Proksimale hamstringstendinopatier (PHT)

Arnlaug Wangensteen
Lårkonferansen Nimi 27.04.2023

Volvat Nimi

A stubborn injury…

Nettavisen Sport.

Direktesport Pluss Na Live Video Sportspill Annonsering Meny

Langrenn

Klæbos skade verre enn antatt – må trene alternativt i ukevis

ANNONSE

Johannes Høsflot Klæbo må belage seg på å trene alternativt i ukevis fremover. Foto: Terje Pedersen / NTB Foto: (NTB scanpix)

Johannes Høsflot Klæbo har pådratt seg en strekk eller en belastningsskade øverst i hamstringen som kan sette ham ut av spill i flere måneder.

Del

+01.08.22 14:29 ↻01.08.22 14:53

02:47:32 Sport Livesport Video Sendeplan Langlesing

NRK

Her sit Klæbo-problemet: No skal skaden testast

Det kan ta opp til eit halvt år å bli friskmeld av «Klæbo-skaden». Johannes Høsflot Klæbos frykt er at skaden hans blir kronisk.

Nils Christian Mangelrød
Journalist

Fredrik Tombra
Journalist

Vi rapporterer frå Beitostølen

Publisert 19. nov. 2022 kl. 07:43
Oppdatert 19. nov. 2022 kl. 13:13

Skaden til Klæbo sit i ei sene som festar hamstringsmuskulaturen til bekkenet.

– Mi største bekymring er at det skal bli kronisk. Det er det som er verst, seier Johannes Høsflot Klæbo til NRK.

Han snakkar om skaden som har plaga han i rundt fire månader. På spørsmål om han fryktar at denne sesongen kan ryke, svarer han bekreftande. Men fredag bestemde Klæbo seg for å starte laurdag.

Volvat Nimi

… with limited evidence

«HEMMELIG HJELPER»: Sist uke avslørte Johannes Høsflot Klæbo at han fikk ekstern hjelp for å håndtere skadeproblemene. Nå avslører han at det er amerikanske Megan Stowe – som er flydd inn til Europa. Foto: PRIVAT/NTB scanpix

KLÆBO FÅR KRISEHJELP FRA USA – HAR FLYDD INN EGEN FYSIOTERAPEUT

Johannes Høsflot Klæbo (26) har slitt med en lårskade lenger enn ventet. Den siste tiden har han hentet over fysioterapeuten Megan Stowe fra USA til Italia og Norge.

Av HERMAN FOLVIK
14. november 2022

Behandler Klæbo i fire timer hver dag: – Kan ikke love at han blir klar til VM

Grytidlig tirsdag morgen testet Johannes Høsflot Klæbo sin skadde hamstring for første gang i klassisk. Hans amerikanske fysioterapeut innrømmer at problemene langt fra er borte.

INTENSIV JOBB: Fysioterapeut Megan Stowe behandler Johannes Høsflot Klæbo fire-fem timer hver dag inn mot sesongstarten.
FOTO: ANDERS SKJERDINGSTAD / NRK

Anders Skjerdingstad
Journalist

Morten Stenberg
Journalist

Jonathan Simchai Hansen
Journalist

Vi rapporterer fra **Beitostølen**

Publisert 14. nov. 2022 kl. 17:50
Oppdatert 15. nov. 2022 kl. 15:20

Volvat
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[CLINICAL COMMENTARY]

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Proximal Hamstring Tendinopathy: Clinical Aspects of Assessment and Management

Rehabilitation and Prevention of Proximal Hamstring Tendinopathy

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Jessica Hettler, PT, DPT, ATC, Cert MDT, SCS[2]; Peter J. Moley, MD[1]; and James F. Wyss, MD, PT[1]

MANAGING THE ATHLETE WITH A STUBBORN PROXIMAL HAMSTRING TENDINOPATHY

– *Written by Gustaaf Reurink and Anne D. van der Made, The Netherlands*

Volvat Nimi

Tendinopati

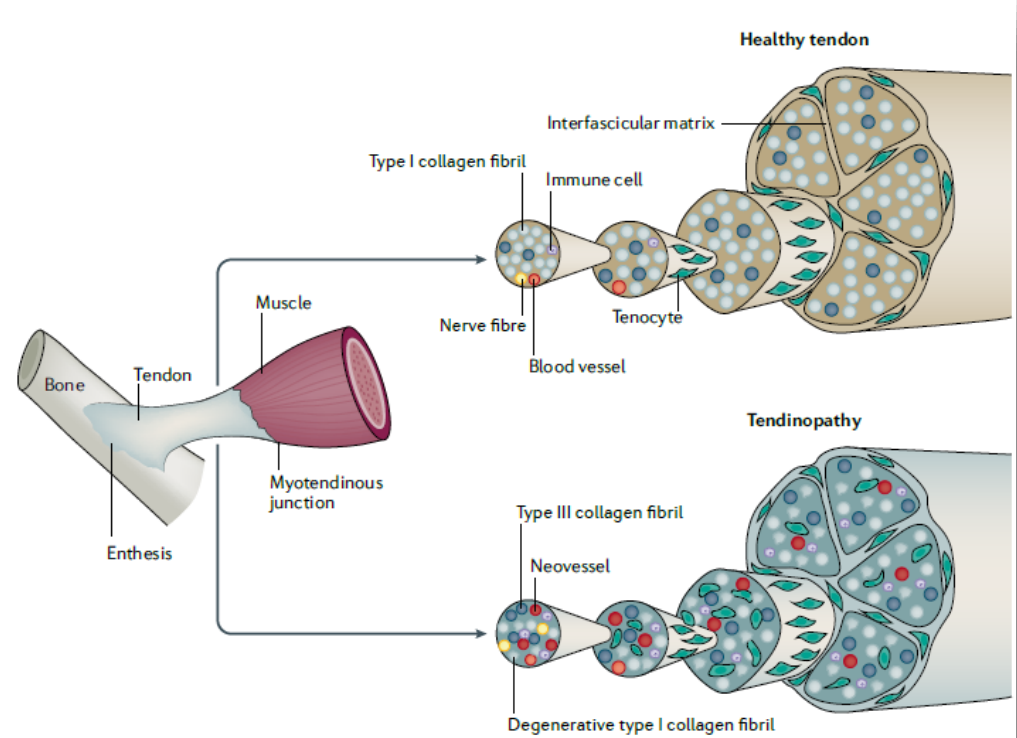

Fig. 1 | **Structural changes of tendons in tendinopathy.** Normal tendon is a well-organized network of collagen fibrils. The extracellular matrix (ECM) is dense, with a fibrillary network of predominantly parallel-aligned collagen fibres, principally consisting of type I collagen. The ECM is composed of proteoglycans, glycosaminoglycans and glycoproteins including small leucine-rich proteoglycans. In tendinopathy, tenocytes are decreased in volume, becoming longer and slender, have an increased nucleus to cytoplasm ratio and produce less ECM but with an increase in type III collagen density (mostly owing to less degradation). Histological examination of patient biopsy sample has shown intratendinous collagen degeneration with fibre disorientation and glycosaminoglycan accumulation between the thinning fibrils with inflammatory cell infiltrates. Neovascularization and neoinnervation are also frequently found in the diseased tendon.

Millar et al., 2021

- A pathological condition of a tendon with a complaint of pain and swelling (van Dijk et al. 2011; Khan et al. 1996; 1999; Mafulli et al. 1998)
- An umbrella term that indicates a nonrupture injury in the tendon or paratendon that is exacerbated by mechanical loading (Scott et al.2018)
- Overuse injury -> microtrauma with gradual onset
- Repetive strain acting on a tendon, so that it can no longer endure stress and tension (Sharma et al., 2005)

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Kjennetegn PHT

- Middel- og langdistanseløpere, syklister, middelaldrende mosjonister og eldre kvinner
- Gradvis innsettende smerter
- Dyp, lokalisert smerte mot sitteknuten
- Forverres under og/eller etter løping, 'utfall', 'knebøy', bevegelser med stor grad av hoftefleksjon (yoga) og ved sitting (bil)
- Kan være relatert til tidligere akutt skade; men som oftest stor grad mekanisk av belastning

Volvat Nimi

Goom et al., 2016; Beatty et al., 2017

Årsaker PHT...?

- Over- eller feilbelastning ?
- Økt anterior pelvic tilt ?
- Redusert hamstringsstyrke ?
- Redusert lumbopelvic kontroll ?
- Redusert styrke glutealmuskulatur ?

Goom et al., 2016; Beatty et al., 2017

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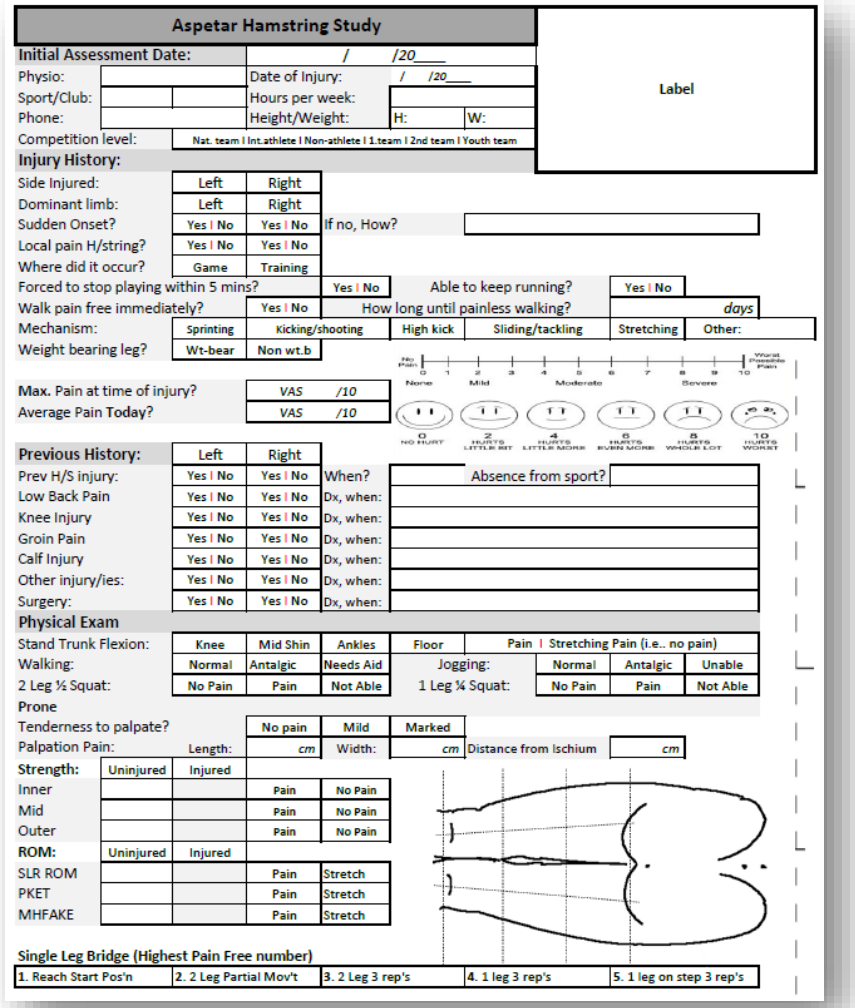
Kliniske undersøkelser

