

- P**  **PROTECTION**
Avoid activities and movements that increase pain during the first few days after injury.
- E**  **ELEVATION**
Elevate the injured limb higher than the heart as often as possible.
- A**  **AVOID ANTI-INFLAMMATORIES**
Avoid taking anti-inflammatory medications as they reduce tissue healing. Avoid icing.
- C**  **COMPRESSION**
Use elastic bandage or taping to reduce swelling.
- E**  **EDUCATION**
Your body knows best. Avoid unnecessary passive treatments and medical investigations and let nature play its role.
- &**
- L**  **LOAD**
Let pain guide your gradual return to normal activities. Your body will tell you when it's safe to increase load.
- O**  **OPTIMISM**
Condition your brain for optimal recovery by being confident and positive.
- V**  **VASCULARISATION**
Choose pain-free cardiovascular activities to increase blood flow to repairing tissues.
- E**  **EXERCISE**
Restore mobility, strength and proprioception by adopting an active approach to recovery.

E-Learning Course 1.10 PEACE & LOVE

Scientific References



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[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-Hanlon, C., J. J. Krzak, J. Prodoehl & K. D. Hall. Effect of Injury Prevention Programs on Lower Extremity Performance in Youth Athletes: A Systematic Review. *Sports Health* 12 \(1\): 12-22.](#)

Background: Understanding how existing youth injury prevention programs affect specific modifiable injury risk factors will inform future program development for youth athletes.

Objective: To comprehensively evaluate the effects of injury prevention programs on the modifiable intrinsic risk factors associated with lower extremity performance in youth athletes.

Data Sources: This systematic review followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. A systematic search of the literature was performed using multiple databases (PubMed, EBSCOhost [including CINAHL, Medline, and SPORTDiscus], and PEDro). Secondary references were appraised for relevant articles. Article types included randomized or cluster randomized controlled trials and randomized cohort designs with youth athletes engaged in organized sports, along with outcomes that included at least 1 physical performance outcome measure.

Study Selection: Eight studies met inclusion and exclusion criteria and were reviewed by 2 independent reviewers, with a third consulted in the case of disagreement, which was not needed.

Study Design: Systematic review.

Level of Evidence: Level 3.

Data Extraction: Included studies underwent review of methodological quality using the Physiotherapy Evidence Database scale.

Results: Studies included mixed-sex samples of youth athletes who predominantly participated in soccer at different skill levels. The FIFA 11+ series was the most commonly used injury prevention program. Among studies, the mean percentage of improvement identified was 11.3% for force generation, 5.7% for coordination, 5.2% for posture, and 5.2% for balance. The lowest mean percentage improvement was in speed (2.2%). Endurance was not significantly affected by any of the programs.

Conclusion: This systematic review shows that injury prevention programs improve several modifiable intrinsic risk factors of lower extremity performance among youth athletes, particularly force generation. However, several intrinsic risk factors were either not significantly affected or specifically addressed by existing programs.

2020-Thorborg, K., D. Opar & A. Shield. [Prevention and Rehabilitation of Hamstring Injuries](#). Springer International Publishing.

This innovative book presents the latest insights into hamstring strain injuries (HSI), one of the most common problems in elite and recreational sport, with a unique focus on prevention and rehabilitation. The research within this area has evolved rapidly over the past 10 years and this text offers a comprehensive overview of the recent and most relevant advances. It fills a gap in the literature, since other books focus on muscle injuries in general and their surgical treatment. Structured around the current evidence in the field, it includes sections on functional anatomy and biomechanics; basic muscle physiology in relation to injury and repair; assessment of risk factors; and factors associated with hamstring strains. It also discusses considerations in relation to acute and chronic injuries and hamstring injury prevention, including pre-season and in-season interventions, as well as management strategies and rehabilitation protocols. The final chapter is devoted to additional interventions when conservative rehabilitation and injury prevention fail. Written by renowned experts in the field, this book will be of great interest to sports physiotherapists, sports physicians, physical trainers and coaches.

