



Hong Kong Association of Sports
Medicine and Sports Science
(HKASMSS)

香港運動醫學及科學學會

HKASMSS



- 成立於 **1988**，至今已**20**年
- 為國際運動醫學協會，亞洲運動醫學協會，中國香港體育協會暨奧林匹克委員會及香港醫學組織聯會會員
- 致力推動香港運動醫學及科學之研究、教育及發展



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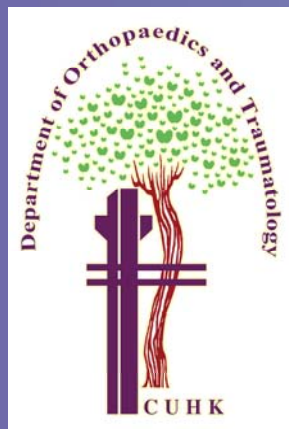
Dr. Jonathan WAI
Commission Member





ELITE TRAINING SEMINAR

Overuse Injuries & Stress Fractures in Athletes



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HONG KONG
SPORTS INST
MANDARIN
香港體育學





Risk of sports injuries

運動創傷風險

SPORTS INJURY in HK (1996-2005)



Sports Injury 21.5%



Traffic accident 17.7%



Home/Leisure 44%



Violence 6.9%

Details of sports involved

Ball games

Basketball	37
Soccer	28
Volleyball	12
Badminton	9
Handball	5
Table tennis	2
Rugby	2
Softball	1
Track and field	
Sprinting	15
Middle and long distance running	10
Long jump	8
High jump	5
Other specialties	18
Water sports	
Swimming	7
Rowing	1
Martial judo	
Judo	2
Karate	1
Cycling	28
Ballet dancing	10
Gymnastics	8
Trampolining	5
Weight training	2
Roller skating	3
Others (horse riding, bowling, climbing, etc.)	17

Overuse Injuries

IN SPORTS

過勞損傷

How common ?

- Cyclists : Tour de France 2290 miles
- Sports Runners : 30-50 km / wk
- Long distance runners : 50-100 km/wk
- Elite marathoner : 200-250km per week
- Swimmers & gymnasts : several hours a day (often young adolescents)

Repeated movement and stress.....

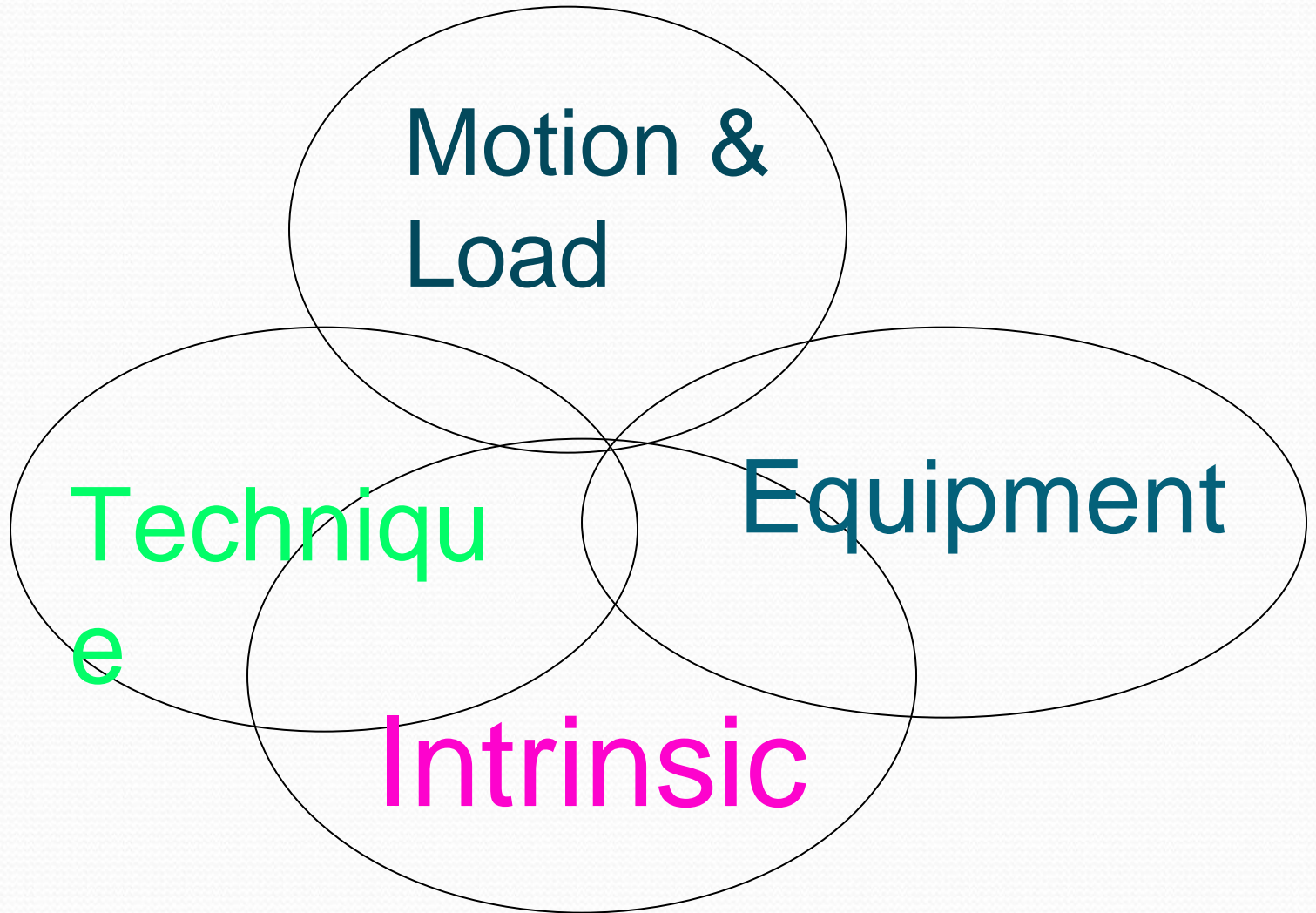


Repetitive micro trauma that exceeds the ability of the tissue to adapt (Pitner) >>>>>>>>>>>>>>> OVERUSE

Overuse Injuries

- **Injury rate increases with the frequency, intensity, mode and duration of training.**
- **Many other factors contributing to getting hurt during training:**
 - **pre-existing anatomical abnormalities**
 - **medical problems**
 - **training program & technique**
 - **distribution of training and rest**
 - **how your body adapts to wear & tear.**

Combination of factors



TISSUES PRONE TO OVERUSE INJURIES

- Bone
- Cartilage
- Ligament
- Muscles
- Tendons
- Fascial compartments
- Nerve entrapment

After injury, what to do next?

- **“RICE” or “PRICE”.**
- **Treat the symptoms.**
- **Heal the tissue**
- **PREVENTION OF RECURRENCE:**
 - **Identifying the cause of the injuries (like limbs malalignment, muscle weakness, soft tissue tightness, wrong pair of shoes....)**
- **Rehabilitation:**
 - **“Train through” injury (with a bit of slowing down the intensity) or having a complete rest?**
 - **Certain extent of “Cross training” (like swimming, cycling...) will probably a good compromise**

Warning Features of Overuse Injuries in Athletes:

- *Intensive pain*
- *Deteriorating symptoms*
 - *Cannot train*
- *Risk factors identified*
 - *Previous history*

Preparing for Marathon

- **How many foot steps you take to finish a Marathon Race?**
- **30000 to 50000 steps**
- **For an athlete training for 6 months (60km per week) in the preparation of a marathon game.....**
- **Over 1 million steps per foot!!!**
- **Every time the foot hits the ground, a stress three to four times the body weight is absorbed via the ankles, knees, hips and then the back.**

MARATHON 2007 Vs 2008

渣打馬拉松兩屆小統計

2006年	比較項目	2007年
40,174	參賽人數	43,284
35,667	實際起跑人數	37,438
88.8%	出席率	86.5%
5,257 (14.7%)	不適人數 (佔起跑人數比例)	6,249 (16.7%)
當中包括		
22人，其中1死 1危殆	入院	35人，其中1人 危殆，29人已 出院
432人	受傷	455人
4,803人	抽筋	5,759人

資料來源：渣打馬拉松主辦單位、醫療輔助隊



不少運動員為免中暑，走到水站時紛紛拿起清水「照頭淋」，散散熱。
(郭慶輝攝)