- Anamnese / treningshistorikk
- Funksjonelle tester
- Palpasjon
- Strekk / fleksibilitet
- Styrke / provokasjon



Aspetar Hamstring Study

Label

Initial Assessment Date:	/ /20___					
Physio:		Date of Injury:	/ /20___			
Sport/Club:		Hours per week:				
Phone:		Height/Weight:	H:	W:		
Competition level:	Nat. team I Int.athlete I Non-athlete I 1.team I 2nd team I Youth team					
Injury History:						
Side Injured:	Left	Right				
Dominant limb:	Left	Right				
Sudden Onset?	Yes I No	Yes I No	If no, How?			
Local pain H/string?	Yes I No	Yes I No				
Where did it occur?	Game	Training				
Forced to stop playing within 5 mins?	Yes I No	Able to keep running?	Yes I No			
Walk pain free immediately?	Yes I No	How long until painless walking?	days			
Mechanism:	Sprinting	Kicking/shooting	High kick	Sliding/tackling	Stretching	Other:
Weight bearing leg?	Wt-bear	Non wt.b				
Max. Pain at time of injury?	VAS /10					
Average Pain Today?	VAS /10					

Previous History:	Left	Right			
Prev H/S injury:	Yes I No	Yes I No	When?	Absence from sport?	
Low Back Pain	Yes I No	Yes I No	Dx, when:		
Knee Injury	Yes I No	Yes I No	Dx, when:		
Groin Pain	Yes I No	Yes I No	Dx, when:		
Calf Injury	Yes I No	Yes I No	Dx, when:		
Other injury/ies:	Yes I No	Yes I No	Dx, when:		
Surgery:	Yes I No	Yes I No	Dx, when:		

Physical Exam								
Stand Trunk Flexion:	Knee	Mid Shin	Ankles	Floor	Pain I Stretching Pain (i.e.. no pain)			
Walking:	Normal	Antalgic	Needs Aid		Jogging:	Normal	Antalgic	Unable
2 Leg ½ Squat:	No Pain	Pain	Not Able		1 Leg ¼ Squat:	No Pain	Pain	Not Able
Prone								
Tenderness to palpate?		No pain	Mild	Marked				
Palpation Pain:	Length:	cm	Width:	cm	Distance from Ischium	cm		

Strength:	Uninjured	Injured		
Inner			Pain	No Pain
Mid			Pain	No Pain
Outer			Pain	No Pain
ROM:	Uninjured	Injured		
SLR ROM			Pain	Stretch
PKET			Pain	Stretch
MHFAKE			Pain	Stretch

Single Leg Bridge (Highest Pain Free number)

1. Reach Start Pos'n	2. 2 Leg Partial Mov't	3. 2 Leg 3 rep's	4. 1 leg 3 rep's	5. 1 leg on step 3 rep's

Volvat Nimi

Funksjon og smerteprovoserende tester

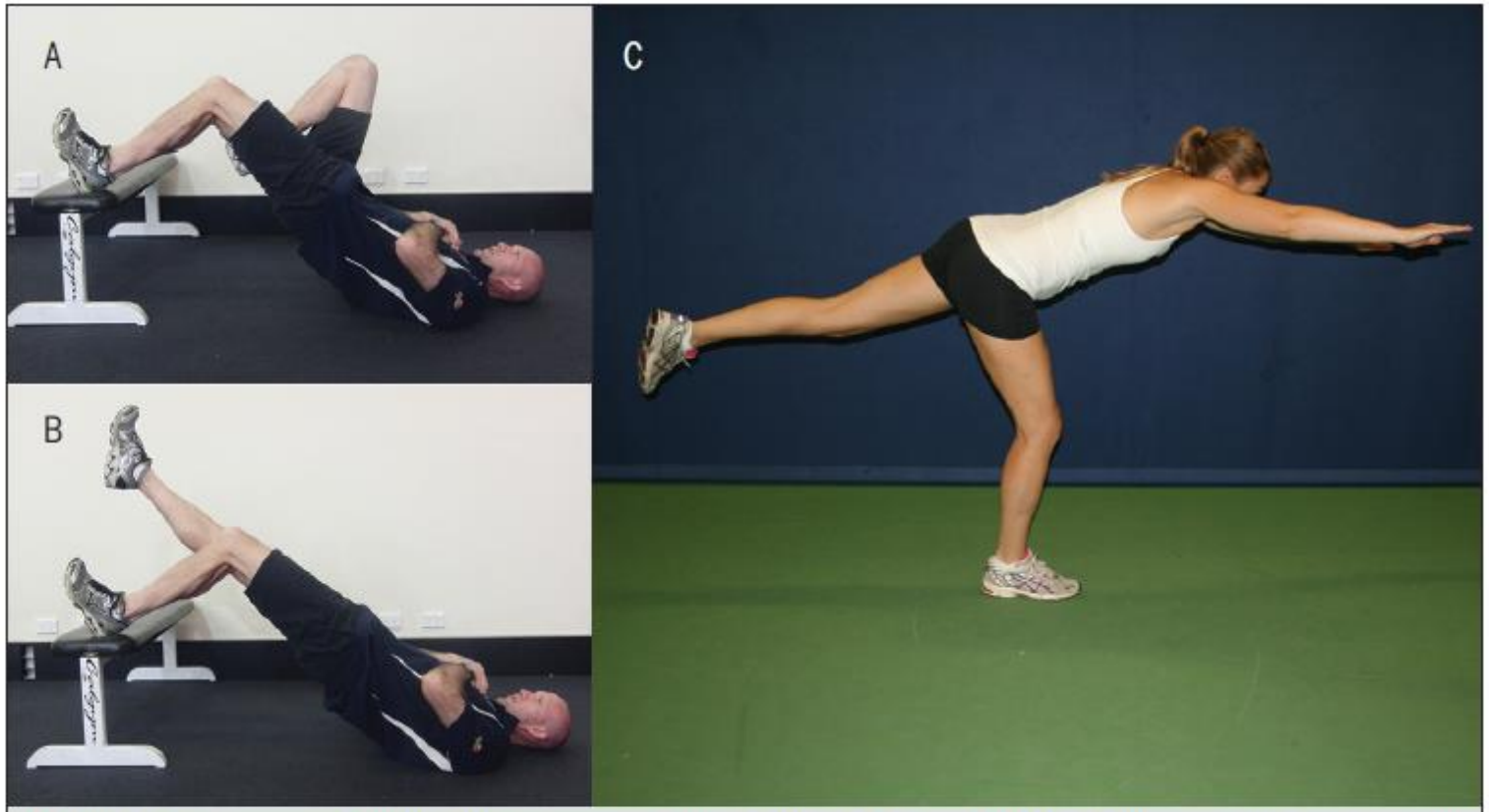


FIGURE 1. (A) Single-leg bent-knee bridge, an example of a low-load clinical test. (B) Long-lever bridge, an example of a moderate-load clinical test. (C) Arabesque, an example of a high-load clinical test.

Goom et al., 2016

Volvat Nimi

Differensialdiagnoser

TABLE | **Differential Diagnosis in Proximal Hamstring Tendinopathy**

- Sciatic nerve irritation at the piriformis muscle or near the ischial tuberosity
- Ischiofemoral impingement
- Unfused ischial growth plate in a postadolescent athlete
- Apophysitis or avulsion among adolescents
- Deep gluteal muscle tear
- Posterior pubic or ischial ramus stress fracture
- Partial or complete rupture of the proximal hamstring tendon

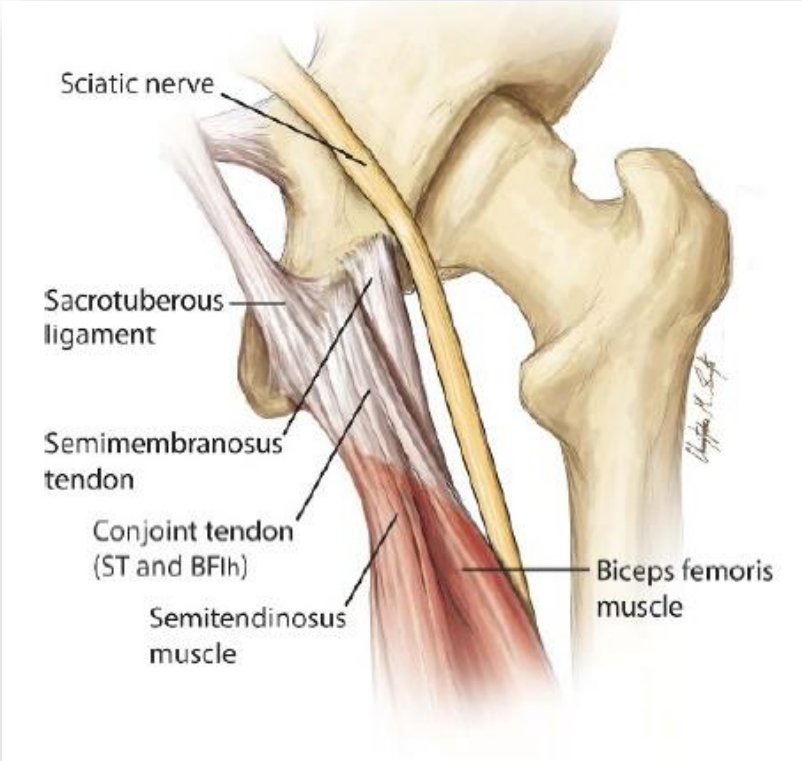


Figure 1: Posterior view of the right ischial tuberosity illustrating proximal hamstring anatomy and the sciatic nerve. ST, semitendinosus; BFlh, biceps femoris long head.