[2019-Al Attar, W. S. A. & M. A. Alshehri. A meta-analysis of meta-analyses of the effectiveness of FIFA injury prevention programs in soccer. *Scandinavian Journal of Medicine & Science in Sports* 29 \(12\): 1846-1855.](#)

FIFA has a Medical and Research Centre (F-MARC) which has designed a comprehensive program targeting muscle strength, kinesthetic awareness, and neuromuscular control during static and dynamic movements to decrease injury risk for soccer players. A number of meta-analyses now exist on how effective FIFA's programs to prevent and reduce injury actually are, with various degrees of injury reduction reported. This research aimed to carry out a systematic review and to meta-analyse the existing meta-analyses so that a conclusion can be drawn on how effective the injury programs are. Relevant studies were identified by searching five databases for the period January 1990 till 1 July 2018. Results of each meta-analysis were combined together using risk ratios (RR) in a summary meta-analysis. QUOROM checklist and AMSTAR 2 assessment were used to assess the quality of reporting and methodology in the meta-analyses. Four meta-analyses met the inclusion criteria covering fifteen primary studies. All four meta-analyses scored quite highly on QUOROM, but two were rated by AMSTAR 2 as moderate quality, and two were found to be of critically low quality. An overall risk reduction in 34% (RR = 0.66 [0.60-0.73]) for all injuries and a reduction in 29% (RR = 0.71 [0.63-0.81]) for injuries to the lower limbs were revealed by this meta-analysis of meta-analyses. Combining every previous meta-analysis into a single source in this paper produced decisive evidence that the risk of injuries while playing soccer is reduced as a result of FIFA's injury prevention programs.

2019-Cruz, A. L., R. Oliveira & A. G. Silva. [Exercise-based interventions for physically active individuals with functional ankle instability: a systematic review of the literature. *Journal of Sports Medicine and Physical Fitness* 59 \(4\): 666-75.](#)

Introduction: Ankle instability is highly prevalent in physically active individuals and the effectiveness of rehabilitation programs based on exercise is still unclear. The objective of this study is to assess the effects of any type of exercise programs compared to any other intervention or no intervention for physically active individuals with functional ankle instability (FAI) and to explore whether the effects vary according to the characteristics of the exercise program and outcome variables.

Evidence Acquisition: We searched English, French and Portuguese language publications from the following databases: PubMed (National Library of Medicine, Bethesda, MD), SPORTDiscus, Physiotherapy Evidence Database, Academic Search Complete, Science Direct and Scielo. Combinations of the following key words were used: functional, instability, ankle, sports, exercise, proprioception, coordination. Eligible studies were randomized control trials (RCT) or clinical control trials (CCT) that compared an intervention consisting of an exercise program in adult participants with functional ankle instability (FAI) and defined as physically active against other exercise programs, other interventions or no intervention. Two independent reviewers applied the selection criteria and assessed the quality of the studies.

Evidence Synthesis: A total of 567 studies were retrieved from the literature search and eight articles met the inclusion criteria. Included studies assessed dynamic and static postural control, proprioception, strength, self-reported instability, range of motion, balance, pain and muscle reaction time. All studies compared an exercise program versus no intervention, one compared exercise against the same program with the addition of stochastic resonance, and two studies compared different exercise programs.

Conclusions: Exercise programs focused on coordination, balance and proprioception appear to improve functional performance for physically active individuals with functional instability and reduce subjective instability. Exercise training presents as an option to improve postural control, joint position sense or recurrent injury rates. Further study is suggested in order to determine optimal exercise programs for specific sports populations.

[2019-Plummer, A., H. Mugele, K. Steffen, J. Stoll, F. Mayer & J. Müller. General versus sports-specific injury prevention programs in athletes: A systematic review on the effects on performance. *PLoS ONE* 14 \(8\): e0221346.](#)

Introduction: Injury prevention programs (IPPs) are an inherent part of training in recreational and professional sports. Providing performance-enhancing benefits in addition to injury prevention may help adjust coaches and athletes' attitudes towards implementation of injury prevention into daily routine. Conventional thinking by players and coaches alike seems to suggest that IPPs need to be specific to one's sport to allow for performance enhancement. The systematic literature review aims to firstly determine the IPPs nature of exercises and whether they are specific to the sport or based on general conditioning. Secondly, can they demonstrate whether general, sports-specific or even mixed IPPs improve key performance indicators with the aim to better facilitate long-term implementation of these programs?