Standard Chartered
HONG KONG
MARATHON 2007
渣打馬拉松

渣打馬拉松各項統計

參賽人數	十公里	半馬拉松	馬拉松	總數
開跑	27,094人	9,880人	5,603人	42,577人
完成賽事	26,997人	9,850人	4,785人	41,632人
完成賽事比率	99.64%	99.70%	85.40%	97.78%

接受醫療服務人次	2008年	2007年
抽筋/按摩	2,006人次	5,759人次
傷口包紮	256人次	
水泡處理	26人次	455人次
冰敷	21人次	
保暖	10人次	
送院	31人*	35人

*至昨傍晚31人中24人已出院，7人留院



跑手各出奇謀，穿上鯊魚套裝爭取成績。

The Standard Monday, February 18, 2008



More than 42,500 professional and fun runners took part in yesterday's races compared with 30,000 last year. SAFCOL.HK

Best feet forward right to the very end

2009 HK Marathon



***PAIN around the
“FOOT & HEEL”***

Basketball Player



- M/17, Form 6 student
- Semi-Professional Basketball player, representing HK Junior
- c/o of insidious onset of heel pain upon running since 1 month ago, relieve with resting
- Increased training intensities over the past 3 months
- Also change of training program over the past 3 months

Basketball Player



- Treated as calcaneal bursitis by GP with NSAID
- Then gradually developing pain even on walking or standing
- Pain persisted
- X-Ray taken at 5 weeks after symptom onset: NAD
- Local tenderness at the posterior, lateral and medial aspect of Os calcis

Recreational Long Distance Runner

- Slightly increase in warmth around the heel
- MRI:



姚明左腳骨折告別本賽季

<http://news.sina.com> 2008年02月27日 04:03 簡報



姚明歷年手術紀錄



第 1 次手術

2005年6月16日
左腳踝骨刺

第 6 次手術

2008年??月??日
左腳踝骨裂傷

第 5 次手術

2006年12月24日
右腳脛骨骨折

第 2 次手術

2005年12月19日
右腳大拇指

第 3 次手術

2005年12月底
右腳大拇指

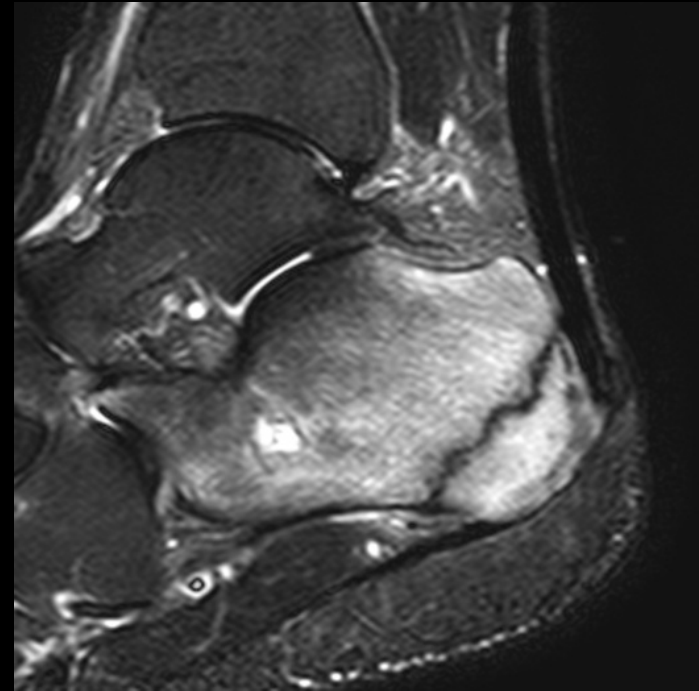
第 4 次手術

2006年4月11日
左腳趾骨骨折

資料照片 / 趙文彬攝影

製表 / 權偉啟

圖 / 聯合報提供



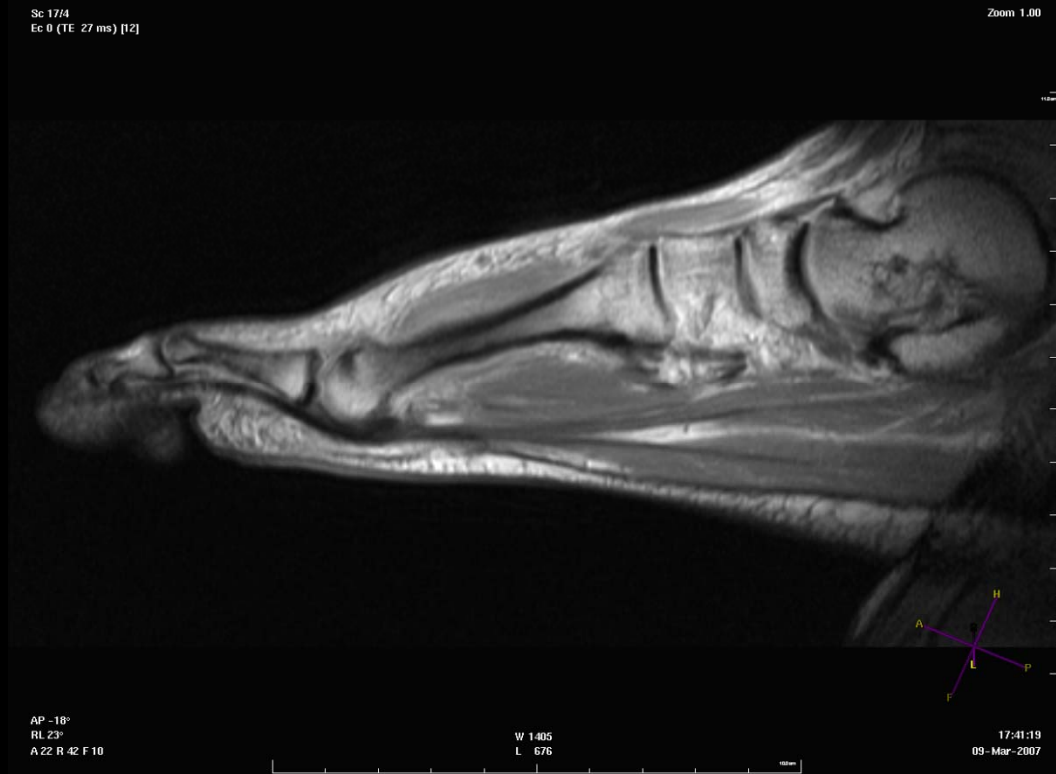
Elite Long Distance Runner

- F/26
- Long Distance Runner, Marathon Runner, training for ~20 km/day
- c/o of insidious onset of mid-foot pain upon running, relieve with resting
- Tenderness over 2nd & 3rd Metatarsal

X-Ray:



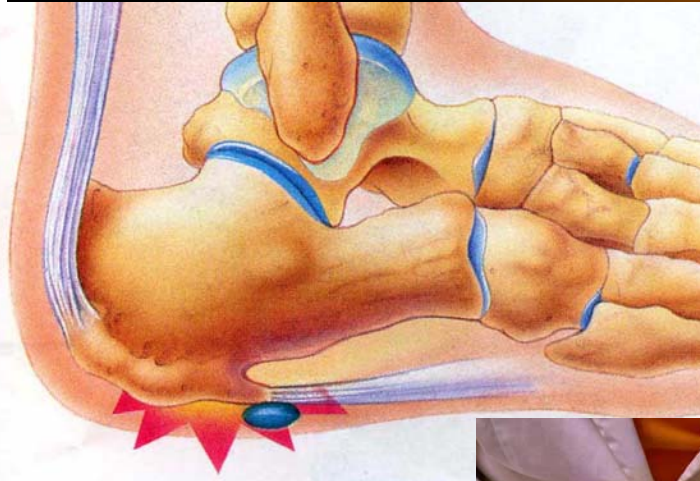
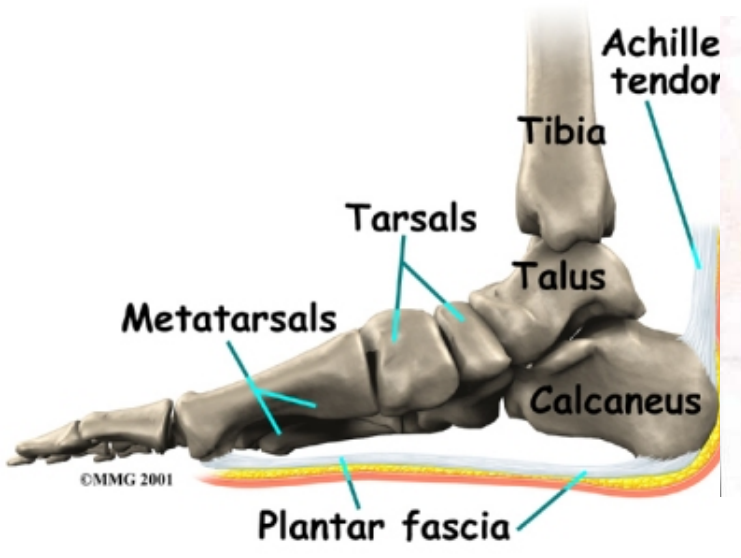
Stress Fractures of Metatarsal Bones