Goom et al., 2016

Volvat Nimi

PROM: VISA-H

Original article

Development and validation of a new visa questionnaire (VISA-H) for patients with proximal hamstring tendinopathy

Angelo Cacchio,[1] Fosco De Paulis,[2] Nicola Maffulli[3]

VICTORIAN INSTITUTE OF SPORT ASSESSEMENT SCALE FOR PROXIMAL HAMSTRING TENDINOPATHY

VISA-H

Date __ / __ /____ **Initial Assessment** ☐ **Discharge Assessment** ☐

Name _____ **Surname**_____ **Age**___ **Weight**___ **Height**___

Sport_____ **Team** _____ **Physician**_____

1. For how many minutes can you sit/can your drive a car pain free? Points ☐

0 mins ☐☐☐☐☐☐☐☐☐☐ 100 mins
0 1 2 3 4 5 6 7 8 9 10

2. How much pain do you have during or immediately after stretching your posterior thigh/hamstring (keeping knee straight)? Points ☐

Strong severe pain ☐☐☐☐☐☐☐☐☐☐ No pain
0 1 2 3 4 5 6 7 8 9 10

3. How much pain do you have during or immediately after normal running? Points ☐

Strong severe pain ☐☐☐☐☐☐☐☐☐☐ No pain
0 1 2 3 4 5 6 7 8 9 10

4. How much pain do you have during or immediately after sprinting? Points ☐

Strong severe pain ☐☐☐☐☐☐☐☐☐☐ No pain
0 1 2 3 4 5 6 7 8 9 10

5. How much pain do you have during or immediately after a full weight-bearing lunge? Points ☐

Unable ☐☐☐☐☐☐☐☐☐☐ No problem
0 1 2 3 4 5 6 7 8 9 10

6. How much pain do you have during or immediately after lifting an object from the floor (keeping knee straight)? Points ☐

Strong severe pain/ unable ☐☐☐☐☐☐☐☐☐☐ No pain
0 1 2 3 4 5 6 7 8 9 10

7. Are you currently undertaking sport or other physical activity? Points ☐

0 ☐ Not at all
4 ☐ Modified training ± modified competition
7 ☐ Full training ± competition but not at the same level as when symptoms began
10 ☐ Competing at the same or higher level when symptoms began

Angelo Cacchio, *MD, PHD*
University of L'Aquila

VISA-H Score

8. Please complete EITHER A, B or C in this question.

- If you have **no pain** while undertaking sport please complete **Q8a only**
- If you have **pain while undertaking sport but it does not stop you** from completing the activity, please complete **Q8b only.**
- If you **have pain that stops you from completing sporting activities,** please complete **Q8 c only**

8a. If you have no pain while undertaking sport, for how long can you train/practise?

0-20 mins	21-40 mins	41-60 mins	61-90 mins	>90 mins	Points
☐	☐	☐	☐	☐	☐
0	**7**	**14**	**21**	**30**	

or

8b. If you have some pain while undertaking sport, but it does not stop you from completing your training/practice, for how long can you train/practise?

0-15 mins	16-30 mins	31-45 mins	46-60 mins	>60 mins	Points
☐	☐	☐	☐	☐	☐
0	**4**	**10**	**14**	**20**	

or

8c. If you have pain that stops you from completing your training/practice, for how long can you train/practise?

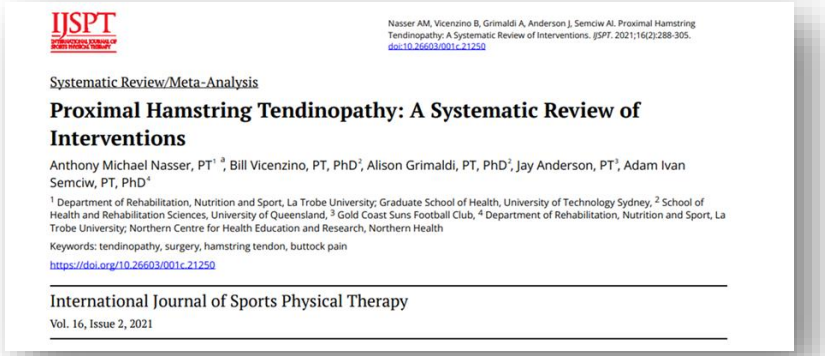
NIL	1-10 mins	11-20 mins	21-30 mins	>30 mins	Points
☐	☐	☐	☐	☐	☐
0	**2**	**5**	**7**	**10**	

TOTAL SCORE /100 ☐ %

Angelo Cacchio, *MD, PHD*
University of L'Aquila

Volvat Nimi

Intervensjonsstudier



- Systematisk oversiktsartikkel (n=12)

There is insufficient evidence to recommend any one intervention over another.

A pragmatic approach would be to initially trial approaches proven successful in other tendinopathies.

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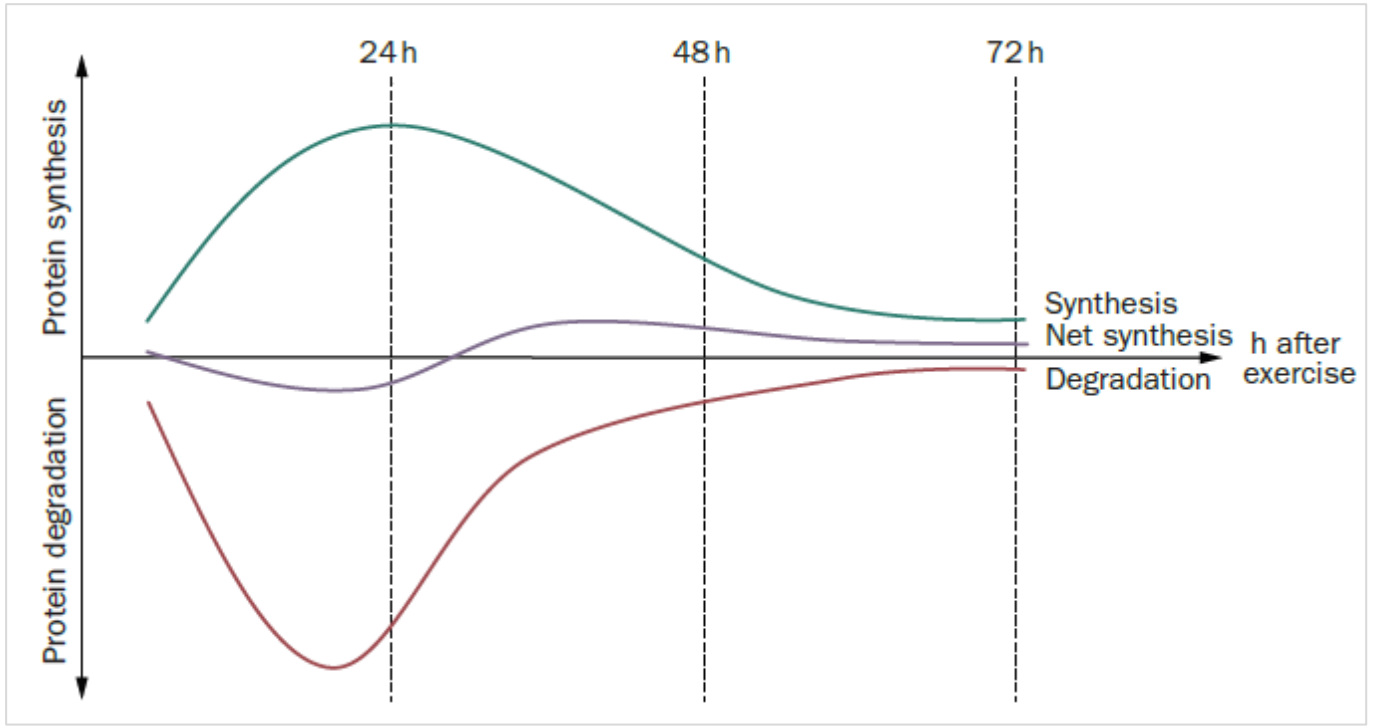
Sener responderer på belastning!



(From Magnussen et al., 2010)

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Optimal belastning…

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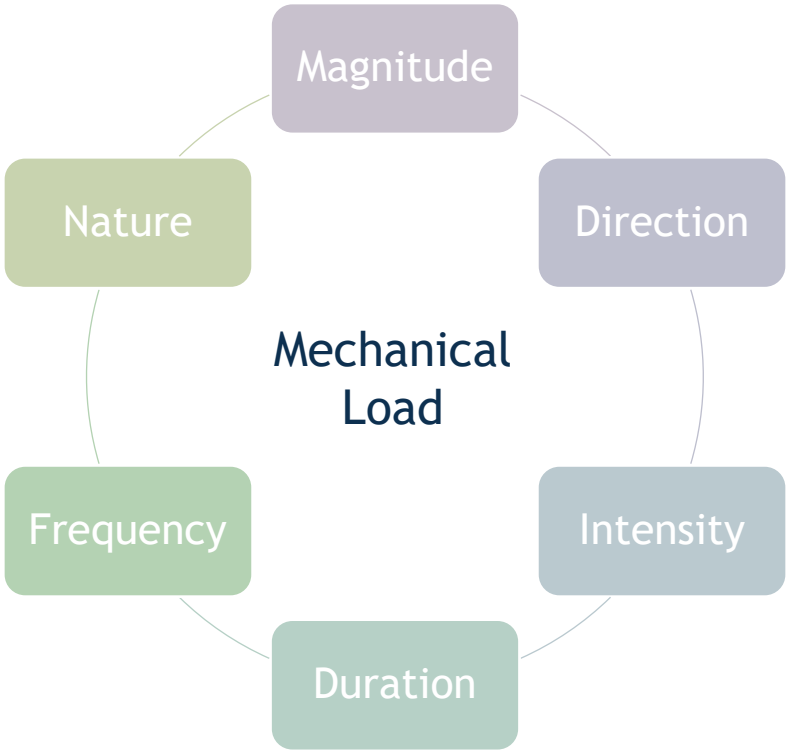
The load applied to structures that maximizes physiological adaptation and restores function (Glasgow et al., 2015)



