



SPORTS INJURIES

Soccer, rugby, hockey and even jogging are commonly affected. The usual acute complaints are pain and swelling but more ominous are problems of instability and locking. Meniscus and ligament tears as well as cartilage injuries are common occurrence.

Clinical examination with imaging studies like X-rays, MRI and ultrasound scans will give us a definitive cause of the pain. Anti-inflammatory medication, physiotherapy, local steroid injection will solve most injuries. Local steroids in combination

KNEE AND SHOULDER INJURIES ARE BY FAR THE MOST common problems seen at many sports clinics. This is a reflection of the more popular sports Singaporeans indulge in.

Most injuries are a result of lack of thorough warm-up, equipment and gear deficiencies as well as overstrain. Serious injuries can result from neglect of persistent and recurring problems which in many instances can end a sporting career prematurely.

With continuing medical education and periodic updates in sports medicine, most sport-related injuries are well-managed in a primary care setting. Family physicians are adept at treating run-of-the-mill strains and sprains, and know when to refer their patients for specialist review if their injuries persist or progress after a week of conservative treatment.

The shoulder is commonly injured in tennis, badminton, weight-lifting, throwing sports like discus/javelin/short putt and golf. Most injuries are strains and sprains which are due to overuse, poor conditioning or improper equipment and technique. Serious injuries can result from neglect of persistent and recurring problems.

Common shoulder injuries seen are recurrent shoulder dislocation, impingement syndrome, rotator cuff tears and acromioclavicular injuries.

Knee injuries are more prevalent and usually more debilitating. It not only affects your pursuit of sporting pleasure, it commonly affects the simplest of daily activities.

with local anaesthetic will bring immediate and often miraculous relieve when the injuries are due to inflammation.

Most of the injuries will recover with early and appropriate treatment. Rehabilitation remains an important component of managing non-operative, overuse and post-operative injuries and usually lasts between three to six months.

After pain and inflammation are controlled in the acute phase, therapeutic exercises and strength training follow in the recovery phase and culminate with sport-specific activities in the functional phase to help patients return to their sport.

Extra-corporal Shock Wave Therapy (ESWT), Mesotherapy and Platelet Rich Plasma therapy are the newer non surgical treatment employed to help reduce inflammation and help joints and ligaments heal better and faster.

If surgery is required, most of these injuries can be treated with key-hole surgeries. There are many advantages of key-hole or arthroscopic approach. The scar is miniscule, post-surgery pain is less, surgery time is shorter, it can be done as day surgery procedure, cost can be lower, early rehabilitation is possible with early return to work or sports.

The common arthroscopic shoulder procedure done for sports injuries include subacromial decompression, rotator cuff repairs, acromioclavicular joint decompression, and stabilization of an unstable shoulder. Post surgery physiotherapy is essential to achieve a return to normal shoulder function.



Common surgery for knee injuries includes anterior cruciate ligament reconstruction, meniscus repair, cartilage resurfacing, and patella realignment procedures.

With a comprehensive physiotherapy program, serious knee and shoulder injuries can often be nursed back to good functionality after surgery.

Sports medicine and surgery has made such great strides in the last 20 years that what seemed difficult before has been made possible today. ■

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