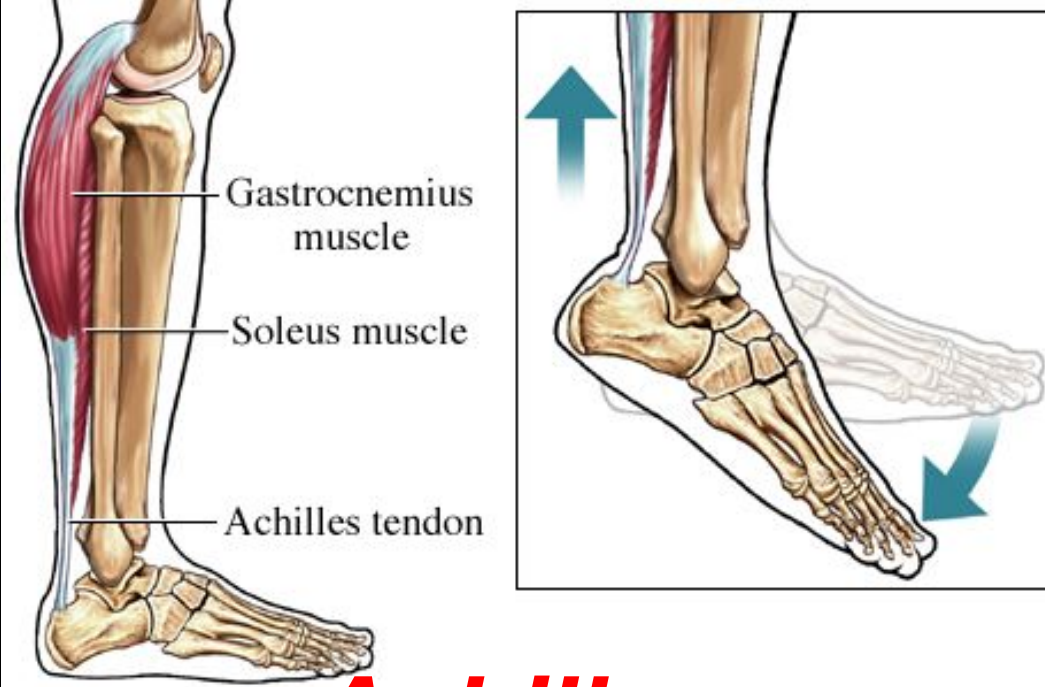




*Of course not every
“HEEL” pain in Athletes are
Stress Fracture,
this is just minority*

Plantar Fasciitis





Achilles Tendinitis/Tendinosis





[Redacted patient name]

F.G. DIAGNOSTIC IMAGING

L12-5 38 SmPart/R.C.

26 Aug 07
17:00:57

TIs 0.1 MI 0.7
F# 159 3.7 cm

Map 6
DynRg 60dB
Persist Med
Fr Rate High
2D Opt:Res



swollen tendon>>

LT ACHILLES TENDON

PAIN around the “LEG”

Hong Kong Team Triathlon Athlete



- M25
- Triathlon athlete, 10K runners
- Insidious onset of Right leg pain upon running, seen by GP with X-Ray taken: NAD
- Coped for 1 months with physiotherapy and treated as “ShinSplints”, keep on to train with pain
- Starting to have pain even on walking

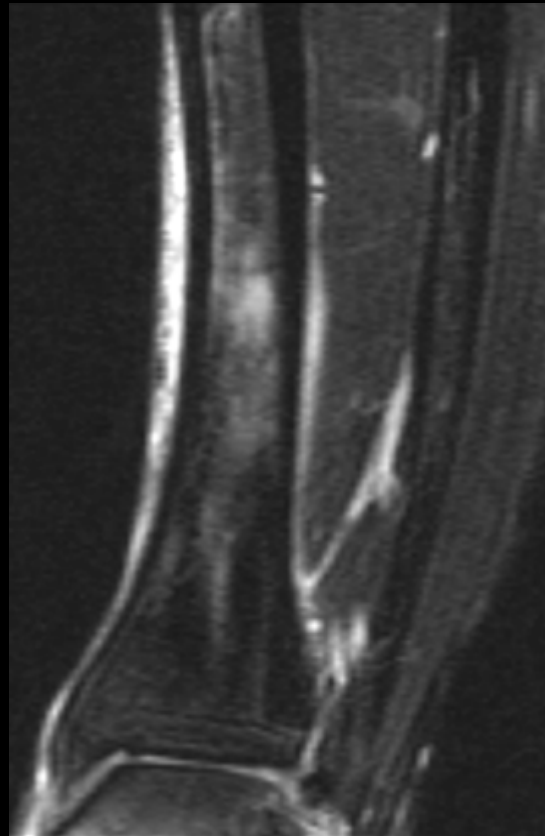
Hong Kong Team Triathlon Athlete

- Seen by me around 2 months after the onset of pain.
- Mild local tenderness over the tibia at anterior medial aspect of the leg
- X-Rays: slightly increased periosteal reaction



Hong Kong Team Triathlon Athlete

- Stress MRI: Increase marrow signal



*Not Every Leg pain is
because of Stress Fracture*

Medial tibial pain syndrome (Tibial periostitis)

- Now properly used to replace the old term of “ShinSplints”.
- Pain over the medial side of the distal tibia, resulted from **inflammation of the tissue overlying the medial aspect of distal tibia, with inflammation of the periosteum**, thus called “Tibial Periostitis”.
- **Diagnosis : With Care to rule out compartment syndrome and stress fracture of tibia.**
- **Commonly caused by overtraining, with predisposing factors very similar to that of stress fracture, like tight calf muscle, over pronated feet, training on hard surface and worn out shoes.**

HK Team Triathlon Athlete

- M/18
- Complained of pain over the anterior lateral aspect of right leg during running for about 20 minutes, relief with resting.
- P/E: NAD (no tenderness, no nerve palsy)
- Symptoms persist despite treatment with physiotherapy, noted “tense” feeling of the leg with short moments of numbness of foot upon pain of affected leg.
- X-Ray: NAD

HK Team Triathlon Athlete

- Compartment pressure monitoring after running for 20 minutes: 60mmHg

**CHRONIC
COMPARTMENT
SYNDROME**

Symptoms:

- Onset of symptom is usually gradual, but increased with an ache, sharp pain, or pressure in the anterior-lateral aspect of the lower leg
- Symptoms completely abate when the activity is stopped.
- When the conditions deteriorated, there may be weakness when trying to dorsiflex the foot and toes upward, and pain when the foot and toes are flexed passively.
- Numbness over the dorsum of the foot and in-between big and second toe are common complains in later stage.
- The athlete will become impossible to exercise once the symptoms happened.
- Confirm by measurement after work provocation (>40mmHg)

Treatment:

- One should cease running once the diagnosis is confirmed.
- It is important to identify any predisposing factor
 - modifying training regimen
 - Paying attention to training surface, footwear and running technique.
- However, most of the cases will **recur** once the athlete resume running.
- So once the diagnosis is confirmed and conservative treatment failed, the doctor will advice on surgery (**Fasciotomy**) if the athlete wishes to continue in running sports.