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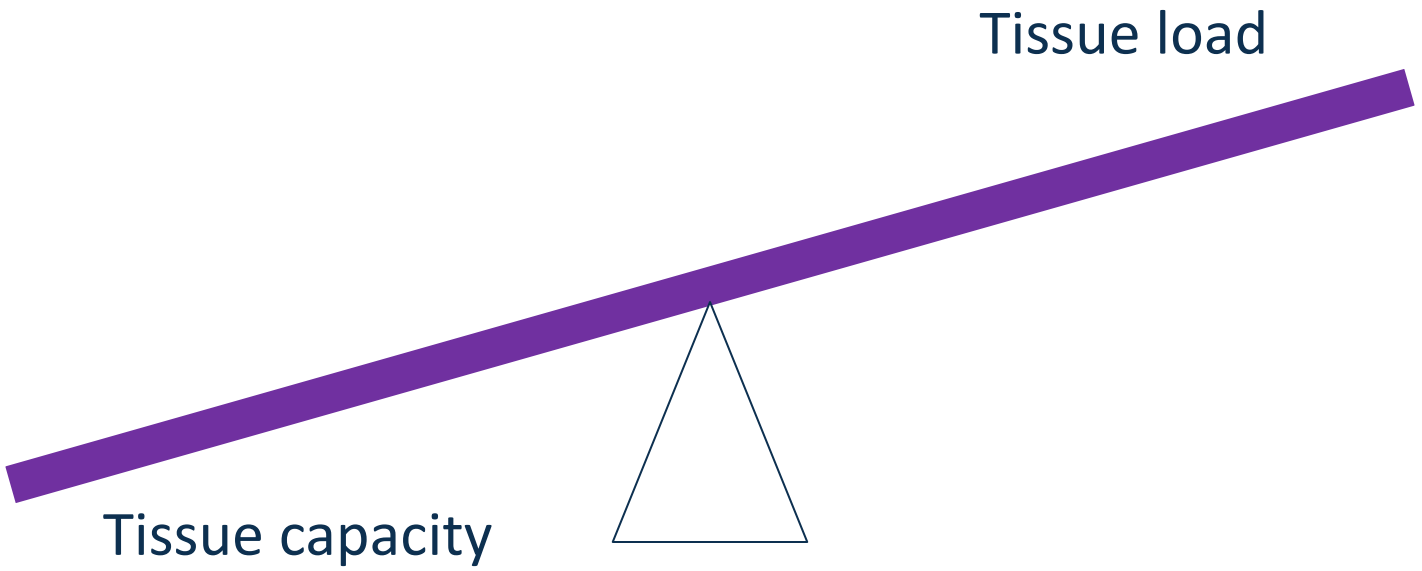
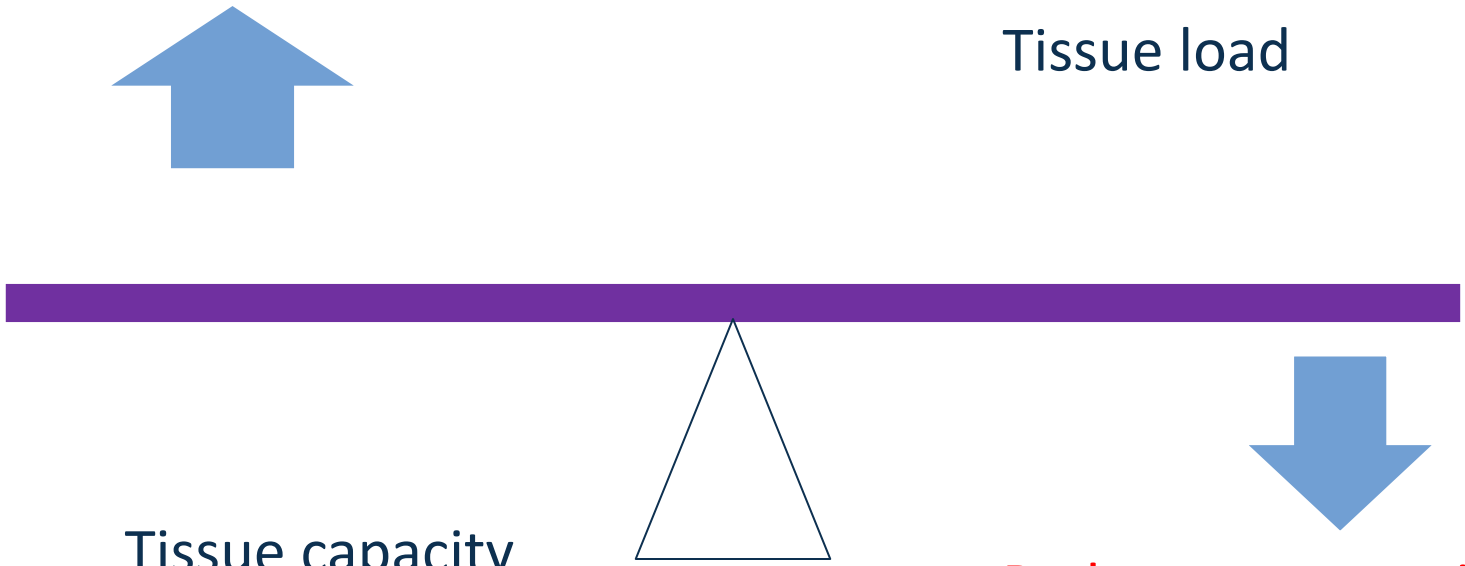
Tissue load vs. tissue capacity



Tissue load vs. tissue capacity



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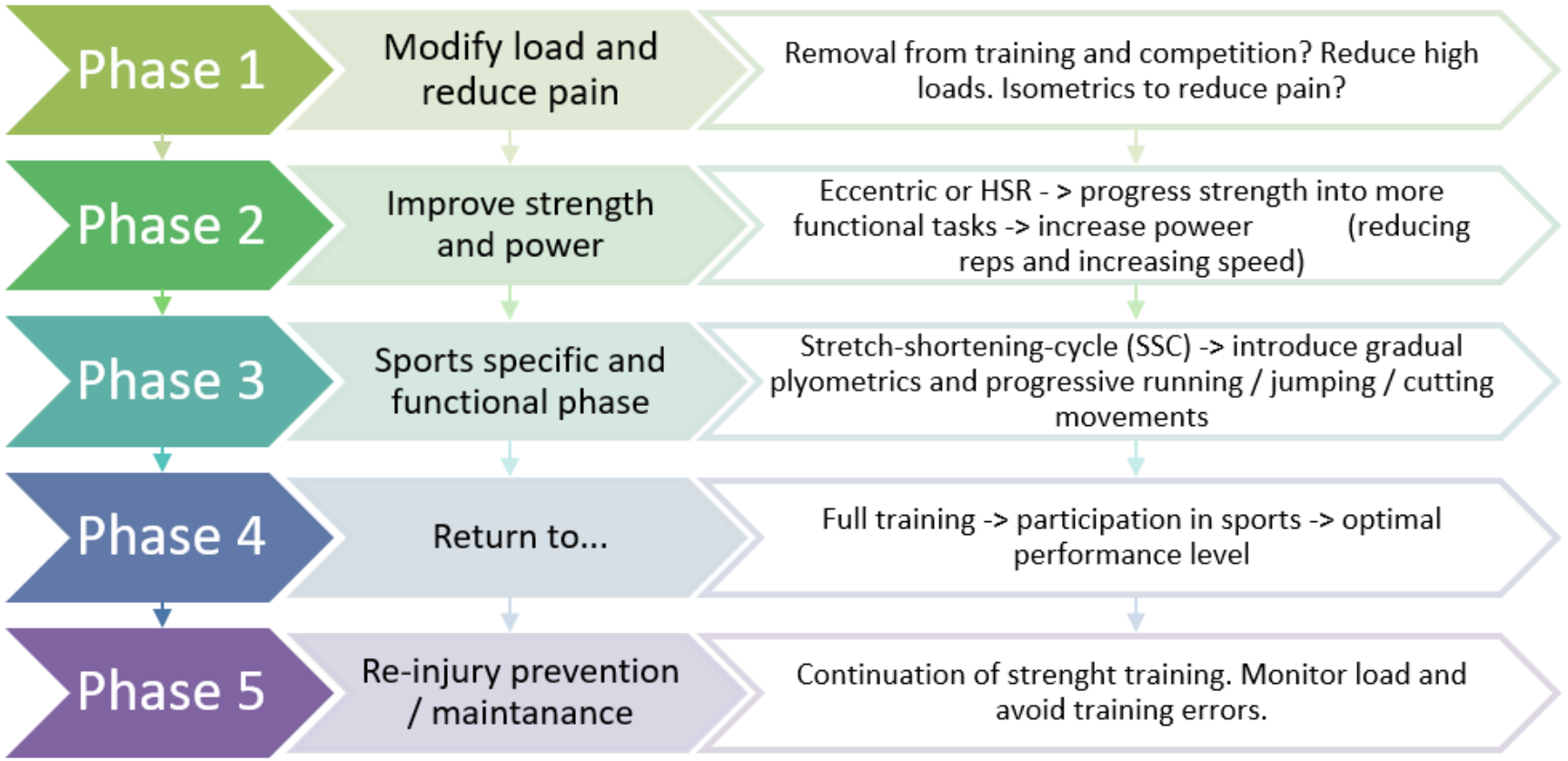
Rehabilitering i faser for tendinopati



