



# When Can I Play Again? Return To Play Following Joint Injuries.

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# Conflicts of Interest

No Disclosures





# Case Study

- 9yo male presents on Thursday with pain and swelling on the outside of his right ankle
- Was playing basketball with friends at school on the Wednesday lunchtime and thinks he “rolled his ankle”. Kept playing but was really sore by the time school was finished
- Treated at home Wednesday evening - extra dose of factor, PRICE
- Unwilling to take much weight on right leg, not moving foot much, bruising and warmth around ankle
- Medical History: Severe Haemophilia A – 2<sup>nd</sup> daily prophylaxis. No inhibitors

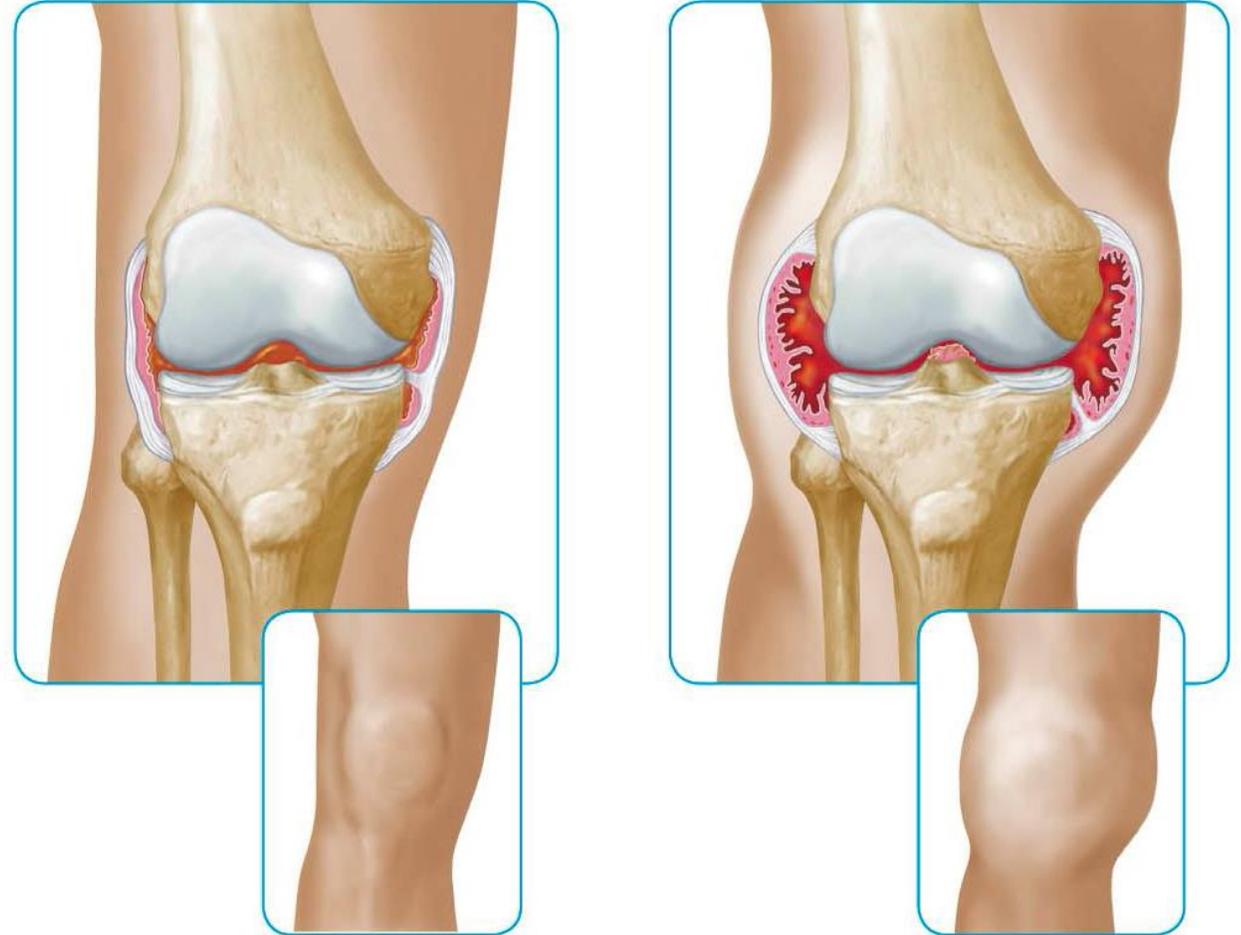
**“School tryouts are next week – will I be OK to play?”**