PAIN around the “HIP”

University Long Distance Runner

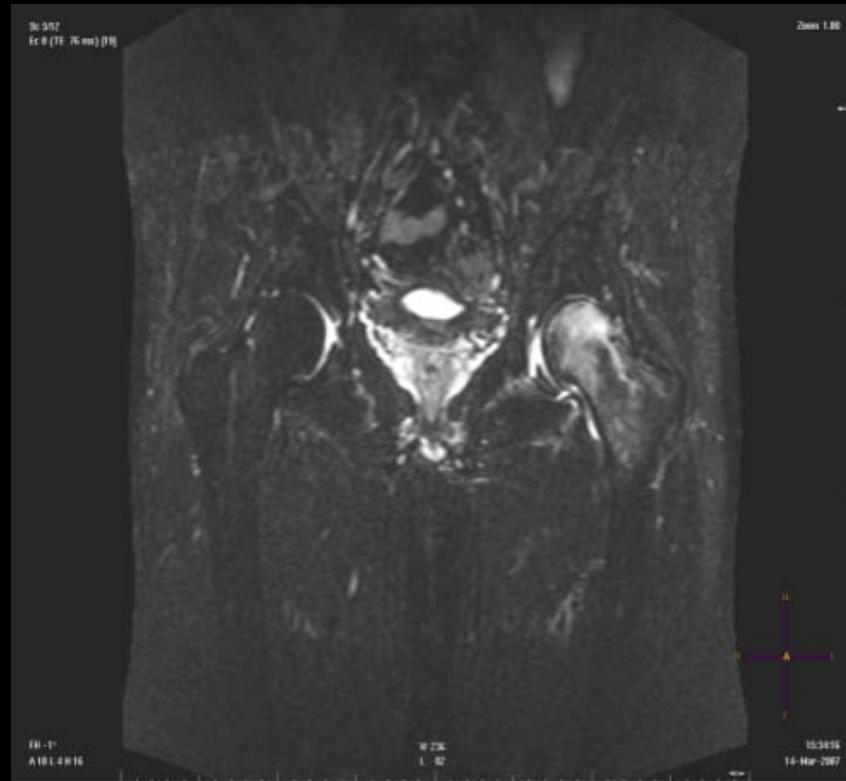
- F/20
- Representing University for long distance running & Cross-Country Running
- Preparation for the HK Marathon in 2008
- Running for ~ 100km/week for about 2 months
- c/o of increasing pain over the left hip

University Long Distance Runner

- Seen by GP for another month, with X-Ray normal, treated as “Sprained Hip”
- Pain persisted despite treatment with Physiotherapy for another 1 month
- Clinically Aching pain with “C-Sign” pointing to left hip

University Long Distance Runner

- **MRI: Stress Fracture of Left Hip Head-Neck Junction**



Stress Fractures in the Hip

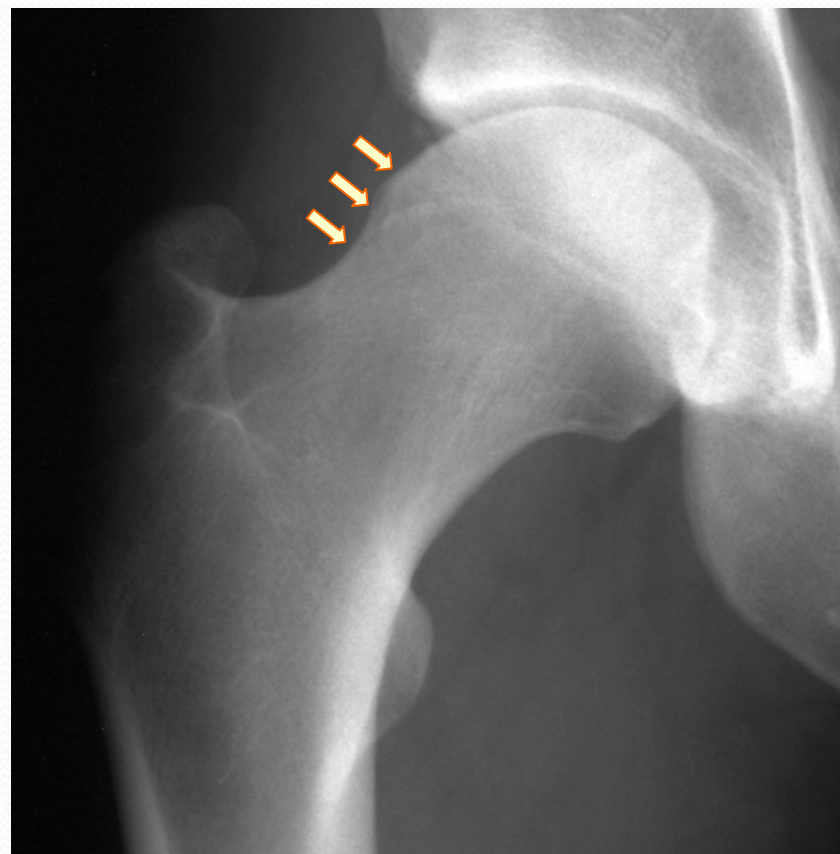
- The consequence of a delay in diagnosis – Eriksson 1990 AJSM
- 23 patients : doctors' delay averaged 13 weeks (3 developed AVN)
- 15% displaced to complete fractures
- Groin pain provoked by movement of hip joint
- Negative X-ray DOES NOT rule out #
- MRI sensitive in making the diagnosis
- Bone scan often positive within 3-4 days