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Malliaras et al., 2015

Progressive tendon-loading

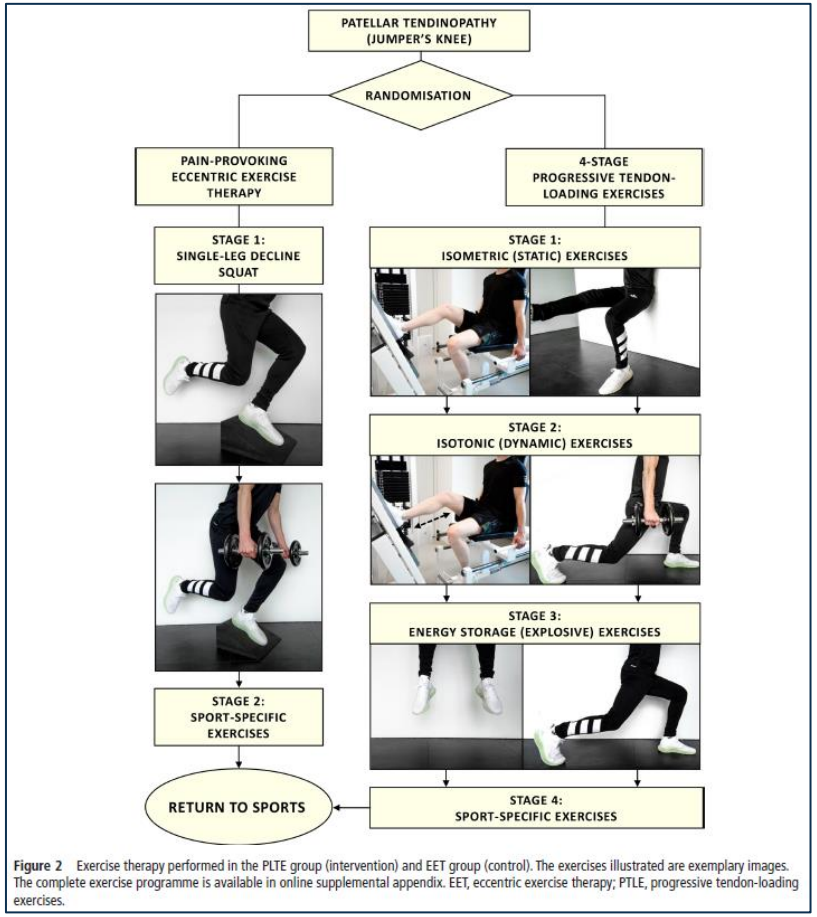

Figure 2 Exercise therapy performed in the PLTE group (intervention) and EET group (control). The exercises illustrated are exemplary images. The complete exercise programme is available in online supplemental appendix. EET, eccentric exercise therapy; PTLE, progressive tendon-loading exercises.

- Progressive tendon-loading exercise therapy (PTLE) resulted in a significantly better clinical outcome after 24 weeks vs. pain-provoking eccentric exercise therapy (n=76)
- There was a trend towards a higher return to sports rate in the PTLE group (43% vs 27%, p=0.13)
- PTLE should be regarded as standard initial care for the treatment of patients with PT

Breda et al., 2020

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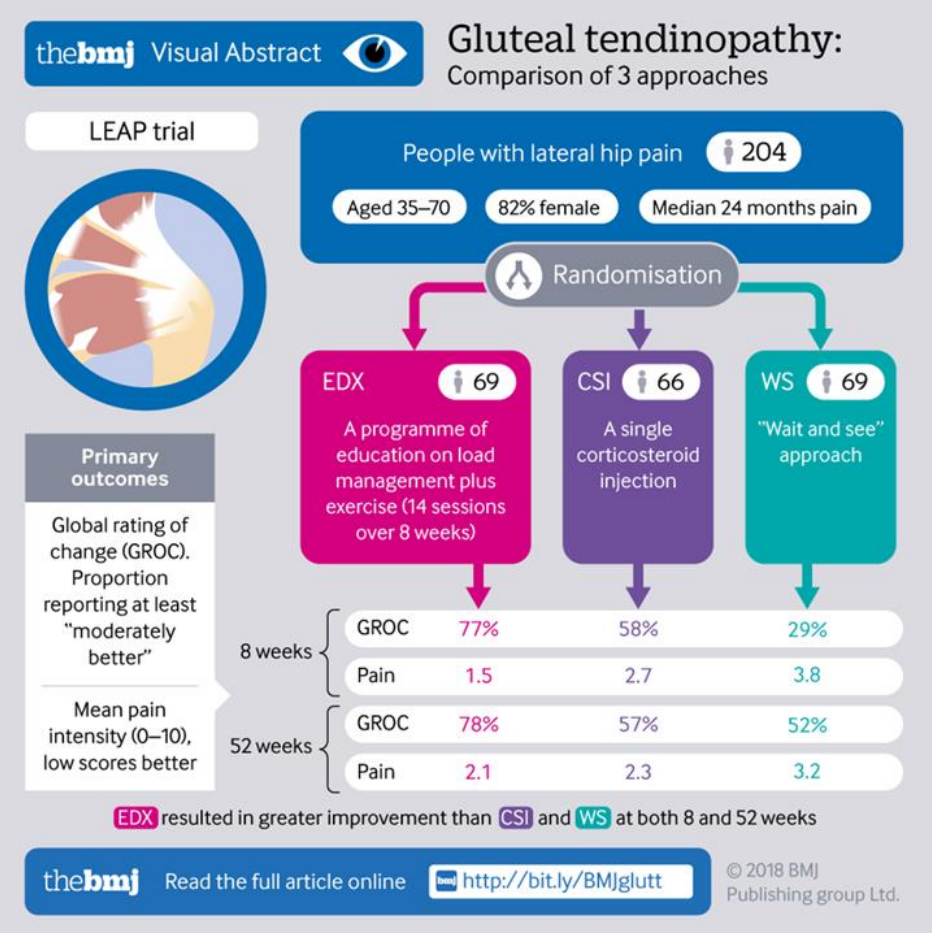
Education plus exercise



- Education plus exercise leads to greater pain relief and global improvement than corticosteroid injection use or no treatment by 8 weeks
- After 52 weeks, rates of improvement remained higher for education plus exercise vs. corticosteroid injection use
- These results support the use of education plus exercise as an effective management approach for gluteal tendinopathy

Mellor et al., 2018

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Running mechanics

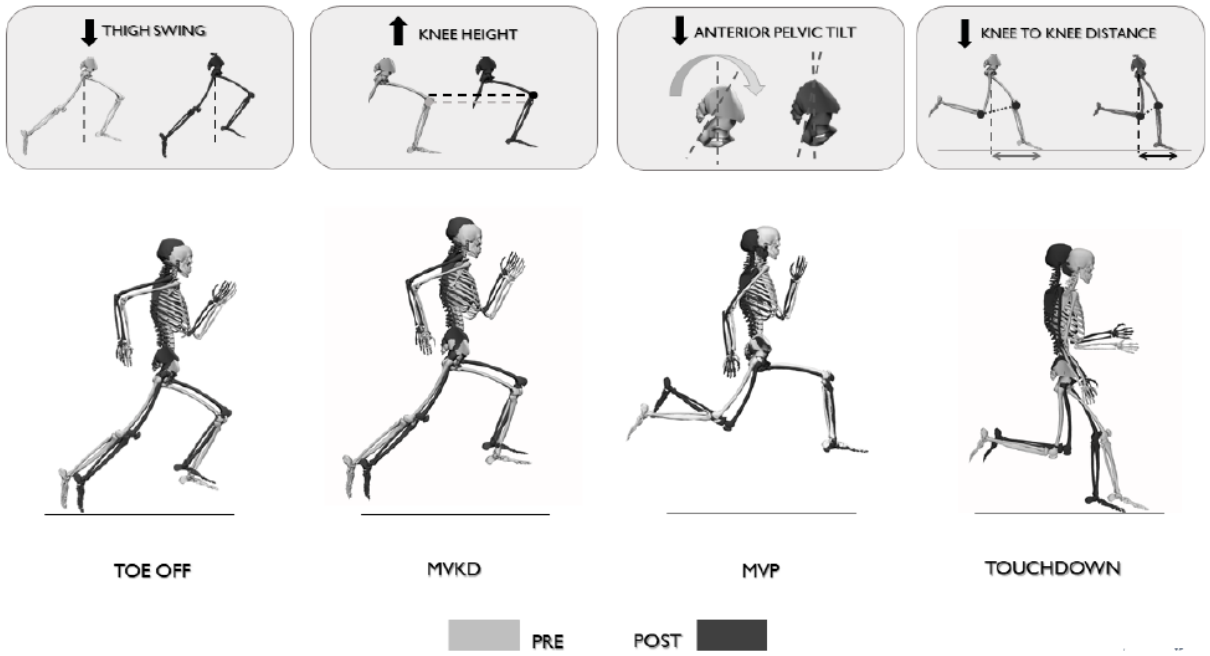

Figure 2. Visual representation of the identified changes between PRE and POST for the intervention group.
MVP: Maximal vertical; MKVD: Maximal knee vertical displacement

↓ Anterior pelvic tilt (APT) during the late swing phase

↑ Pelvic obliquity on the free-leg side during the early swing phase

↑ Vertical position of the front-leg knee

↑ Thigh angular velocity and thigh retraction velocity

↓ Between-knees distance at initial contact

↓ Shorter ground contact duration

Volvat Nimi

Mendiguchia et al., 2021

Rehabilitering ved PHT

- Informasjon!
  - Kan ta lang tid (6-12 mnd ++)
- Justere treningsbelastning og provoserende belastning
  - Intensitet (!)
  - Volum
  - Frekvens
  - Terreng (oppoverbakker ofte mer provoserende)

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Rehabilitering ved PHT

- Gradvis progredierende loadingprogram i faser
  - Unngå stor grad av hoftefleksjon i begynnelsen
  - Øvelsesutvalg basert på bevegelsesutslag
- Ta smarte valg
  - Pauser fra langvarig sitting, bruk puter, juster arbeidsstilling
  - Unngå statiske tøyninger og raske bevegelser mot ytterstillinger i perioder

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Fase 1: Isometriske øvelser

- 5 x 45 sekunder hold -> 70% MVC -> 2x daglig (minst)
- Dosering basert på symptom, grad av smerte og irritabilitet med mindre grad av intenstitet ved behov
- I tidlig fase -> minimal hoftefleksjon
- *A good prognostic sign for isometrics is an immediate reduction in pain with hamstring loading tests postexercise*

