



SPECIAL ARTICLE

RETURN TO PLAY: Where are we going? It is not a guessing game



Ricard Pruna

F.C. Barcelona Medical Services, Barcelona, Spain

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Abstract Return to play is one of the most important key points within the recovery process of the injured player. It is essential to understand the RTP as a constant decision making process. RTP has to be understood as a dynamic and personalised process. The main objective has to be the absence of further re-injuries but not to exactly predict the RTP time.

There are a series of basic key points to fulfil within the process.

A correct diagnosis: A good diagnosis is the most relevant step in getting a correct RTP, it is really the first cornerstone.; Today in sports medicine practice many variables are still not taken into account when we talk about these injuries.

Strict control of workloads: Sport medicine doctors, are still using different concepts to define the RTP, without any consensus, although the most appropriate concept is the full availability for matches, because the training phase has to be understood as a part of the recovery process.

Apart from clinical exploration or MRI, a test on field assessed by GPS starts to be considered important by the medical and technical staff in personalising the progress of the injury and obtaining a trusted framework to validate the RTP and in the assessment, monitoring and management of workloads.

The objective is to acquire the INDIVIDUAL FIT PROFILE.

Intelligent management of modifiers: The rules of sports have a high influence and affect the return to play. Doctors have to be involved in the sport they are working in and have a deep knowledge of the environment to be able to manage intelligently the decisions made with a player, technical staff and coach.

Where are we going?: The BIG DATA concept is going to help us in future, because we will be able to share the medical experience between the doctors from different countries and use it to improve our knowledge specially in RTP criteria.

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E-mail address: ricard.pruna@fcbarcelona.cat

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PALABRAS CLAVE

Regreso al terreno de juego;
Proceso de recuperación;
Lesión

REGRESO AL TERRENO DE JUEGO: ¿hacia dónde nos dirigimos? No se trata de un juego de adivinanzas

Resumen El regreso al terreno de juego es uno de los aspectos más importantes dentro del proceso de recuperación del jugador lesionado. Es esencial comprender dicho regreso como un proceso constante de la toma de decisión. Debe entenderse como un proceso dinámico y personalizado. El principal objetivo ha de ser la ausencia de nuevas lesiones adicionales, no prediciendo de manera exacta el momento del regreso.

Existen una serie de puntos clave básicos, que hay que satisfacer dentro del proceso.

Diagnóstico correcto: El buen diagnóstico constituye el paso más importante a la hora del regreso, y es el concepto básico. Actualmente, en la práctica de la medicina deportiva siguen existiendo muchas variables que no se tienen en cuenta al hablar de dichas lesiones.

Control estricto de las cargas de trabajo: Los doctores en medicina deportiva continúan utilizando diferentes conceptos para definir el regreso al terreno de juego, sin consenso alguno, aunque el concepto más adecuado es la plena disponibilidad para la competición, ya que la fase de entrenamiento debe entenderse como parte del proceso de recuperación.

Aparte de la exploración clínica o la RM, el equipo médico y el técnico comienzan a dar importancia a la prueba in situ dirigida por GPS, para personalizar el progreso de la lesión y obtener un marco de confianza que valide el regreso al terreno de juego, y evaluar, supervisar y gestionar las cargas de trabajo.

El objetivo es adquirir el PERFIL INDIVIDUAL DE FORMA FÍSICA.

Gestión inteligente de los modificadores: Las reglas deportivas influyen y afectan grandemente al regreso al terreno de juego. Los doctores deben involucrarse en el deporte que manejan, y tener un amplio conocimiento del entorno, para poder manejar con inteligencia las decisiones tomadas por el jugador, el equipo técnico y el entrenador.

¿Hacia dónde nos dirigimos?: El concepto de GRANDES DATOS nos va a ayudar en el futuro, ya que podremos compartir la experiencia médica entre doctores de diferentes países, y utilizarla para mejorar nuestro conocimiento, especialmente en cuanto a los criterios del regreso al terreno de juego.

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Taking into account the latest scientific publications, the study of the RTP has made little progress, or even went in the wrong direction.¹⁻³ Today only few studies are addressing the situation properly and are focusing on the reality of football.^{4,5} Hence is mandatory to ask several questions:

In what way we are assessing the RTP today?

How should we understand the RTP process?

As a static step composed of a series of points to fulfil when the injured player reached the final injury recovery stage or as a constant decision making process?

To be honest the decisions we make from the beginning of the injury affects the final RTP criteria.⁶ The first decision conditions the next one and it turns into a network of decisions that imply a long process where the different variables interact. More specifically, which are these variables?

1. A correct diagnosis
2. A strict control of the workloads during the recovery process
3. An intelligent management of the sport risk modifiers and decision modifiers

Previously to describe in depth these variables, is important to state that RTP has to be understood as a dynamic and personalised process. The main objective has to be the absence of further re-injuries but not to exactly predict the RTP time, it is not a guessing game. During a dynamic process there are lots of different factors that interact modifying the final result.

A correct diagnosis

The biggest mistake in the RTP is the wrong diagnosis or misdiagnosis. It happens because of the incorrect and badly planned decisions about the injury and it has lots of influence in the final results.⁷

Let's analyse some aspects. What is the role of MRI in RTP?

It is agreed that MRI is not a useful tool in the final criteria of RTP,^{8,9} but it is very useful in the beginning.¹⁰ Related to sport medicine there are some injuries that have to be surgically treated immediately and if the clinicians are not skilled in interpreting the MRI and clinical symptoms, they will not be able to assure the correct healing of the injury and the final RTP prediction will be inaccurate.¹¹

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