*Stress Fracture of the
Hip is “RARE”*

Femoroacetabular Impingement : cam-type

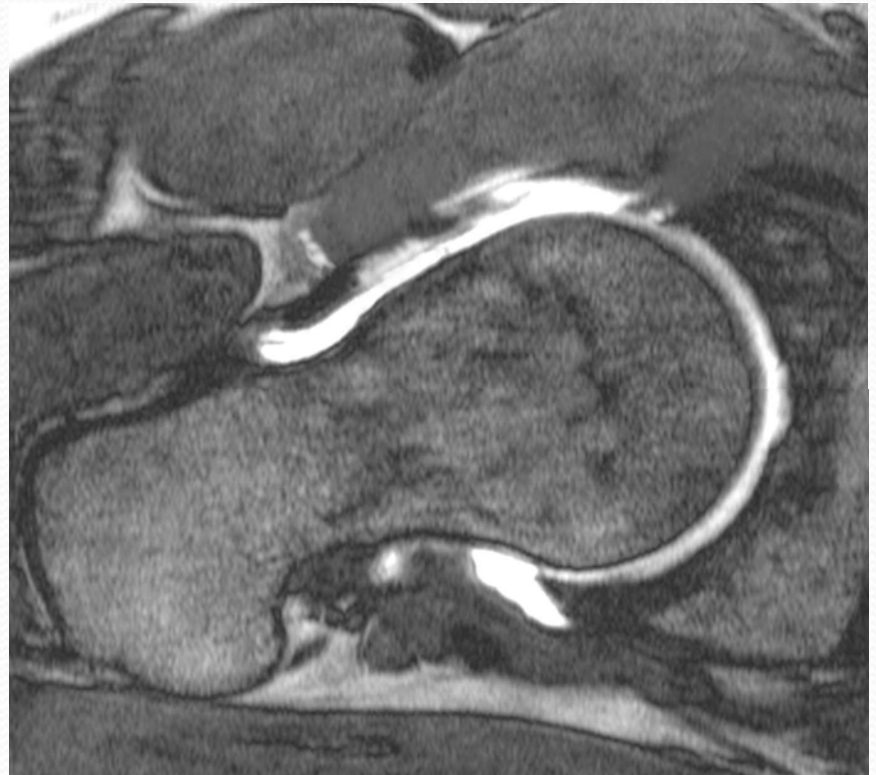


normal for comparison

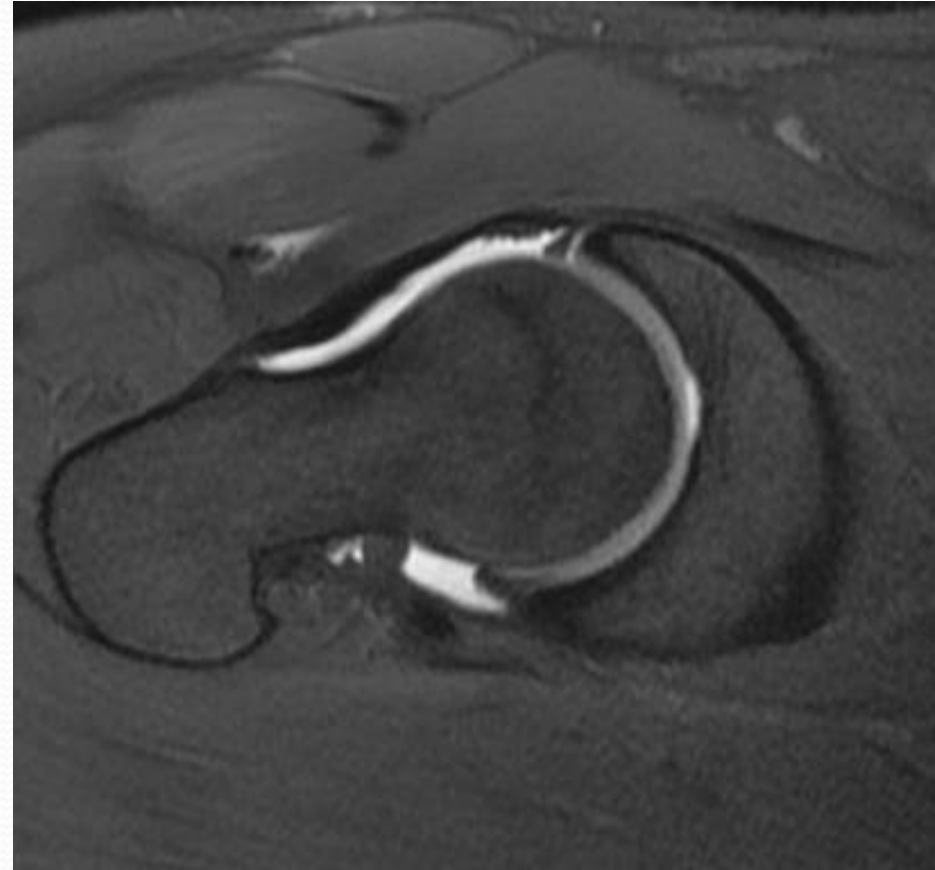


head-neck junction
'pistol-grip deformity'

FAI : cam-type



X-Ray & MRI

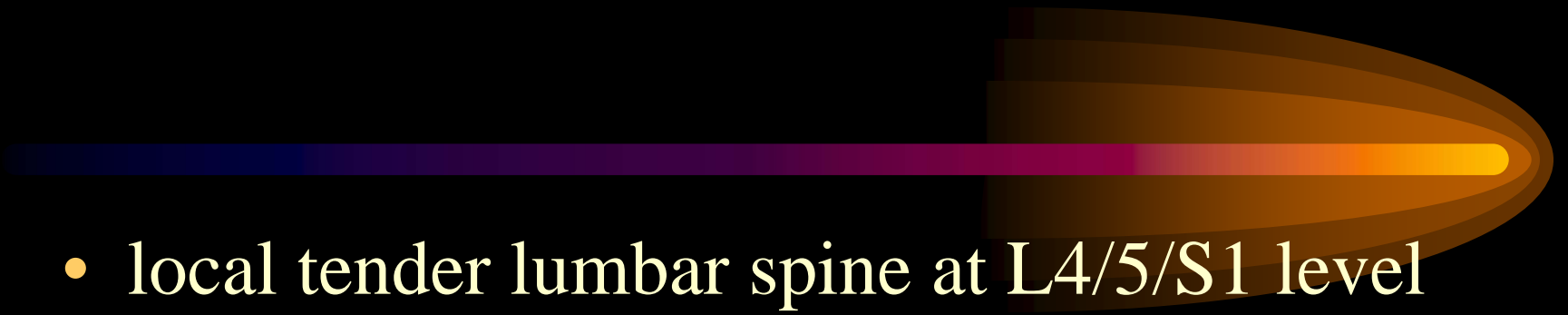


*Problems can happen
at the “BACK”!!!*

HK ROWING TEAM

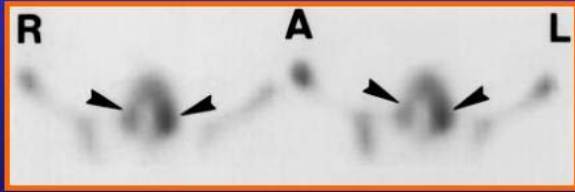


- M/17
- Back pain for 6 months, on and off
- No specific injury
- Pain during sports especially on hyperextension of back

- 
- local tender lumbar spine at L4/5/S1 level
 - spinal excursion OK but pain on hyperextension of lower back
 - SLR full
 - no neurological deficit

SPONDYLOLYSIS

Spondylolysis



Epidemiology (Athlete)



- Overall prevalence 8.02%
- 27% in throwing sports (discus, javelin, shot put)
- 33% in gymnasts
- increased prevalence in rowing, weightlifting & diving sports (10-20%)

Etiology (acquired)



- Biomechanical

- intense shear stress at the pars esp in extension posture
- fatigue fracture at pars in vitro (*Ichikawa : Br J Sports Med : 16(3) : 1982*)
- **repetitive flexion & extension** load (*Letts : J Ped Orth : 1986*)
- lateral flexion with rotation also important

Clinical feature



- usually no history of specific injury
- symptomatic in 46% (*Soler : Am J Sports Med : 28 : 2000*)
- back pain **worsen on exercise & hyperextension**
- tenderness & hamstring tightness

STRESS FRACTURE

***- Though Not Very Common,
But EARLY Detection
is Very Important***

Unfortunately.... Most of the time Stress Fracture is being missed.....

趙蕊蕊復出振軍心

陳忠和：中國隊度過最艱難日子

經過4個多月共131日的養傷，中國女排副攻手趙蕊蕊終於在兩場對波蘭的友賽復出，帶領球隊兩度擊退對手。趙蕊蕊對於回歸球場感到非常興奮，她更迅速將受傷期間的不快事抹掉。教練陳忠和亦顯得如釋重負，並指中國隊最艱難的日子已經過去。

閃亮回歸 中
衫)傷癒歸隊，球
擊退歐洲冠軍波

千呼萬喚

趙蕊蕊在國家隊3月底一次訓練因疲勞過度而導致骨折，令她錯過中國近4個月的比賽。在趙蕊蕊缺陣下，中國隊在剛過去的世界女排大獎賽總決賽僅以第5名完成賽事，球隊在奧運爭金路途蒙上陰影。不過，中國

於8月3日和5日作客約戰歐洲冠軍波蘭，趙蕊蕊在千呼萬喚下重踏球

聲雷動，波蘭教練雷薩德更吹起口哨歡迎她的復出。趙蕊蕊賽後表示：「我沒有想到氣氛會這麼熱烈，我首次覺得手裏的換人號碼牌很沉重，不過心中只想着下一球該怎麼打。」趙蕊蕊亦表示，對復出期待已久：「我一直期待這一天，我總在想，當自己在球場上騰空而起時，一定要用眼淚來紀念。但真正到了賽場，我已來不及哭了，我現在只感到



Stress fracture of the Lower Limb

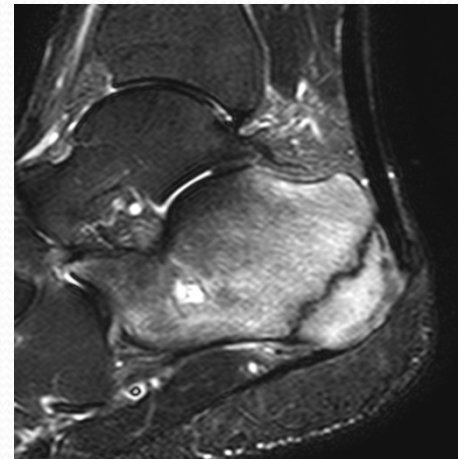
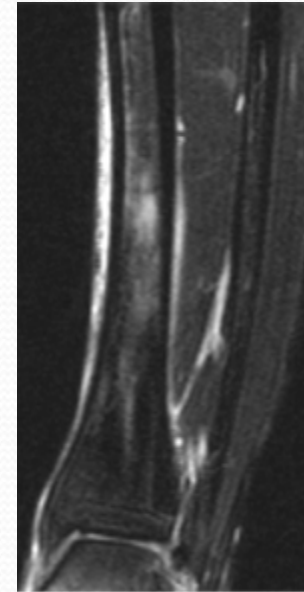
- 95% of stress fracture occur in lower limbs, and most often seen in the legs or feet.
- **Tibia 50%, Tarsals 25%, Metatarsals 8.8%**
- 19% over the upper mid-tibia, 4% over the mid-tibia, and 11% over the distal tibia.



Where do stress fractures occur?