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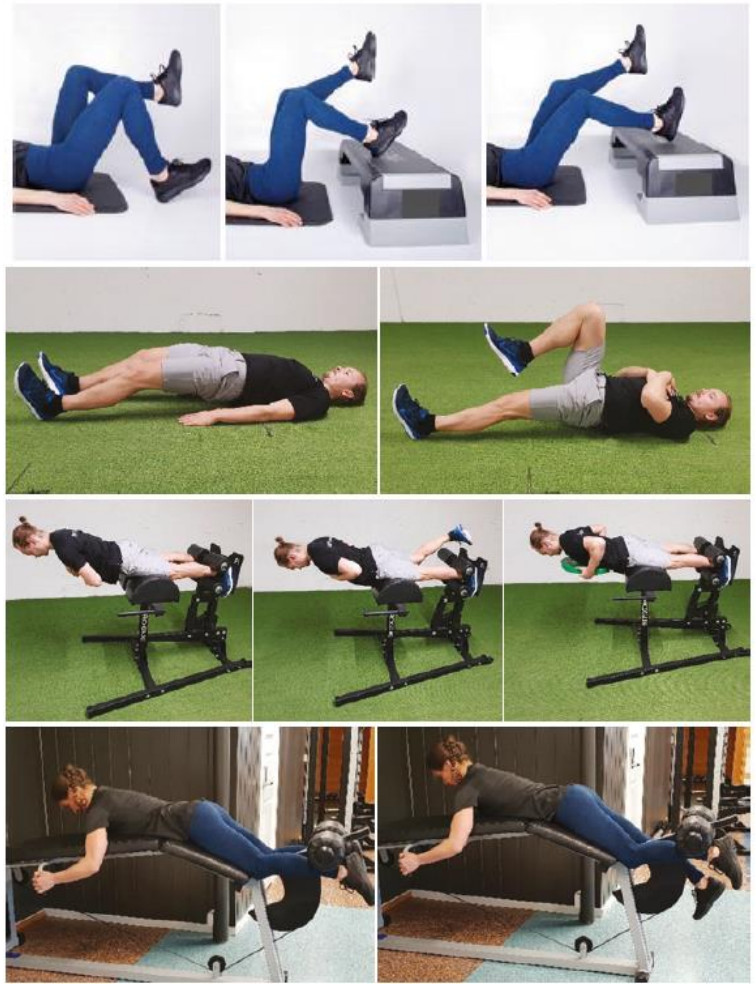
Goom et al., 2016; Beatty et al., 2017

Fase 1: Isometriske øvelser



Goom et al., 2016; Beatty et al., 2017

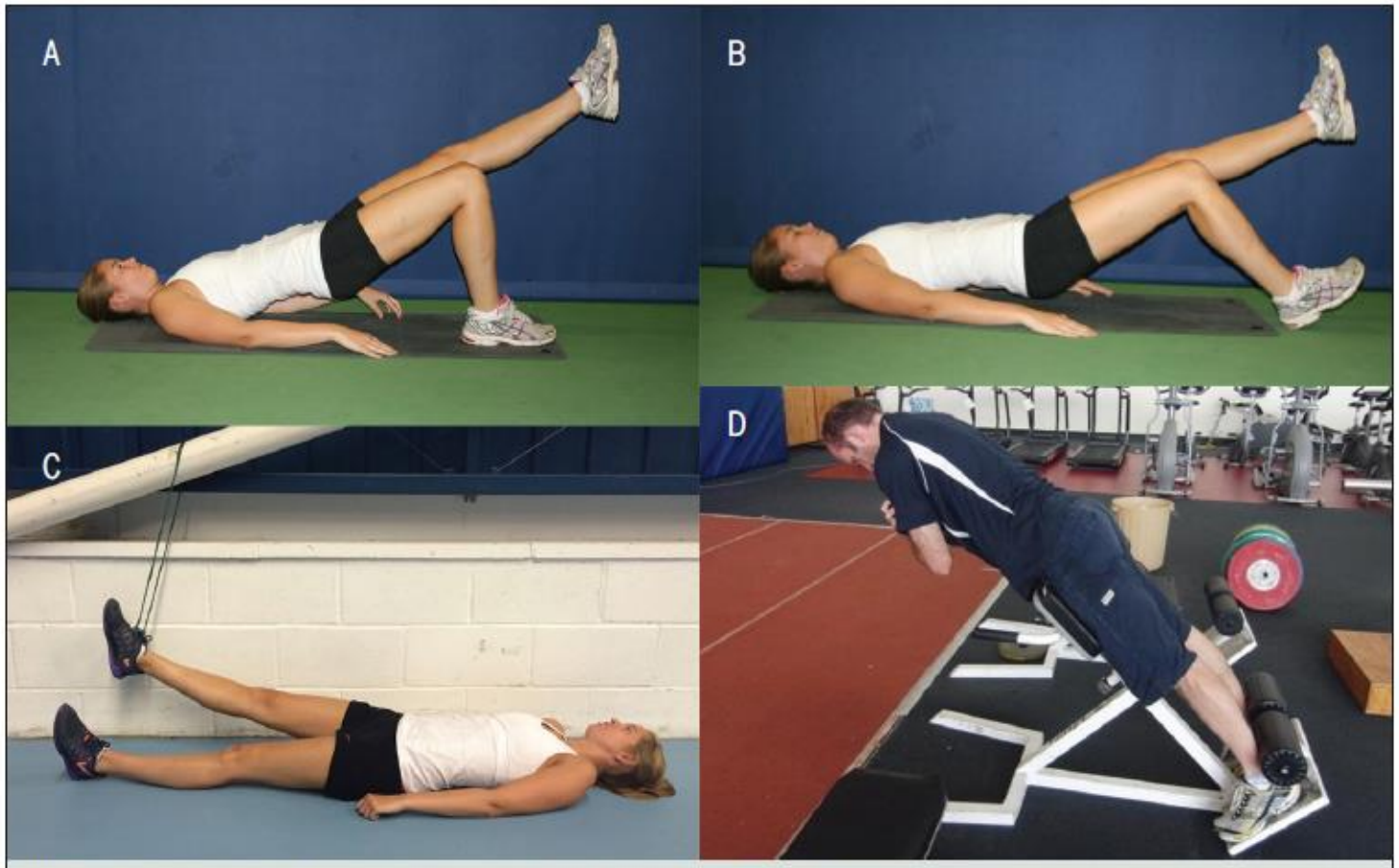


FIGURE 2. Examples of stage 1 exercises: (A) single-leg bridge hold, (B) long-lever bridge hold, (C) straight-leg pull-down, and (D) trunk extension.

Fase 1: Bekkenkontroll

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Fase 2: Dynamiske øvelser

- Liten grad av hoftefleksjon
- Heavy slow resistance (HSR)
  - 15 reps -> 6 reps x 3-4 sett
  - 3 sekunder hver retning
- Eksentriske øvelser med (relativt) lav grad av hoftefleksjon
  - 6-8 reps x 3-4 sett
- 3x pr uke (evt annenhver dag)

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Fase 2: Dynamiske øvelser

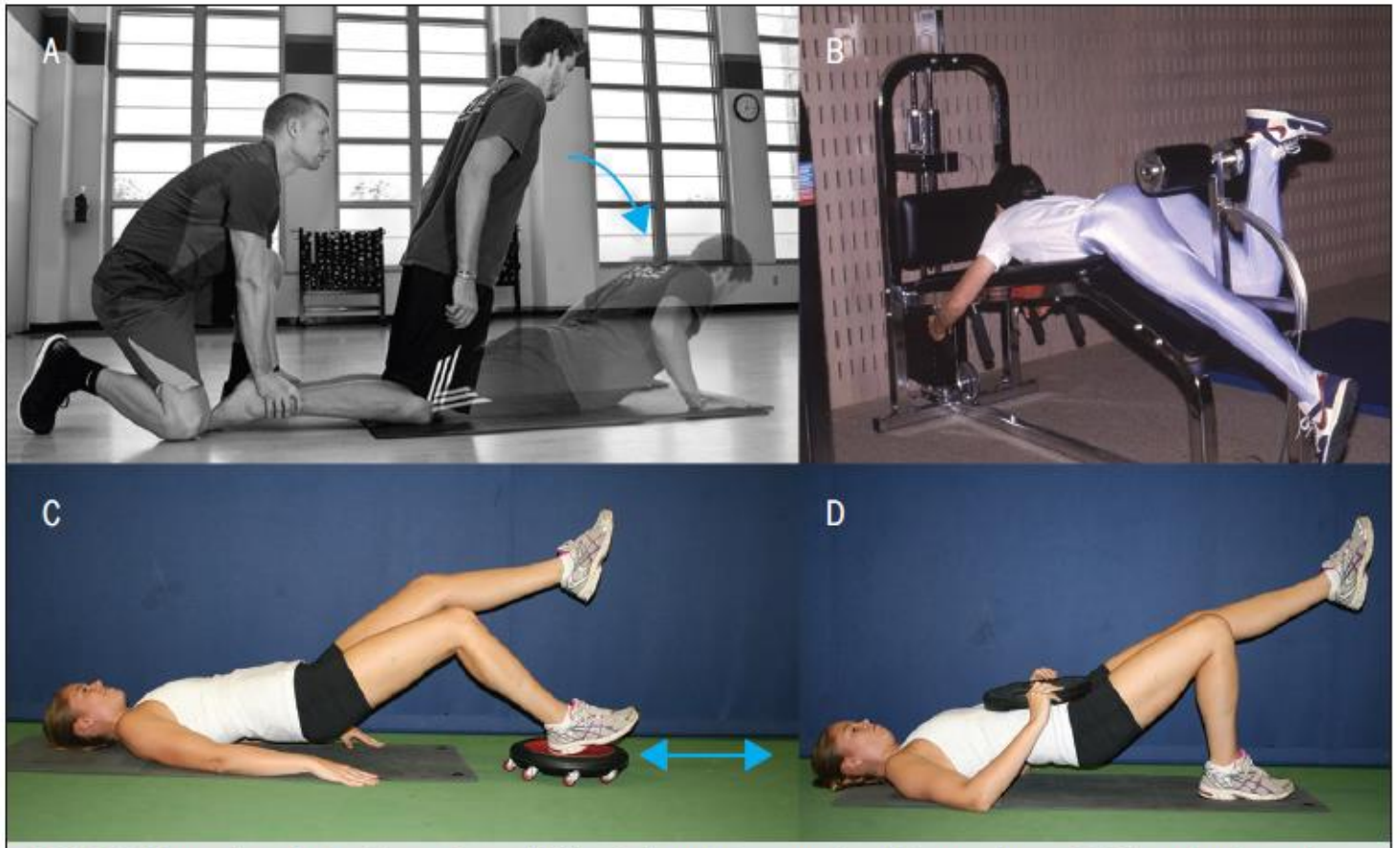

FIGURE 3. Examples of stage 2 exercises: (A) Nordic hamstring exercise, (B) prone leg curl, (C) supine leg curl, and (D) bridging progressions (eg, adding weight).

