

*Published in "Fighters" Magazine*

### **Returning From Injury**

Injuries are the bane of most sportsmen's lives. They occur commonly, usually out of our control and frequently are bad enough to stop us from having to train or compete. Most injuries are a nuisance but occasionally major injuries will also occur. Most people however, who sustain major injuries, may end up having surgery or under the care of an experience physiotherapist or surgeon and so their rehabilitation can be guided and progressive with the ultimate goal of safe rapid return to training and competition. Elite and professional athletes have the added advantage of immediate access to dedicated medical and rehabilitation facilities, which the vast majority of the general public do not have access to.

Most injuries however, are "minor". They are a nuisance, they can stop you from training and they appear to drag on in terms of their resolution. Commonly the injured people may not seek specific advice or care or are given anecdotal advice by fellow participants or family members.

The focus of this, the first in a series of articles dealing with injuries specific to contact sports, is how to deal with minor injuries and to return back safely and quickly without the risk of re-injury.

In contact and fighting sports, injuries are common by the nature of the sport. They can range from cuts, bruising, nosebleeds, sprains and strains, through to broken bones, major

concussions, joint dislocations and major ligament tears. The principals of rehabilitation and return from injury are fairly similar. The aims are to control pain, reduce swelling, return motion, strengthen the muscle, condition the body, prepare the mind and return to a progressive training regime. Many of these aspects are self evident. Painkillers can be purchased from a chemist or through a doctor. Swelling is reduced by elevation and application of ice. Motion is returned by increasing use of the limb. The major problem for many injuries is when to return.

Unfortunately, sports and exercise medicine and the treatment of sports injuries by specifically interested and qualified practitioners, is a medical speciality that has only just “literally in the last few weeks” achieved formal recognition, which means that doctors will be able to go through a formalised training scheme rather than have to pick up bits and pieces as they go along. However, on the physiotherapy side, sports injuries have been treated for a long time but not always with ease of access to the general public, or so it is perceived. Unfortunately, many sportsmen who consult their doctors with injuries are given the ubiquitous advice of “rest it for a few weeks and you will be fine”.

However, rest can be a double-edged sword. Yes, rest is important in the acute phase following an injury but how does one define rest. I am going to talk mainly about limb injuries now and most limb injuries require what I call controlled rest. It is important to note that the injuries that I am talking about are soft tissue injuries, which do not require immobilisation. Controlled rest means to keep the limb moving in terms of function but to avoid abnormal stresses such as training and so forth. The abnormal stresses are then brought into play in a controlled fashion. However, during this rest period it is important

to keep the rest of the body in shape. This is particularly relevant for cardiovascular fitness as this is quickly and easily lost. A period of only two weeks of complete rest is enough to start losing cardiovascular fitness. Therefore, the key is not to overstress the injured part, while maintaining exercise to the rest of the body. However, this is not explained to most injured people who, when they are told to rest, stop all their activities. Most soft tissue injuries will allow the injured person to maintain some degree of fitness using a stationary bike, cross trainer or swimming. However, this is not also commonly explained. A common question is “How long should I rest for?” and usually no specific answer is forthcoming. Pain is however a good indicator. As the pain starts to improve, usually structured exercise can begin. For most soft tissue injuries this should really be within a couple of weeks of the injury. The issue then arises as to assessing the severity of the injury and for this there is really no shortcut. The only option is to seek appropriate advice, ideally from a practitioner who is used to dealing with sports injuries, and this includes many General Practitioners, physiotherapists, sports therapists and Orthopaedic Surgeons. Once the severity of the injury has been assessed, hopefully a specific rehabilitation programme will be instituted.

The other problem with rest is not having enough of it and this in itself can cause problems. Returning from an injury too soon is much more likely to result in a re-injury to the same area or a further injury to another body part that is over compensating for the injured part. Inadequate rest can also result in overuse injuries, such as shin splints, tendonitis and stress fractures, which in themselves, unless treated appropriately, can potentially be career ending. I will deal with these conditions in a future article.

Many recreational athletes following an injury will rest for a period of time until their symptoms have improved and then return straight back to competing in their sports. This however is not ideal and following most injuries it is important to spend a period of time on conditioning and fitness as well as a strength programme, prior to returning to competition. This, once again, is important in order to prevent re-injuries occurring.

The other advantage of consulting a practitioner who has an interest in sports injuries following an injury is that they may be aware of techniques and equipment to allow people to return to their sport at an earlier stage. For example, it is not uncommon in jumping, fighting sports to sustain ankle sprains which if treated with appropriate taping or bracing can allow return at an earlier stage than waiting for the injury to heal completely. This is also true for many finger injuries which are also common in fighting and combat sports.

It is granted that not every injury requires medical or specialist attention. However, there is an abundance of literature in the medical press indicating that return to sports following many injuries is accelerated by appropriate rehabilitation techniques rather than just “rest”. This is also especially true for recurring injuries such as muscle pulls or repeated injuries to a particular joint such as the ankle or finger as it is important to exclude an injury which requires specific treatment and possibly even surgery to prevent further damage occurring to the injured region.

So in summary, the main points of this monologue are that, as you all know, injuries are common. The important thing is to allow quick and safe return to your sport and to prevent re-injuries. “Rest” is not all that it is made out to be and rest should be an active programme. When you are in doubt it is much safer to seek appropriate help than to try and struggle through it on your own or taking advice from friends and family, even if they have had the same injuries.

In my series of articles I aim to cover various injuries, both common and uncommon and other issues relating to contact sports. I hope the articles are interesting and informative, although I cannot give specific advice to individuals I am happy to provide some general guidelines either from myself or my colleagues at the Manchester Sports Medicine Clinic regarding any queries that any readers may have related to injury. These can be emailed to [kneedoc@sportsmedclinic.com](mailto:kneedoc@sportsmedclinic.com). Alternatively, visit my website [www.sportsmedclinic.com](http://www.sportsmedclinic.com). Finally, telephone enquiries can be made to 0161 227 0027 or 0161 787 8705.

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*These articles are only written to provide general information and should not be construed as specific advice regarding specific injuries in individuals. If you have any queries or concerns you should consult an appropriately qualified practitioner.*