- Tibia 50%
- Tarsals 25%
- Metatarsals 8.8%
- Femur/ fibula/ pelvis/ sesamoids/ spine
- Bilateral in 16.6% of cases

- *Stress fractures in athletes: a study of 320 cases Matheson GO. Etal AJSM 1987Jan-Feb;15(1):46-58*



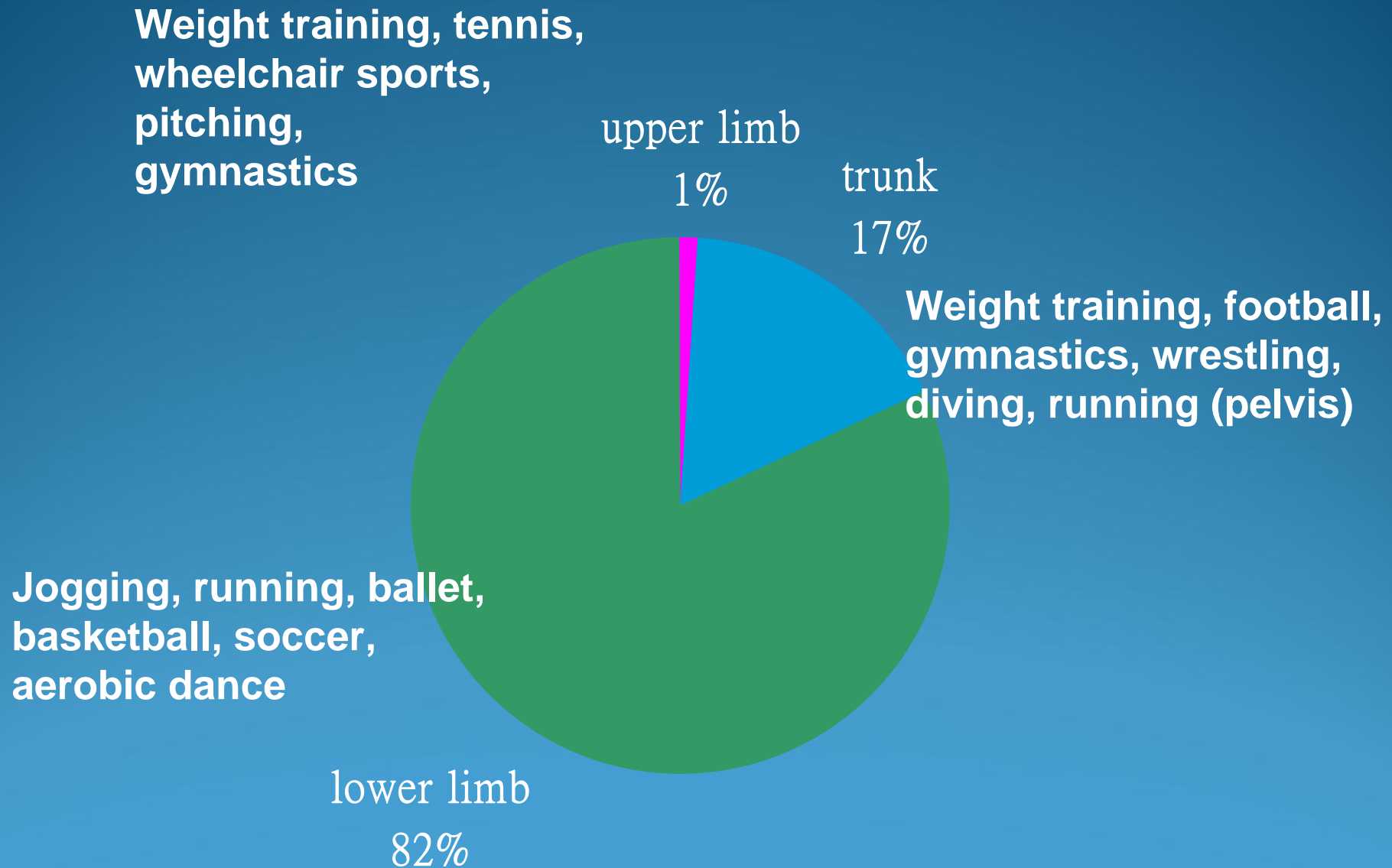
What activities make athletes most susceptible to stress fractures?



In all of these sports, the repetitive stress of the foot striking the ground can cause trauma.

Without sufficient rest between workouts or competitions, an athlete risks developing stress fracture

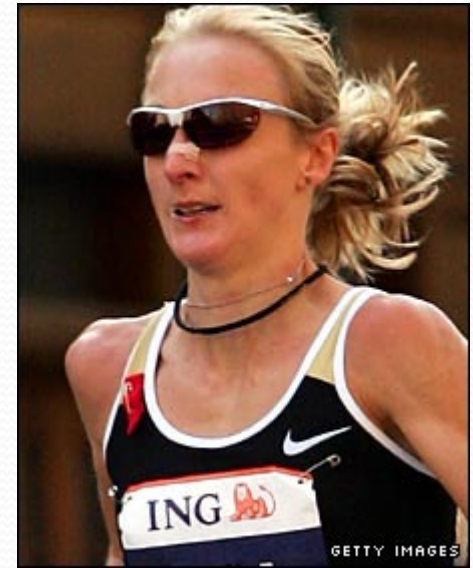
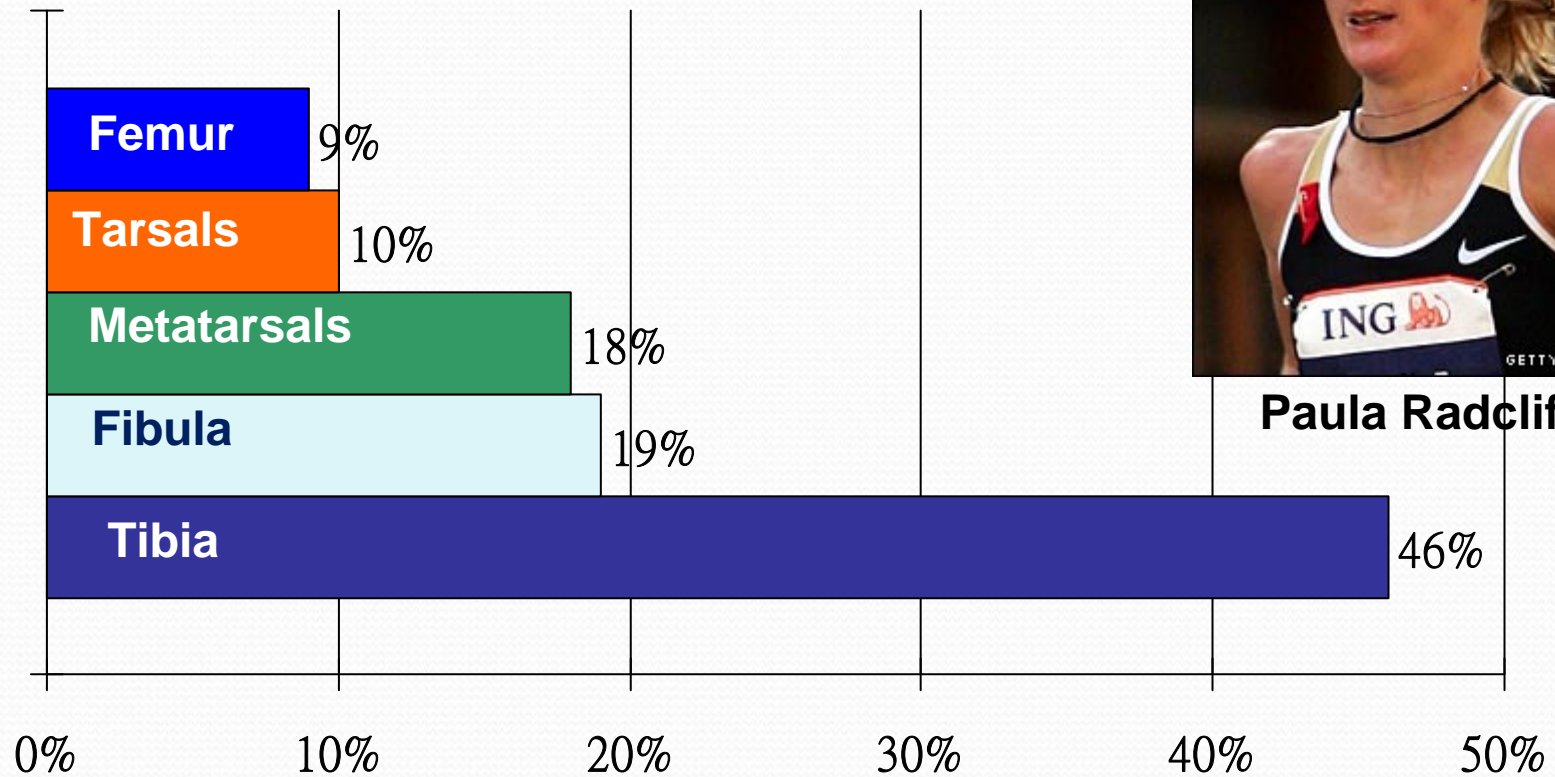
Literature review of 3198 stress fractures