Goom et al., 2016; Beatty et al., 2017

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Seteløft – variasjoner

- Utgangsstilling
  - Tobens / ettbens
  - På step / kasse
- Grad av knefleksjon
- Type kontraksjon
  - Sliders -> eksentrisk
- Rotasjon av tibia
- Speed & power

Fase 3: Gradvis økende hoftefleksjon

FIGURE 4. Examples of stage 3 exercises: (A) Romanian deadlift, (B) step-ups, (C) walking lunges, (D) hip thrusts (weights can be added to the bar to increase resistance), and (E) single-leg deadlift.

Goom et al., 2016

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Fase 4: 'Energy storage loading'

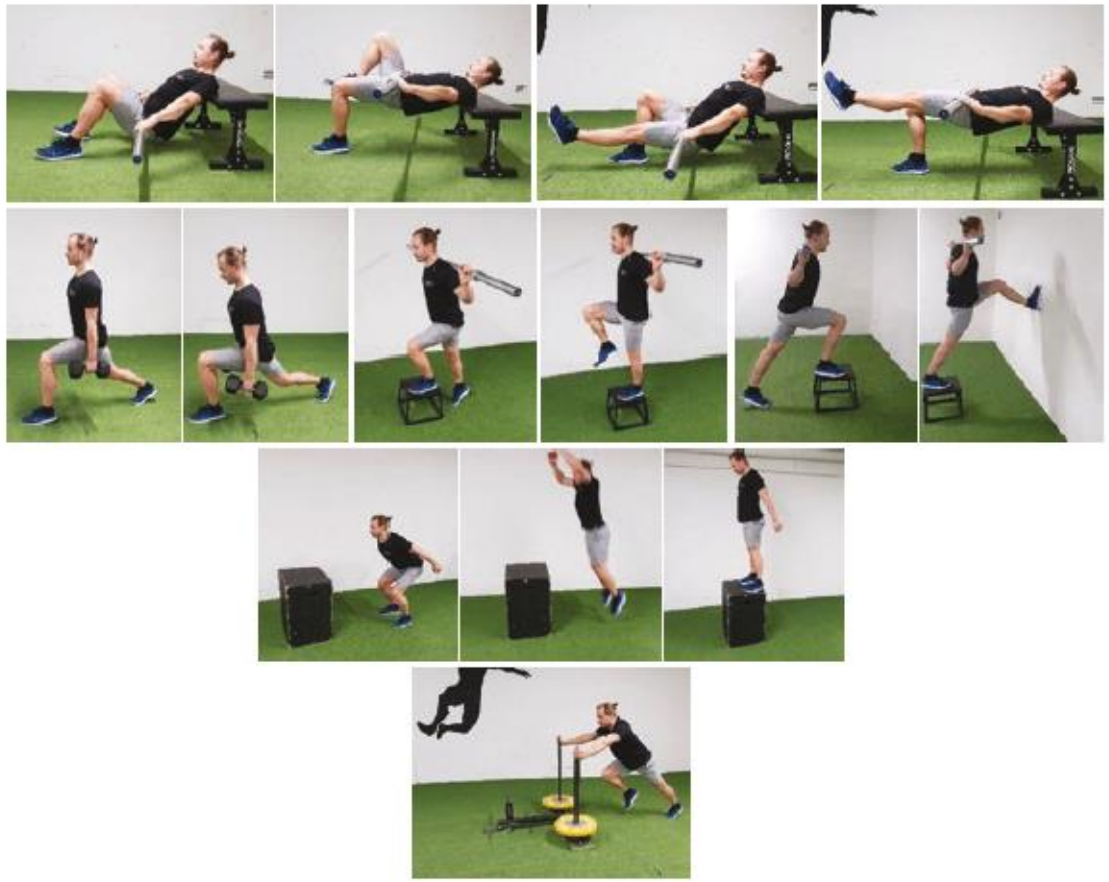

FIGURE 5. Examples of stage 4 exercises: (A) bounding, (B) alternate-leg split squats, (C) A-skips, (D) cutting, and (E) sprinter leg curl.

Goom et al., 2016

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Progresjon

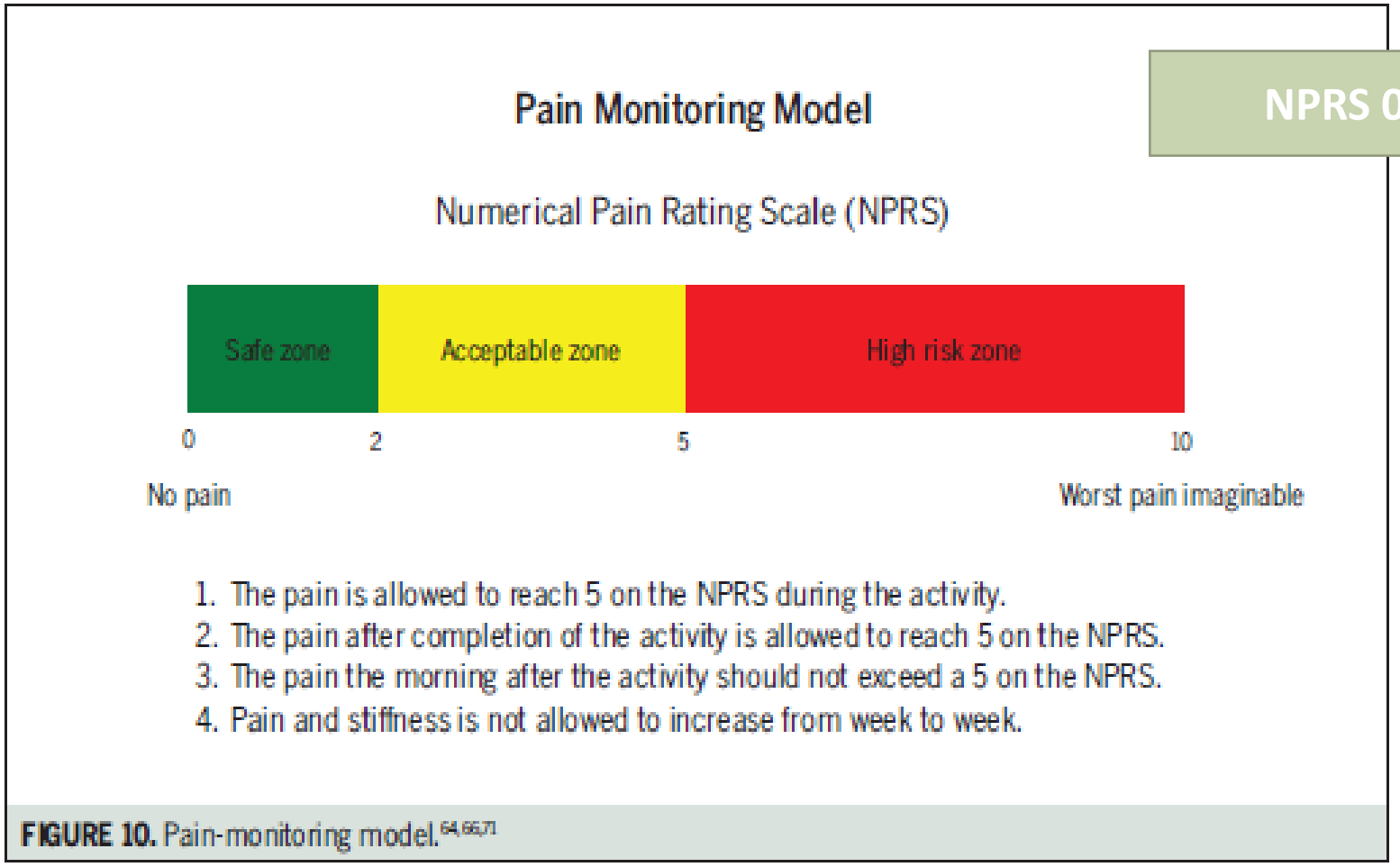

FIGURE 10. Pain-monitoring model.[64,66,71]

NPRS 0-3/10

Silbernagel et al., 2015

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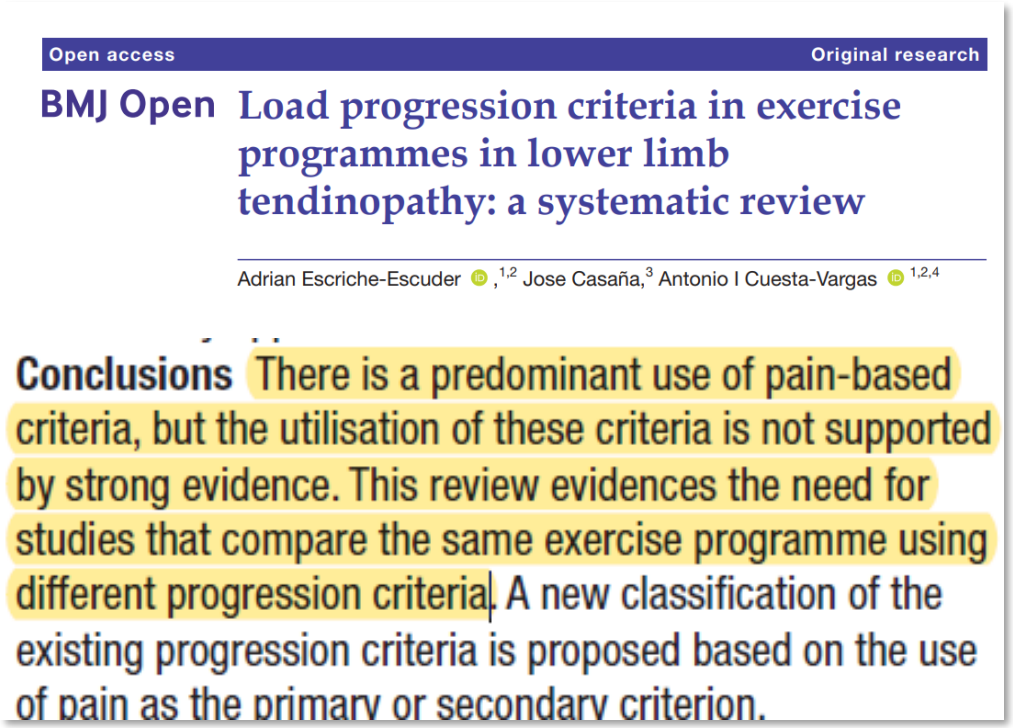
Kriterier for progresjon



Open access Original research

BMJ Open

Load progression criteria in exercise programmes in lower limb tendinopathy: a systematic review

Adrian Escriche-Escuder ,[1,2] Jose Casaña,[3] Antonio I Cuesta-Vargas [1,2,4]

Conclusions There is a predominant use of pain-based criteria, but the utilisation of these criteria is not supported by strong evidence. This review evidences the need for studies that compare the same exercise programme using different progression criteria. A new classification of the existing progression criteria is proposed based on the use of pain as the primary or secondary criterion.