# Determining Return To Sport

- Goal is to facilitate a timely and safe return to sport
- Determinants are complex and multifactorial
  - Injury Specific
  - Haemophilia Specific
  - Sport Specific
- Require an accurate diagnosis based upon
  - comprehensive subjective history
  - clinical assessment
  - +/- imaging (X-ray, MRI and U/S)

# Injury Specifics

- Impact of blood in a joint space:
  - Blood has an inflammatory effect on the joint lining (synovium) that can ultimately lead to chronic thickening with increased blood vessels in the synovium
  - Iron and other inflammatory substances present in a joint following a bleed have detrimental effects on joint cartilage
  - Weight-bearing while there is blood in a joint can worsen cartilage damage
  - Changes to the underlying bone will eventually occur where there is damage to the joint cartilage

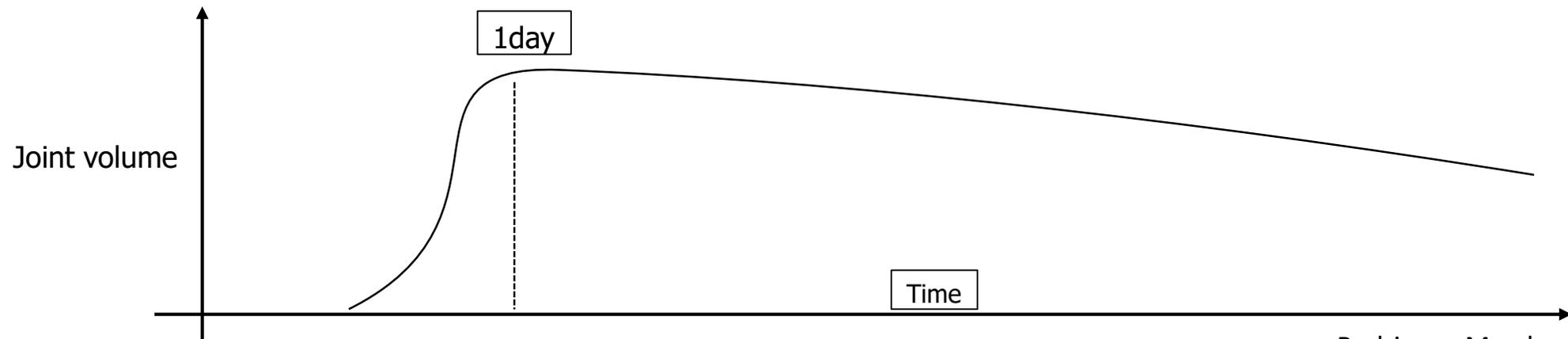


# How long does blood stay in a joint?

- Pain/symptoms improving is a poor indication that there is no longer blood in the joint:
  - Imaging (ultrasound) studies have shown that persistent effusions last several days, and time to complete resolution is longer than time to loss of pain