Methods: PubMed and Web of Science were electronically searched throughout March 2018. The inclusion criteria were randomized control trials, publication dates between Jan 2006 and Feb 2018, athletes (11-45 years), injury prevention programs and included predefined performance measures that could be categorized into balance, power, strength, speed/agility and endurance. The methodological quality of included articles was assessed with the Cochrane Collaboration assessment tools.

Results: Of 6619 initial findings, 22 studies met the inclusion criteria. In addition, reference lists unearthed a further 6 studies, making a total of 28. Nine studies used sports specific IPPs, eleven general and eight mixed prevention strategies. Overall, general programs ranged from 29-57% in their effectiveness across performance outcomes. Mixed IPPs improved in 80% balance outcomes but only 20-44% in others. Sports-specific programs led to larger scale improvements in balance (66%), power (83%), strength (75%), and speed/agility (62%).

Conclusion: Sports-specific IPPs have the strongest influence on most performance indices based on the significant improvement versus control groups. Other factors such as intensity, technical execution and compliance should be accounted for in future investigations in addition to exercise modality.

[2019-van Dyk, N., F. P. Behan & R. Whiteley. Including the Nordic hamstring exercise in injury prevention programmes halves the rate of hamstring injuries: a systematic review and meta-analysis of 8459 athletes. *British Journal of Sports Medicine* 53 \(21\): 1362-1370.](#)

Research question: Does the Nordic hamstring exercise (NHE) prevent hamstring injuries when included as part of an injury prevention intervention?

Design: Systematic review and meta-analysis.

Eligibility criteria for selecting studies: We considered the population to be any athletes participating in any sporting activity, the intervention to be the NHE, the comparison to be usual training or other prevention programmes, which did not include the NHE, and the outcome to be the incidence or rate of hamstring injuries.

Analysis: The effect of including the NHE in injury prevention programmes compared with controls on hamstring injuries was assessed in 15 studies that reported the incidence across different sports and age groups in both women and men.

Data sources: MEDLINE via PubMed, CINAHL via Ebsco, and OpenGrey.

Results: There is a reduction in the overall injury risk ratio of 0.49 (95% CI 0.32 to 0.74, $p=0.0008$) in favour of programmes including the NHE. Secondary analyses when pooling the eight randomised control studies demonstrated a small increase in the overall injury risk ratio 0.52 (95% CI 0.32 to 0.85, $p=0.0008$), still in favour of the NHE. Additionally, when studies with a high risk of bias were removed ($n=8$), there is an increase of 0.06 in the risk ratio to 0.55 (95% CI 0.34 to 0.89, $p=0.006$).

Conclusions: Programmes that include the NHE reduce hamstring injuries by up to 51%. The NHE essentially halves the rate of hamstring injuries across multiple sports in different athletes.

2018-de Vasconcelos, G. S., A. Cini, G. Sbruzzi & C. S. Lima. [Effects of proprioceptive training on the incidence of ankle sprain in athletes: systematic review and meta-analysis. *Clinical Rehabilitation* 32 \(12\): 1581-1590.](#)

Objective: To investigate how dynamic neuromuscular control, postural sway, joint position sense, and incidence of ankle sprain are influenced by balance training in athletes compared with the control group in randomized clinical trials.

Data sources: The search strategy included MEDLINE, Physical Therapy Evidence Database, Cochrane Central Register of Controlled Trials, and Latin American and Caribbean Center on Health Sciences Information. Randomized controlled trials (RCTs) were published by June of 2018.

Methods: RCTs that evaluate the effectiveness of proprioception in these outcomes: dynamic neuromuscular control, postural sway, joint position, and the incidence of ankle sprains in athletes aged between 18 and 35 years. Two reviewers independently screened the searched records, extracted the data, and assessed risk of bias. The treatment effect sizes were pooled in a meta-analysis using the RevMan 5.2 software. Internal validity was assessed through topics suggested by Cochrane Collaborations.

Results: Of the 12 articles included ($n = 1817$), eight were in the meta-analysis ($n = 1722$). The balance training reduced the incidence of ankle sprains in 38% compared with the control group ($RR: 0.62$; 95% CI: 0.43-0.90). In relation to the dynamic neuromuscular control, the training showed increase in the distance of reach in the anterior (0.62 cm, 95% CI: 0.13-1.11), posterolateral (4.22 cm, 95% CI: 1.76-6.68), and posteromedial (3.65 cm, 95% CI: 1.03-6.26) through the Star Excursion Balance test. Furthermore, training seems to improve postural sway and joint position sense.

