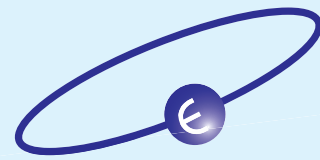


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JOURNAL OF ARTHROSCOPY AND JOINT SURGERY

JAJ S

Official Journal of the International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty (ISKSAA)

Indexed In Scopus & Embase

Volume 7 Number 3 July-September 2020

**E-ISSN: 2214-9635
P-ISSN: 2542-6001**

Available online at www.sciencedirect.com

ScienceDirect

JAJ S

VOLUME 7

NUMBER 3

JULY-SEPTEMBER 2020

PAGES 103-104



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Journal of Arthroscopy and Joint Surgery (JAJS) is committed to bring forth scientific manuscripts in the form of original research articles, current concept reviews, meta-analyses, case reports and letters to the editor. The focus of the Journal is to present wide-ranging, multi-disciplinary perspectives on the problems of the joints that are amenable with Arthroscopy and Arthroplasty. Though Arthroscopy and Arthroplasty entail surgical procedures, the Journal shall not restrict itself to these purely surgical procedures and will also encompass pharmacological, rehabilitative and physical measures that can prevent or postpone the execution of a surgical procedure. The Journal will also publish scientific research related to tissues other than joints that would ultimately have an effect on the joint function.

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The *Journal of Arthroscopy and Joint Surgery* (ISSN: 2214-9635) is published thrice a year. The annual price for **individual subscription** based in India is **INR 3600**; and for international subscribers, the annual price is **USD 60**. For **institutional subscription** within and outside India, please contact the Publishers office at journals.india@elsevier.com.

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Journal of Arthroscopy and Joint Surgery

An official publication of International Society for Knowledge for Surgeons on Arthroscopy and Arthroplasty

(ISSN: 2214-9635)

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(ISSN: 2214-9635)

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2. The interviews are slated for March 2021 in New Delhi when the recruitment team will be visiting India. The exact dates and venues will be confirmed in due course.
3. **Having cleared the IELTS exam** before the interviews will be of advantage for final selections .
4. The Clinical posts would start in July 2021 although if candidates were to be interested for August 2022 start, they could still apply.
5. The MCh course is at the Edge Hill University and although most of the payment for the course can be made along the way in installments over the 2 years, there would be an initial Commitment of £8,000 to be made to secure the place before the formalities with Royal colleges and GMC are commenced at this End. The salary scales are detailed with the information sheet as well.
6. There will be two posts per year as the "Wrightington - ISKSAA MCh Fellowship". There would be an **assured Wrightington placement** during the 2-year UK rotation via this stream . **Only ISKSAA Life Members can apply for these posts** .
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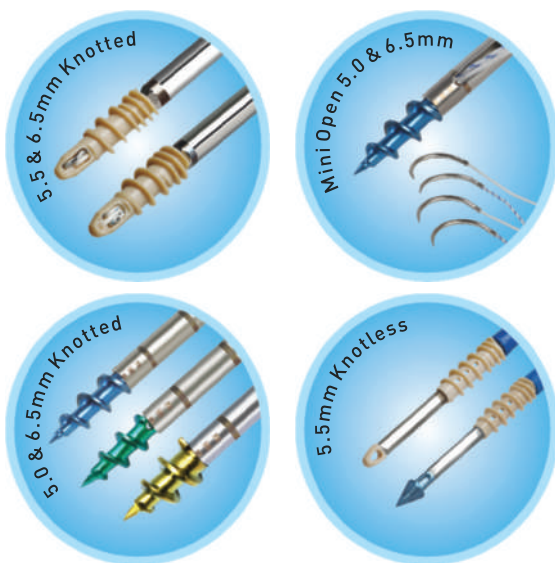


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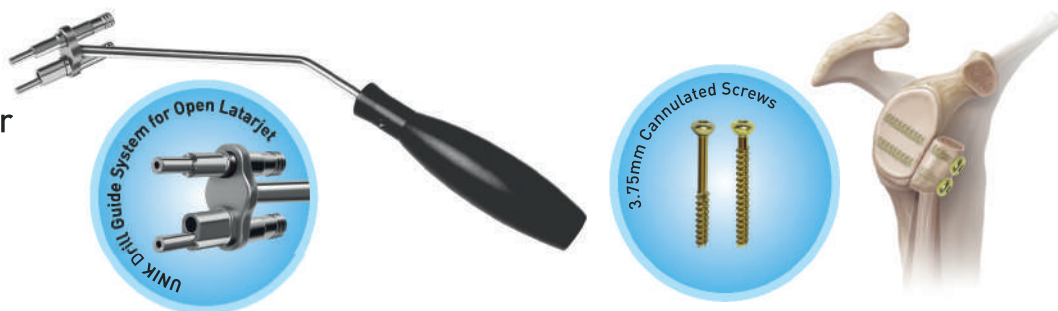


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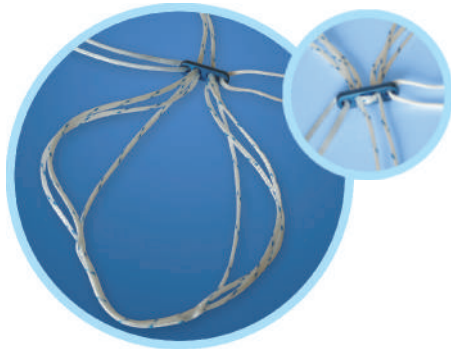
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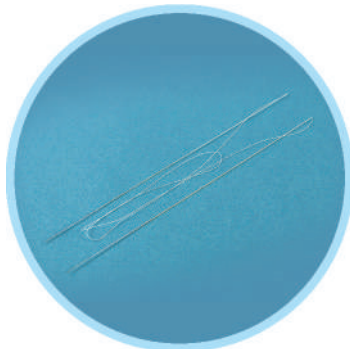


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Editorial

Sports medicine in COVID Era



A B S T R A C T

Keywords:
Sports medicine
Conservative management
Sportspersons

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.

Funding

There is no funding source.

Declaration of competing interest

The authors had no conflict of interest related to research and authorship is granted to only those individual who have contributed substantially to the manuscript.

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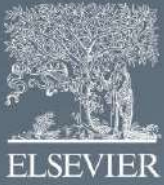
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