RAPID RESEARCH



@physicaltherapyresearch

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Inside This Week: Common Injuries: Incidence Rates

- Most Common Musculoskeletal Injuries & Incidence Rates
- Incidence Rate of Patellofemoral Pain
- Re-Tear Rate After Rotator Cuff Surgery

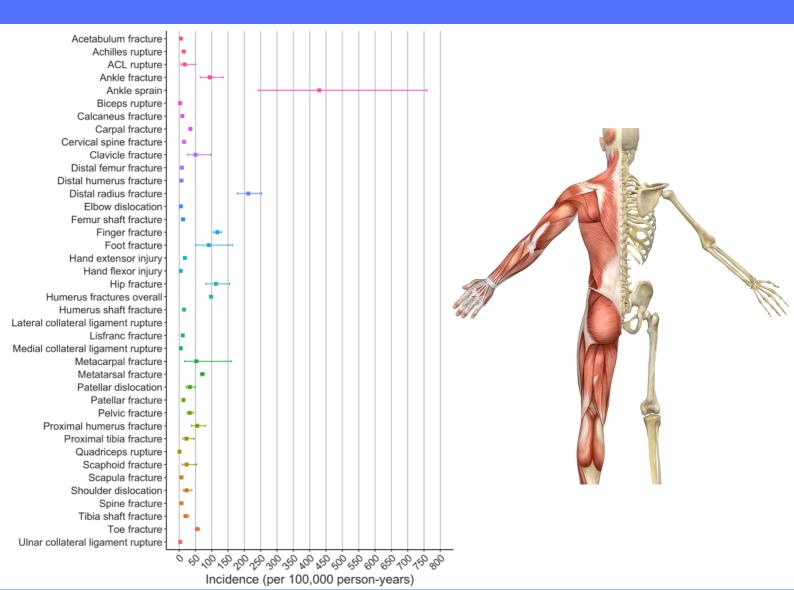


MOST COMMON MUSCULOSKELETAL INJURIES & INCIDENCE RATES

Click for Full Text (Ponkilainen et al. 2022)



This systematic review and meta-analysis gathered epidemiological information on selected musculoskeletal injuries to provide pooled injury-specific incidence rates.



KEY FINDINGS

206 articles included; 173 (84%) provided pooled incidence rates.

Most Common Fractures [154 studies]:

Distal radius fractures (252.4 per 100,000 person-years).

Finger fractures (130.2 per 100,000 person-years).

Hip fractures (154.9 per 100,000 person-years).

Most Common Sprains & Dislocations [16 studies]:

Ankle sprains (759.0 per 100,000 person-years).

First-time patellar dislocations (49.7 per 100,000 person-years).

Most Common Ligament & Tendon Injuries [31 studies]:

Anterior Cruciate Ligament ruptures (50.2 per 100,000 person-years). Achilles ruptures (19.5 per 100,000 person-years).

MAIN TAKEAWAYS

Pooled incidence estimates serve as important references in assessing the global economic and social burden of musculoskeletal injuries.

Ankle sprain are one of the most common MSK injuries.

As the cost of musculoskeletal injuries is known to be massive, it would be important to understand the commonness of these injuries and to aim resources toward prevention and better treatment optimization in the future.

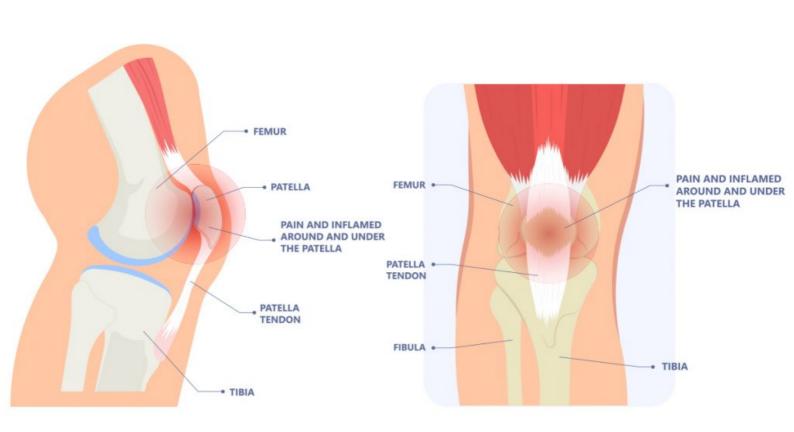
This study used a comprehensive search protocol involving the largest medical research databases, conducted separately for each injury type and screened by two blinded authors.