Location of common stress fractures according to sport

SPORT	LOCATION
Runners	Tibia (distal), fibula, metatarsals
Basketball	Tarsal navicular, tibia (midshaft)
Football	Metatarsals, first metatarsophalangeal sesamoids
Dancers	Metatarsal (base), tibia (midshaft)
Military recruits	Metatarsal (distal shaft), calcaneus, tibia (proximal)

INCIDENCE OF STRESS FRACTURES -LOWER LIMB



Paula Radcliffe

Causes:

Classical overtraining

- Sudden increase in frequency, duration, and intensities of training.
- Running on hard surface
- worn out shoes
- poor nutrition
- biomechanical disadvantages (flat feet)
- poor running technique.



Symptoms:

Usually the athlete complained of pain over the affected bone during activity, initially subtle and gradually

- => Become sharp and intense, which is quite localized.
- => With time, associated swelling may become obvious, and the pain is so severe that one must stop running immediately.

Investigations:

- Early X-Rays of the bone usually do not reveal the stress fractures until **4-8 weeks** after the symptoms occur.
- **Bone scan** false out in usage
- **MRI**, very useful and reliable to detect stress fracture in the very early stages.

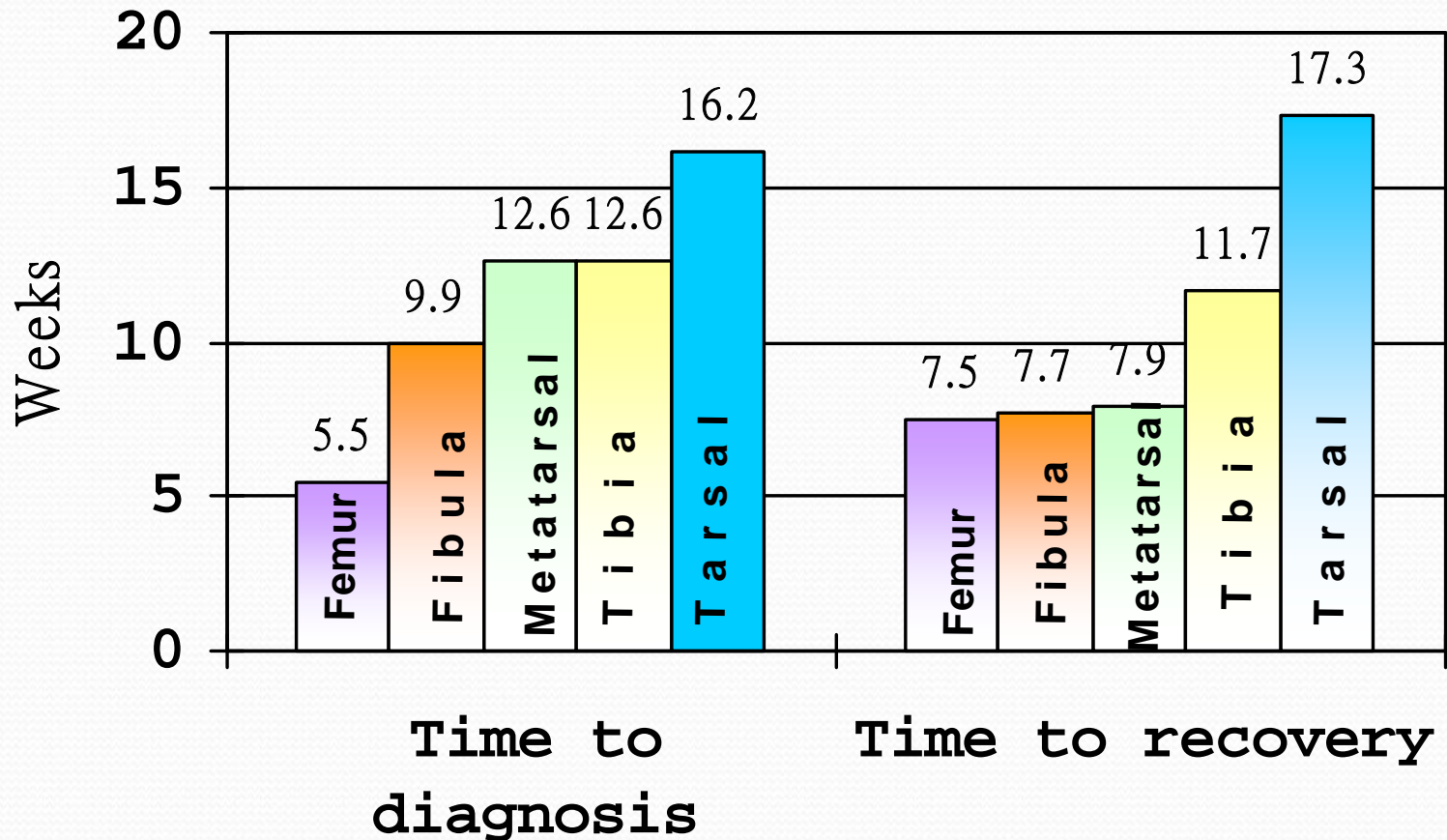


Treatment:

- Stop from running once stress fracture is diagnosed.
- Analgesic (remind the athlete of the mask effect of the analgesics)
- Protective weight bearing walking in the acute phase to relief the stress, like wearing a cushioned boot (Aircast).

- **non-weight bearing cross training** like swimming to maintain his/her cardiovascular fitness.
- With time, usually takes about **6 -8 weeks**, the pain will subside and the athlete can gradually start **weight-bearing exercise training**, firstly on soft ground until pain free without swelling, then one can resume normal training.
- Identify if **any preexisting anatomical abnormality** leading to the problem, and tackle it before resume running.

Average time to diagnosis and healing of specific stress fracture sites



Prevention & Early detection

- Proper conditioning and pre-season training
- Proper shoe wears
- Balanced diet
- If pain or swelling occurs, immediately stop the activity and rest for a few days. If continued pain persists, reconsult a doctor
- ***High index of suspicious!!!***