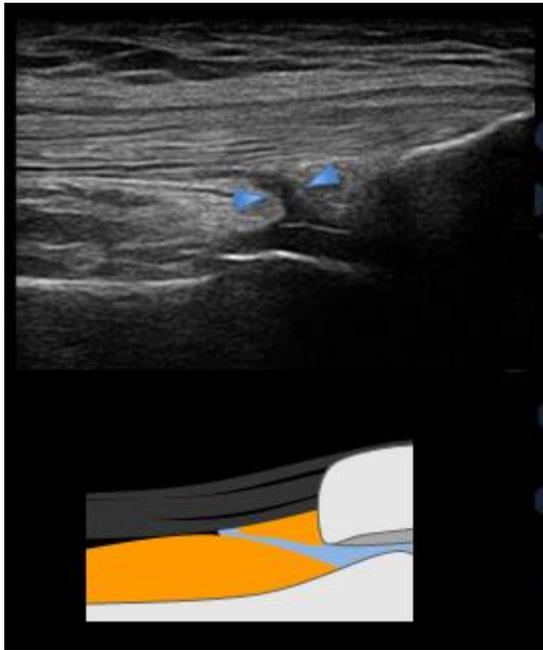
**IMAGING IS THE ONLY WAY TO CONFIRM RESOLUTION OF BLOOD IN THE JOINT SPACE**

**Non-weight-bearing is recommended for 3-4 days to allow time for blood to resorb**

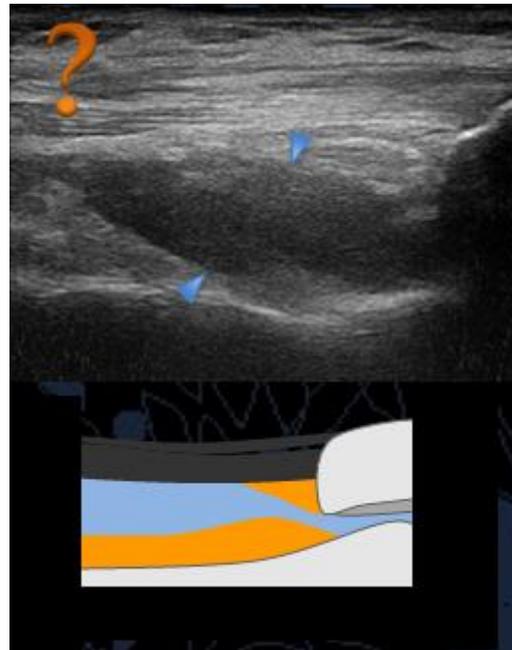


# Ultrasound of blood in joints

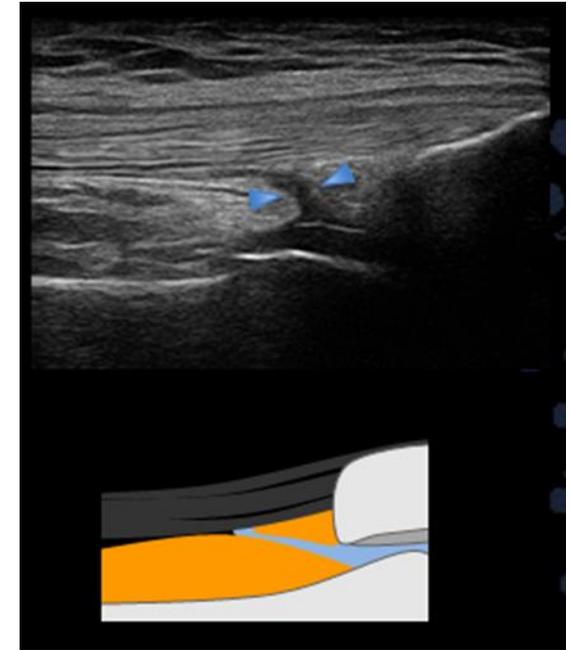
Baseline



Acute bleed



Baseline

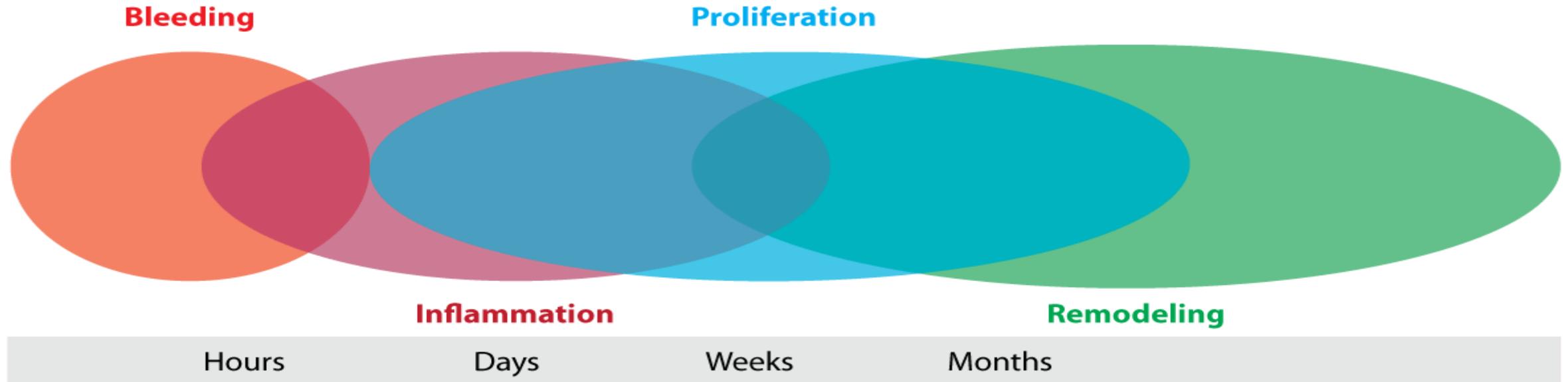


??? Time

# What else happens with a joint bleed?

- Inflammatory mediators decrease proprioception (position sense) →
  - Pain inhibits muscle activation and strength →
  - Swelling & pain limit movement →
  - Mechanism of injury can also damage joint structures (e.g.: ligaments, tendons, joint capsule) →
- Increased risk of injuring joint again as less aware of changes in joint position
  - Joint less stable, and muscles less able to activate rapidly or strongly to prevent injury
  - Stiffening of joint and loss of flexibility
  - Increased complexity of rehabilitation process

# What if the ankle bleed includes a ligament sprain?



- The repair/remodelling phase for a damaged ligament commences around day 21 after injury
- No clear consensus as to when a ligament is adequately repaired to provide a stable ankle joint

# When is an ankle injury “better”?

## OR: what is the risk of re-injury?

- Once an ankle injury occurs:
  - up to 80% of athletes will suffer recurrent sprain
  - up to 72% develop recurrent symptoms or chronic instability
  - recurrence most strongly correlates with premature return to sport