Conclusion: Balance training reduces the incidence of ankle sprains and increases dynamic neuromuscular control, postural sway, and the joint position sense in athletes.

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.

[2017-Kosik, K. B., R. S. McCann, M. Terada & P. A. Gribble. Therapeutic interventions for improving self-reported function in patients with chronic ankle instability: a systematic review. *British Journal of Sports Medicine* 51 \(2\): 105-112.](#)

Objective: To identify which therapeutic intervention may be most effective for improving self-reported function in patients with chronic ankle instability (CAI).

Design: Systematic literature review. Articles were appraised using the Downs and Black Checklist by 3 reviewers.

Data sources: PubMed along with CINAHL, MEDLINE and SPORTDiscus within EBSCOhost for pertinent articles from their inception through August 2016.

Eligibility criteria for selected studies: Articles included were required to (1) be written in English, (2) report adequate data to calculate effect sizes, (3) identify patients with CAI, (4) use some form of therapeutic intervention and (5) use a self-reported questionnaire as a main outcome measurement.

Results: A broad spectrum of therapeutic interventions were identified related to balance training, multimodal rehabilitation, joint mobilisation, resistive training, soft-tissue mobilisation, passive calf stretching and orthotics. All of the articles included in the balance training category had moderate-to-strong Hedges g with none of the 95% CIs crossing 0. Hedges g effect sizes ranged from -0.67 to -2.31 and -0.51 to -1.43 for activities of daily living and physical activity, respectively. The multimodal rehabilitation category also produced moderate-to-strong Hedges g effect sizes but with large CIs crossing 0. Hedges g effect sizes ranged from -0.47 to -9.29 and -0.62 to -24.29 for activities of daily living and physical activity, respectively.

Conclusions: The main findings from this systematic review were balance training provided the most consistent improvements in self-reported function for patients with CAI.

[2017-Valle, X., E. Alentorn-Geli, J. L. Tol, B. Hamilton, W. E. Garrett Jr., R. Pruna, L. Til, J. A. Gutierrez, X. Alomar, R. Balius, N. Malliaropoulos, J. Carles Monllau, R. Whiteley, E. Witvrouw, K. Samuelsson & G. Rodas. Muscle Injuries in Sports: A New Evidence-Informed and Expert Consensus-Based Classification with Clinical Application. *Sports Medicine* 47: 1241-1253.](#)

Muscle injuries are among the most common injuries in sport and continue to be a major concern because of training and competition time loss, challenging decision making regarding treatment and return to sport, and a relatively high recurrence rate. An adequate classification of muscle injury is essential for a full understanding of the injury and to optimize its management and return-to-play process. The ongoing failure to establish a classification system with broad acceptance has resulted from factors such as limited clinical applicability, and the inclusion of subjective findings and ambiguous terminology. The purpose of this article was to describe a classification system for muscle injuries with easy clinical application, adequate grouping of injuries with similar functional impairment, and potential prognostic value. This evidence-informed and expert consensus-based classification system for muscle injuries is based on a four-letter initialism system: MLG-R, respectively referring to the mechanism of injury (M), location of injury (L), grading of severity (G), and number of muscle re-injuries (R). The goal of the classification is to enhance communication between healthcare and sports-related professionals and facilitate rehabilitation and return-to-play decision making.

2014-Pollock, N., S. L. J. James, J. C. Lee & R. Chakraverty. British athletics muscle injury classification: a new grading system. *British Journal of Sports Medicine* 48 (18): 1347-1351.

The commonly used muscle injury grading systems based on three grades of injury, representing minor, moderate and complete injuries to the muscle, are lacking in diagnostic accuracy and provide limited prognostic information to the clinician. In recent years, there have been a number of proposals for alternative grading systems. While there is recent evidence regarding the prognostic features of muscle injuries, this evidence has not often been incorporated into the grading proposals. The British Athletics Muscle Injury Classification proposes a new system, based on the available evidence, which should provide a sound diagnostic base for therapeutic decision-making and prognostication. Injuries are graded 0-4 based on MRI features, with Grades 1-4 including an additional suffix 'a', 'b' or 'c' if the injury is 'myofascial', 'musculo-tendinous' or 'intratendinous'. Retrospective and prospective studies in elite track and field athletes are underway to validate the classification for use in hamstring muscle injury management. It is intended that this grading system can provide a suitable diagnostic framework for enhanced clinical decision-making in the management of muscle injuries and assist with future research to inform the development of improved prevention and management strategies.