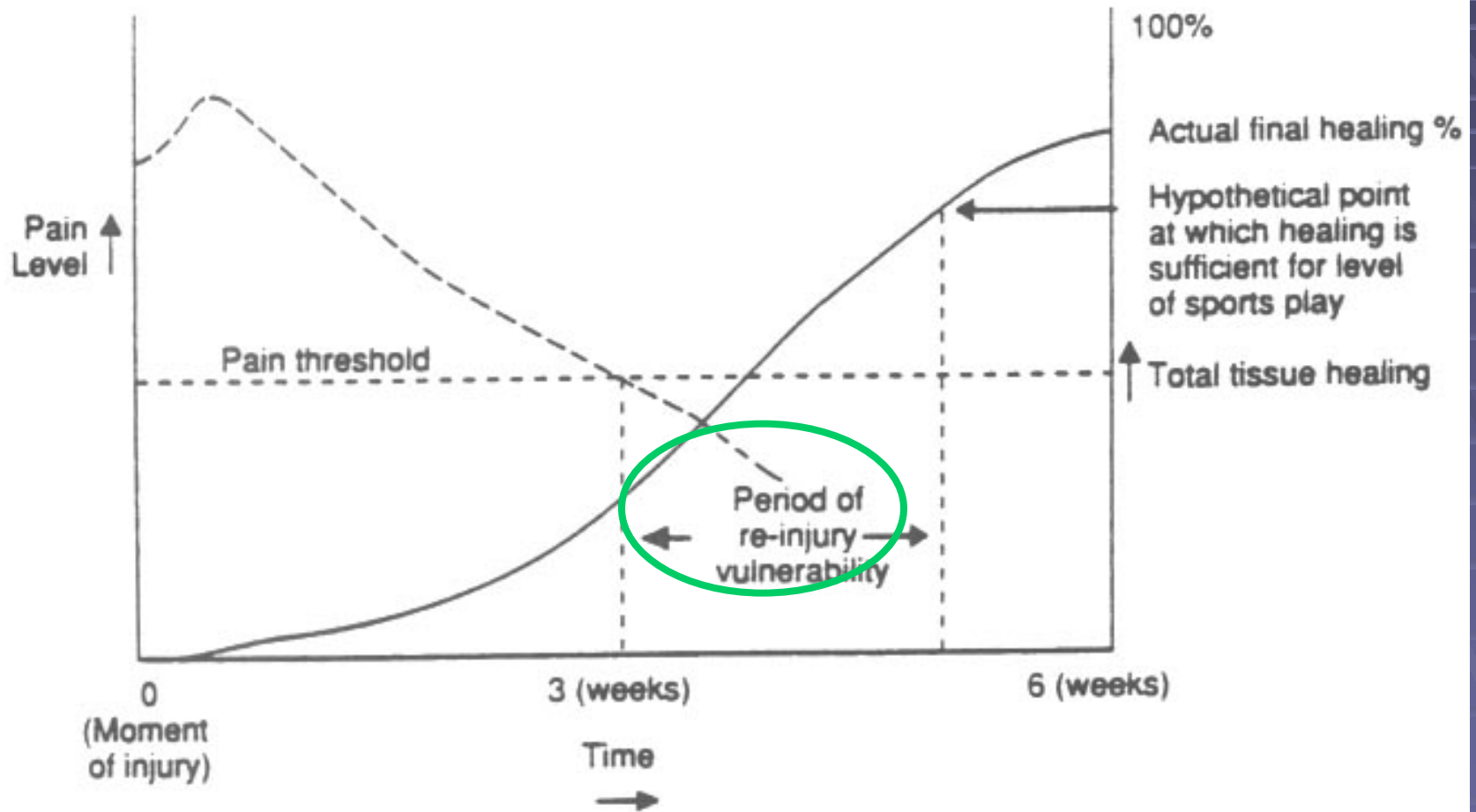
“DOC, WHEN CAN HE PLAY?”



Criteria for return to sports

- Absence of Pain & tenderness
- Muscle Function within 10 % of normal at both slow & fast speeds on Isokinetic testing
- Restoration of flexibility & endurance
- Intact proprioceptive sense
- Sports-specific functional evaluation

TOO SOON..... TOO EARLY



EDUCATING THE ATHLETES & COACHES

Athlete Dialogue



Sports specific parameters

Sports	Flex.	Strength	Speed	Anaerobic	Aerobic
Soccer	3	2	3	4	4
Tennis	4	2	4	4	3
Golf	3	4	3	2	1
Dist. Run	3	2	2	2	4

Preventing Overuse Injuries

- Recognise & Correct Poor **technique / posture**
- **Proper Training Program** under coaches guidance
- Check fit & appropriateness of **equipment**
- **Warm up & stretch** before & after sport
- **Gradually** increase intensity & duration of practice
- Avoid playing when very tired or in pain
- ***Do Not Use Steroids***



REHABILITATION

-Start as early as possible

The Key to **INJURY PREVENTION** is **STRENGTH** and **FLEXIBILITY**



CONCLUSIONS:



- Overuse injuries are not uncommon during training for an athlete, the correct attitude **is to face it and tackle it** with knowledge wisely once they've occurred.
- I always guide my patients to think of this in two distinct ways:
 - Healing the actual trauma so one can return to run without pain.
 - ***Determining the underlying causes of the injury so as to prevent recurrence.***



**Your Body Will
Let You Know
How Much To Do.**

Team Work



Team
Physician

Physical
Therapist

Athletes

Athletic
Trainer

Coach



Hong Kong Association of
Sports Medicine and Sports Science
香港運動醫學及科學學會

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*Welcome All of You
to join the
Sports Fraternity*

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Welcome to HKASMSS!



The Association held its inaugural general meeting on April 17, 1988 and received its Certificate of incorporation on October 4, 1988. The founder President is Prof. K M Chan.

The Association is the member of The International Federation of Sports Medicine (FIMS) and the Asian Federation of Sports Medicine.

The Association aims to promote and advance the practice, education and research of medicine and science in relation to sports & exercise.



Click here to join 

Online content of our journal



News

December 12, 2008
Managing common orthopaedics injuries in running
[details]

December 11, 2008
Canadian Academy of Sport - Sports Medicine Conference
[details]

December 3, 2008
Mingpao - Abdomen pain during running
[details]

December 2, 2008
Mingpao - Running shoe for runners with pronated feet
[details]

November 28, 2008
WACBE World Congress on Bioengineering 2009
[details]

November 26, 2008
The 1st HKACEP Seminar on "Investment Knowledge"
[details]

[News Archive]

<http://www.hkasmss.org.hk/>

Facebook Group



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Hong Kong Association of Sports Medicine and Sports Science

Global

Basic Info

Type:

Organizations - Academic Organizations

Description:

This group is started and maintained by Hong Kong Association of Sports Medicine and Sports Science to share news to local colleagues, friends and students. If you are working in or interested in sports medicine and sports science, please join! Thanks!

If you like to further join as a member to HKASMSS, please go to our website (<http://www.hkasmss.org.hk>) and fill in the membership application form (<http://www.hkasmss.org.hk/membership.doc>). Thanks!

Contact Info

Email:

dfong@ort.cuhk.edu.hk

Website:

<http://www.hkasmss.org.hk>

Office:

Mr Raymond So, Hon. Secretary, Hong Kong Association of Sports Medicine and Sports Science, c/o Hong Kong Sports Institute, 2 On Chun Street, Ma On Shan, Shatin

Location:

Hong Kong, Hong Kong



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Recent News

We have celebrated the 20th anniversary and organized the 2nd Student Conference on Sport Medicine, Rehabilitation and Exercise Science on November 1, 2008. Please check the details at <http://www.hkasmss.org.hk/2008conference>.

Post-conference report and photos are posted on the web. Please go and view, and feel free to save the full-size photos!

Congratulations to Miss Bee-Tian Teng, Miss Erica YY Lau, Dr Yajun Huang, Miss Polly Chung and Mr Mak-Ham Lam for winning the Best Paper Awards!

Officers

Lobo Louie (Hong Kong)

Vice President

Parco Siu

Council Member

Clare Yu

Council Member

Eric Ho (Hong Kong)

Commission Member

Karly Chan (Hong Kong)

Commission Member



The Chinese University of Hong Kong
Faculty of Medicine
CUHK-WHO Collaborating Centre for Sports Medicine and Health Promotion

MASTER OF SCIENCE & POSTGRADUATE DIPLOMA IN SPORTS MEDICINE & HEALTH SCIENCE

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Programme Features

- Internationally recognized qualification
- Top-class faculty
- Value-added practice
- Market-competitive prospect
- Networking with international professionals

Target Students

- Medical Doctors, Physiotherapists, Nurses, Sports Scientists and Allied Health Professions

Programme Focus

- Sports Medicine and General Health
- Exercise, Fitness and Health
- Sports Nutrition for Health and Performance
- Biomechanics and Kinetics in Exercise
- Medical Aspects of Sports and Exercise
- Sports Injuries Prevention and Management
- Sports Physical Therapy

Information Sessions

Session Dates	Time	Venue
Jan 15, 09 (Thursday)	7-8pm	Tutorial Rm., 2/E, School of Public Health, Prince of Wales Hospital, Shatin
Mar 6, 09 (Friday)	7-8pm	Seminar Rm. 3, 1/F, School of Public Health, Prince of Wales Hospital, Shatin
Apr 16, 09 (Thursday)	7-8pm	Seminar Rm. 2, 1/F, School of Public Health, Prince of Wales Hospital, Shatin

Programme Director

- Prof. Kai-Ming CHAN OBE, JP

Deputy Directors

- Dr. Patrick SH YUNG
- Prof. Pauline PY LUI
- Dr. Daniel TP FONG



Application Deadline: 30 APRIL 2009 (Thu)



CUHK-WHO Collaborating Centre for Sports Medicine and Health Promotion
Department of Orthopaedics and Traumatology



In Collaboration With: The Hong Kong Jockey Club Sports Medicine and Health Sciences Centre
Asian Federation of Sports Medicine



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Rm. 74029, 5/F, Clinical Sciences Building, Prince of Wales Hospital, Shatin, Hong Kong



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