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Editorial

Sports medicine in COVID Era



A B S T R A C T

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With impact of COVID-19 gradually increasing in many countries of the world with each passing day, there is a need to relook into the conservative management for some common sports related injuries. Awareness of all kinds of sports injuries, their symptoms, and preventive measures including education on rehydration, nutrition, monitoring team members, behavioural skills and techniques will further help in preventing the potential sporting injuries. Further, telemedicine and online portals including eSanjeevani outpatient department services should be encouraged.

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With impact of COVID-19 gradually increasing in many countries of the world with each passing day, there is a dearth of health resources available to effectively manage the COVID scenario. With fear of phase-III transmission looming over developing countries like India, and the availability of vaccine still more than 6 months away, elective surgeries still remain no brainers to be pondered upon. But what about the injuries sustained while playing sports? Do they need to be looked upon again and a suitable protocol be made to deal with such problems as various sportspersons all over the world, who were either awaiting the surgeries from pre-COVID times or sustained during the unlocking period are at a great loss citing the highly competitive nature of the sports and fear of losing their place in the team or falling behind in practise sessions.

In this context of uncertainty and future prevalence of the COVID scenario, it is necessary that we should establish uniform treatment protocols, to safely resume the sporting activities and to prevent the injuries in the near future, in observance with the principle of 'maximal caution'. Awareness of all kinds of sports injuries, their symptoms, and preventive measures including education on rehydration, nutrition, monitoring team members, behavioural skills, techniques and treatment is of prime importance. Telemedicine and applications such as eSanjeevani outpatient department services where an individual can assess a specialised doctor should be popularised widely.

Conservative management for some commonly occurring problems should be the treatment of choice in some scenarios including:

Knee injuries (ligament or meniscal injuries): Neuromuscular electric stimulation of quadriceps, quadriceps strengthen exercises, neuromuscular training and focus on maintaining limb symmetry. With this non-operative treatment many athletes can even return to sports without surgery.¹ However, one should avoid return to sports if athletes experiences give away feeling during pivoting and cutting movement.

Shoulder dislocation: Patients with recurrent shoulder

dislocation can be treated conservatively with aim of prevention further episodes of dislocation. Pendulum exercises from day 1 after reduction, abduction up to 90° in internal rotation and zero degree of external rotation for 6 weeks. After 6 weeks free active and passive movements, patients can return to sports after 3 weeks.²

Back injury: Backache is very common among the athletes reason for backache among the athletes are acute muscle spasm, degenerative disc disease and stress fracture in pars inter-articularis. However, rest can improve the symptoms but doesn't address the underlying pathology. It was observed that strengthening of core muscles decreases the pain and decrease the chances of these injuries in future.³

Sprains: rest and anti-inflammatory medications. Return to sports should be gradual over few weeks.⁴

Strains: rest, anti-inflammatory medications, adequate warming up exercises during practise, strengthening and conditioning exercises.⁴

Knockouts and Punch Syndrome: forms the rare emergencies and should be managed on urgent basis at a specialised centre.⁴

Tennis Elbow: rest, anti-inflammatory medications, activity modification and physical therapy.⁴

Javelin Throwers Elbow: rest, anti-inflammatory medications, modifying technique which places a repetitive and prolonged strain on the forearm muscles, strengthening and conditioning exercises.⁴

Boxers elbow: rest, anti-inflammatory medications, activity modification, strengthening exercises and working on wrist flexion exercises will help to strengthen tendons.⁴

Runners Knee: rest, ice, compression, elevation, anti-inflammatory medications and physiotherapy.⁵

Jumpers Knee: activity modification, anti-inflammatory medications and physiotherapy.⁵

Shin Splints: Wearing proper footwear and modifying exercise routine, anti-inflammatory medications and physiotherapy.⁵

The aim of this letter is a call for action for all the sports medicine community to recommend a uniform management of sports

injuries and to treat them in a conservative way. Further, preventing the potential sports injuries by taking maximal caution is the need of the hour for the resumption of sports activities. Moreover, a specific protocol to check pulse rate, oxygen saturation and, in general, systemic sequelae of COVID-19 before resuming sporting activities should be considered.

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