute medical care. The variation in treatment observed for the acutely injured lateral ankle ligament complex in the first week after the injury suggests a lack of evidence-based management strategies for this problem.

Objective: To analyze the effectiveness of applying rest, ice, compression, and elevation (RICE) therapy begun within 72 hours after trauma for patients in the initial period after ankle sprain.

Study Selection: Eligible studies were published original randomized or quasi-randomized controlled trials concerning at least 1 of the 4 subtreatments of RICE therapy in the treatment of acute ankle sprains in adults.

Data Sources: MEDLINE, Cochrane Clinical Trial Register, CINAHL, and EMBASE. The lists of references of retrieved publications also were checked manually.

Data Extraction: We extracted relevant data on treatment outcome (pain, swelling, ankle mobility or range of motion, return to sports, return to work, complications, and patient satisfaction) and assessed the quality of included studies. If feasible, the results of comparable studies were pooled using fixed- or random-effects models.

Data Synthesis: After deduction of the overlaps among the different databases, evaluation of the abstracts, and contact with some authors, 24 potentially eligible trials remained. The full texts of these articles were retrieved and thoroughly assessed as described. This resulted in the inclusion of 11 trials involving 868 patients. The main reason for exclusion was that the authors did not describe a well-defined control group without the intervention of interest.

Conclusions: Insufficient evidence is available from randomized controlled trials to determine the relative effectiveness of RICE therapy for acute ankle sprains in adults. Treatment decisions must be made on an individual basis, carefully weighing the relative benefits and risks of each option, and must be based on expert opinions and national guidelines.