INCIDENCE RATE OF PATELLO-FEMORAL PAIN

Click for Full Text (Smith et al. 2018)



This systematic review synthesised epidemiological data using a contemporary case definition and clear population classifications, to gain an understanding of incidence and prevalence data for PFP.



KEY FINDINGS

23 studies included; 13,519 patients

Annual Prevalence for Patellofemoral Pain:

General population [22.7%].

Adolescents [28.9%].

Adolescents amateur athletes over 1 season [5.1%-14.9%].

Incidence Rates:

Military recruits [9.7–571.4 per 1,000 person-years].

Amateur runners [1080.5 per 1,000 person-years].

Point prevalence:

Military populations [13.5%].

Adolescents [7.2%].

Female only adolescent athletes [22.7%].

MAIN TAKEAWAYS

PFP is a common condition, with appx. 1/10 military recruits and 1/14 adolescents suffering at any one time; and 1/5 of the general population experiencing pain within the last year.

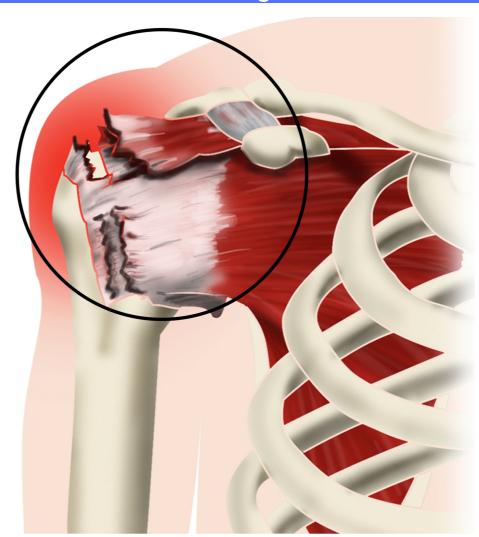
There is some consistency with data showing females are twice as likely to experience PFP as males.

In the context of high incidence and prevalence numbers, poor long term prognosis and high disability levels, PFP should be an urgent research priority. RE-TEAR
RATE
AFTER
ROTATOR
CUFF
SURGERY

Click for Full Text (Longo et al. 2021)



This systematic review and meta-analysis defined the incidence of RCR after surgical treatment at different time points and to identify the main factors influencing the postoperative rotator cuff (RC) healing.



KEY FINDINGS

31 articles included.

Rotator Cuff Re-tear After Surgery:

- At 3 months follow-up [15%].
- At 3-6 months follow-up [21%].
- At 6-12 months follow-up [16%].
- At 12-24 months follow-up [21%].
- At follow-up longer than 24 months [16%].

Main Factors Influencing RC Healing:

- Patient-related (age, larger tear size, fatty infiltration)
- Not patient-related (post-op rehab protocol, surgical techniques, and procedures).

MAIN TAKEAWAYS

Re-tear rate after RC surgical repair is found to be 15% to 21% depending on the length of time to follow-up.

Advanced patients' age, larger tear size, and fatty infiltrations are factors influencing the RC healing negatively.

Future high-level clinical studies should report data on patients' condition, postoperative rehabilitation protocol, and surgical techniques in a standardized way to perform a more consistent comparison among studies, and so to provide highly relevant clinical results.

GIVE US YOUR FEEDBACK!