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The use of physical function capacity measures in the management of lower limb tendinopathy: A scoping review of expert recommendations

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ARTICLE INFO ABSTRACT

Conclusion: Physical function capacity measures are used infrequently across expert recommended exercise rehabilitation programs. There remains a high reliance on pain as the criterion for progression of exercises during rehabilitation. There is a need to develop measures of physical function capacity to better inform and progress rehabilitation.

Volvat Nimi

Progressivt løpeprogram - eksempel

Progressivt løpeprogram 6 uker – km

- 3 x pr uke, alltid 1-2 dager mellom hver økt
- Pause = aktiv, gange
- Noter ned subjektiv følelse (grad av ubehag/smerte) for hver økt, på en skala fra 0-10

Uke 1
Dag 1: Gange oppvarming + jogg 0.5 km x 5-6 (1-2 min pause) – fart: ca. 9-10 km/t
Dag 2: Gange oppvarming + jogg 1 km x 3 (2 min pause) – fart: ca. 9-11 km/t
Dag 3: Gange oppvarming + jogg 3 km x 1 (2 min pause) – fart: ca. 9-10 km/t

Uke 2
Dag 4: Gange oppvarming + jogg 2 km x 2 (2-3 min pause) – fart: ca. 9-10 km/t
Dag 5: Gange oppvarming + jogg 1 km x 4 (2-3 min pause) – fart: ca. 9-11 km/t
Dag 6: Gange oppvarming + jogg 3 km x 2 (2-3 min pause) – fart: ca. 9-10 km/t

Uke 3
Dag 7: Gange oppvarming + jogg 4 km x 2 (2-3 min pause) – fart: ca. 9-11 km/t
Dag 8: Jogg oppvarming ca. 2 km + jogg 4 min x 4 (3-4 min pause) – fart: ca. 10-12 km/t
Dag 9: Gange oppvarming + jogg 6-8 km kontinuerlig – fart: ca. 9-11 km/t

Uke 4
Dag 10: Gange oppvarming + jogg 5 km x 2 (2-3 min pause) – fart: ca. 9-11 km/t
Dag 11: Jogg oppvarming ca. 2 km + jogg 4 min x 4 (3-4 min pause) – fart: ca. 10-12 km/t
Dag 12: Gange oppvarming + jogg 7-9 km kontinuerlig – fart: ca. 9-11 km/t

Uke 5
Dag 13: Gange oppvarming + jogg 5-6 km x 2 (2-3 min pause) – fart: ca. 9-12 km/t
Dag 14: Jogg oppvarming ca. 2 km + jogg 4 min x 4 (3-4 min pause) – fart: ca. 11-14 km/t
Dag 15: Gange oppvarming + jogg 8-10km kontinuerlig – fart: ca. 9-11 km/t

Uke 6
Dag 16: Gange oppvarming + jogg 5-6 km x 2 (2-3 min pause) – fart: ca. 9-12 km/t
Dag 17: Jogg oppvarming ca. 2 km + jogg 5 min x 4 (3-4 min pause) – fart: ca. 12-14 km/t
Dag 18: Gange oppvarming + jogg 8-10km kontinuerlig – fart: ca. 9-11 km/t

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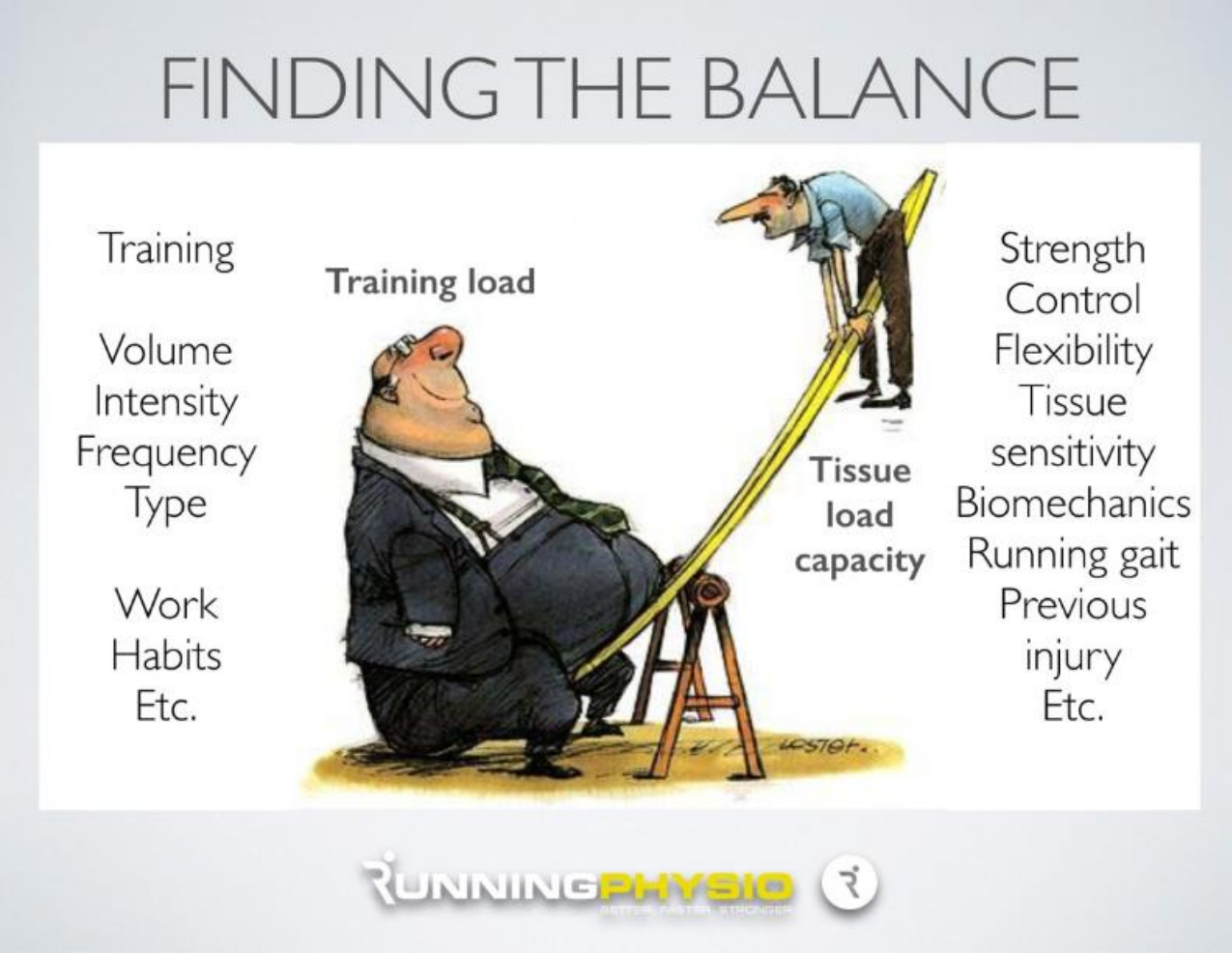
One size does not fit all...

Volvat
Nimi

Obs på totalbelastning!



Volvat Nimi

Obs på totalbelastning!

Min skadehistorie – vendepunktet i håndballkarrieren

Proksimal hamstring tendinopati (PHT) og tretthetsbrudd i bekkenet på venstre side var belastningsskadene som skulle ødelegge min mulighet og store drøm om å nå helt til topps i norsk eliteseriehåndball. Det var sommeren 2013. Jeg var 17 år, og hadde nylig oppfylt håndballdrømmen etter å ha fått representere Norge i et internasjonalt mesterskap. Ikke bare én, men to ganger. Trenerteamet hadde i forkant fordelt spillegruppen mellom Olympiske leker (OL) og Europamesterskap (EM), da deltagelse på to mesterskap ble antatt som for høy totalbelastning på én sommer. I utgangspunktet var min deltagelsesarena OL i Utrecht i juli. Men da ei lagvenninne ble skadet, ble jeg spurt om å være hennes erstatter under EM i Polen i august også. Tanken på at jeg skulle få være den eneste som fikk representere Norge i to mesterskap var overveldende. Jeg følte meg privilegert, samtidig som det ga en sterk indre motivasjon. Totalt fire uker med mesterskap, og en uke treningsleir i Spania på én sommer var tøft for kroppen, både mentalt og fysisk. Men viktigst av alt, det var en rå opplevelse. Jeg var proppfull av ny motivasjon og selvtillit til den kommende sesongen, klar for å ta nye steg mot å bli en bedre håndballspiller. På det tidspunktet var jeg fremdeles uvitende om at store deler av sesongen skulle tilbringes på sidelinjen, og at håndballmesterskapene sommeren 2013 skulle bli mine aller siste.

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Anbefalinger for PHT

Volvat Nimi

Nimi

Del av Volvat