2012-Mueller-Wohlfahrt, H.-W., L. Haensel, K. Mithoefer, J. Ekstrand, B. English, S. McNally, J. Orchard, C. N. van Dijk, G. M. Kerkhoffs, P. Schamasch, D. Blottner, L. Swaerd, E. Goedhart & P. Ueblacker. Terminology and classification of muscle injuries in sport: The Munich consensus statement. *British Journal of Sports Medicine* 47 (6): 342-350.

Objective: To provide a clear terminology and classification of muscle injuries in order to facilitate effective communication among medical practitioners and development of systematic treatment strategies.

Methods: Thirty native English-speaking scientists and team doctors of national and first division professional sports teams were asked to complete a questionnaire on muscle injuries to evaluate the currently used terminology of athletic muscle injury. In addition, a consensus meeting of international sports medicine experts was established to develop practical and scientific definitions of muscle injuries as well as a new and comprehensive classification system.

Results: The response rate of the survey was 63%. The responses confirmed the marked variability in the use of the terminology relating to muscle injury, with the most obvious inconsistencies for the term strain. In the consensus meeting, practical and systematic terms were defined and established. In addition, a new comprehensive classification system was developed, which differentiates between four types: functional muscle disorders (type 1: overexertion-related and type 2: neuromuscular muscle disorders) describing disorders without macroscopic evidence of fibre tear and structural muscle injuries (type 3: partial tears and type 4: (sub)total tears/tendinous avulsions) with macroscopic evidence of fibre tear, that is, structural damage. Subclassifications are presented for each type.

Conclusions: A consistent English terminology as well as a comprehensive classification system for athletic muscle injuries which is proven in the daily practice are presented. This will help to improve clarity of communication for diagnostic and therapeutic purposes and can serve as the basis for future comparative studies to address the continued lack of systematic information on muscle injuries in the literature.

2010-Bleakley, C. M., S. R. O'Connor, M. A. Tully, L. G. Rocke, D. C. MacAuley, I. Bradbury, S. Keegan & S. M. McDonough. Effect of accelerated rehabilitation on function after ankle sprain: Randomised controlled trial. *BMJ* 340: c1964.

Objective: To compare an accelerated intervention incorporating early therapeutic exercise after acute ankle sprains with a standard protection, rest, ice, compression, and elevation intervention.

Design: Randomised controlled trial with blinded outcome assessor.

Setting: Accident and emergency department and university based sports injury clinic.

Participants: 101 patients with an acute grade 1 or 2 ankle sprain.

Interventions: Participants were randomised to an accelerated intervention with early therapeutic exercise (exercise group) or a standard protection, rest, ice, compression, and elevation intervention (standard group).

Main outcome measures: The primary outcome was subjective ankle function (lower extremity functional scale). Secondary outcomes were pain at rest and on activity, swelling, and physical activity at baseline and at one, two, three, and four weeks after injury. Ankle function and rate of reinjury were assessed at 16 weeks.

Results: An overall treatment effect was in favour of the exercise group ($P=0.0077$); this was significant at both week 1 (baseline adjusted difference in treatment 5.28, 95% confidence interval 0.31 to 10.26; $P=0.008$) and week 2 (4.92, 0.27 to 9.57; $P=0.0083$). Activity level was significantly higher in the exercise group as measured by time spent walking (1.2 hours, 95% confidence interval 0.9 to 1.4 v 1.6, 1.3 to 1.9), step count (5621 steps, 95% confidence interval 4399 to 6843 v 7886, 6357 to 9416), and time spent in light intensity activity (53 minutes, 95% confidence interval 44 to 60 v 76, 58 to 95). The groups did not differ at any other time point for pain at rest, pain on activity, or swelling. The reinjury rate was 4% (two in each group).

Conclusion: An accelerated exercise protocol during the first week after ankle sprain improved ankle function; the group receiving this intervention was more active during that week than the group receiving standard care.