So does getting the timing right for return to play/sport decrease the risk of recurrent ankle symptoms?

# Time To Return To Play

- No one timeframe fits all!
- Return to play depends on:
  - Recovery of range of motion
  - Recovery of balance and proprioception (joint position sense)
  - Return of agility
  - Regaining strength
  - Adequate endurance
  - Re-acquisition of sports-specific skills
- Does bracing or strapping help?
  - An individual decision between the patient and the HTC team!
  - Often thought to have a role to play in the prevention of recurrence

# So can our 9 year old boy make try-outs?



## Probably not 😞

- But maybe (just maybe) if...?
  - This is his first bleed in his right ankle
  - He is otherwise healthy with no other injuries
  - There is quick resolution of blood in his ankle joint shown on ultrasound
  - He has no pain or swelling with any activity
  - He shows full recovery of range of motion, strength, balance, proprioception, agility, endurance and basketball skills
  - He plays in a well-controlled school sport environment with appropriate footwear, court, referee, rules etc,
  - The HTC team agrees!

# Take Home Messages

- Prevention is key.
- Early assessment / management allows for optimization of healing
- Extra Factor  $\neq$  Treatment
- Physiotherapy forms a key component of rehabilitation – contact your HTC for advice
- Further research is required into Return to sport and re-injury timeframes in the bleeding disorder population.
- Recovery is slower than expected. Be patient.



# References

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