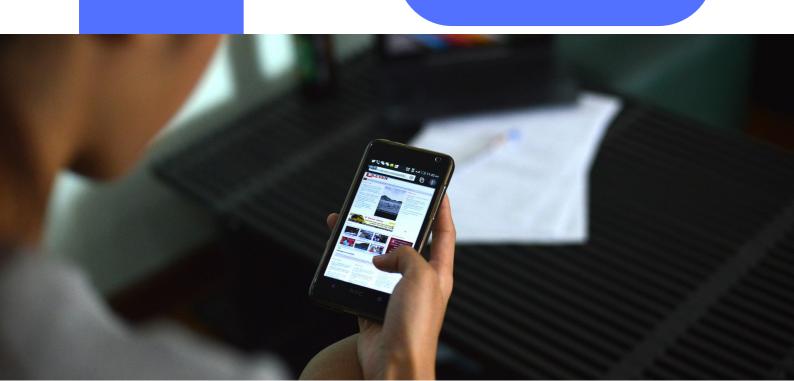
MEMBERS

We are on a mission to make research more accessible, easier to interpret, and quicker to implement.

Help us by giving 1 minute of your time to leave feedback for us.

We would greatly appreciate any feedback you have, as it helps us continually improve!

Leave Review



JBI CRITICAL APPRAISAL CHECKLIST FOR SYSTEMATIC REVIEWS AND RESEARCH SYNTHESES

Author: Ponkilainen et al. Year: 2022

7 (0)	Total Local					
		Yes	No	Unclear	Not applicable	
1.	Is the review question clearly and explicitly stated?	+				
2.	Were the inclusion criteria appropriate for the review question?	+				
3.	Was the search strategy appropriate?	+				
4.	Were the sources and resources used to search for studies adequate?	+				
5.	Were the criteria for appraising studies appropriate?	+				
6.	Was critical appraisal conducted by two or more reviewers independently?	+				
7.	Were there methods to minimize errors in data extraction?	+				
8.	Were the methods used to combine studies appropriate?	+				
9.	Was the likelihood of publication bias assessed?		x			
10.	Were recommendations for policy and/or practice supported by the reported data?	+				
11.	Were the specific directives for new research appropriate?	+				
Overall appraisal: 10/11 (90%)						
LIMITATIONS:						
Heterogeneity of the included studies, which may predispose the pooled incidence estimates to bias of at least some extent.						
Some of the injuries (such as ankle sprains and finger/toe fractures) are usually treated						

in primary healthcare and maybe missing from the studies conducted in larger hospitals.

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JBI CRITICAL APPRAISAL CHECKLIST FOR SYSTEMATIC REVIEWS AND RESEARCH SYNTHESES

Author: Smith et al. Year: 2018

		Yes	No	Unclear	Not applicable	
1.	Is the review question clearly and explicitly stated?	+				
2.	Were the inclusion criteria appropriate for the review question?	+				
3.	Was the search strategy appropriate?	+				
4.	Were the sources and resources used to search for studies adequate?	+				
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7.	Were there methods to minimize errors in data extraction?	+				
8.	Were the methods used to combine studies appropriate?	+				
9.	Was the likelihood of publication bias assessed?		X			
10.	Were recommendations for policy and/or practice supported by the reported data?	+				
11.	Were the specific directives for new research appropriate?	+				
Overall appraisal: 10/11 (90%)						
LIMITATIONS:						
Only 1 author screened Titles and abstracts, although 2 screens full text and quality.						

Did not search for papers published in languages other than English.

JBI CRITICAL APPRAISAL CHECKLIST FOR SYSTEMATIC REVIEWS AND RESEARCH SYNTHESES

Author: Longo et al. Year: 2021

		Yes	No	Unclear	Not applicable	
1.	Is the review question clearly and explicitly stated?	+				
2.	Were the inclusion criteria appropriate for the review question?	+				
3.	Was the search strategy appropriate?	+				
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8.	Were the methods used to combine studies appropriate?	+				
9.	Was the likelihood of publication bias assessed?		X			
10.	Were recommendations for policy and/or practice supported by the reported data?	+				
11.	Were the specific directives for new research appropriate?	+				
Overall appraisal: 10/11 (90%)						
LIMITATIONS:						

No Limitations discussed

A stratified analysis could not be performed for tear size and time point relation because of the insufficient number of studies reporting the preoperative tear size at different follow-up groups.