

ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Introduction

I was fortunate enough to undertake a 6-week elective at a world-renowned, FIFA accredited, sports medicine clinic that prides itself on comprehensive and effective rehabilitation of sports injuries for both professional and recreational sports populations. I was rotated throughout the different disciplines involved in injury diagnosis and rehabilitation. This included the initial doctor driven consultations and diagnosis, followed by hydrotherapy and osteopathy, gym based strength and conditioning and indoor and outdoor movement-specific rehabilitation. Within this I was able to see how a case manager approach, alongside target-driven rehabilitation provides optimal conditions for efficient, successful and long-lasting patient rehabilitation.

The case manager approach

The case manager method of treatment provided at isokinetic is a prime example of interdisciplinary care and communication feeding back to a focal 'manager'. This results in a superior outcome where adjustments are regularly made to provide the best care for patients. In this approach a consultant in sports and rehabilitation medicine typically adopts the role of case manager. Upon the use of both, referrals from external bodies such as surgeons or GPs and imaging of the affected area, the consultant will make a provisional diagnosis and rehabilitation plan.

Having sat in clinics with all of the consultants at the centre, one prevailing ideology was apparent; "treat the patient, not the scan." I had heard this statement and its variations numerous times throughout medical school and on GP placements, but had never really understood its true meaning or significance until my time at Isokinetic. It became apparent to me that although imaging modalities have inexplicably helped propel medicine as a whole to new heights, they have become a double-edged sword in specialties such as sports medicine and rehabilitation. This is apparent through the fact that there is a cohort of patients with unbearable pain and suffering that present with near-normal MRI reports and conversely some patients who have very minor problems but are deemed to have gross abnormalities based solely off a series of imaging. The reliance on imaging as a tool for determining management as opposed to a tool for diagnosis has meant that many patients have often undergone unnecessary surgery whereby a conservative approach may have resulted in better short and long-term outcomes. It is for this reason that the mantra of "treat the patient; not the scan" is an integral part of the consultants at Isokinetic and why it achieves excellent outcomes when it comes to resolution of patients' problems.

Injury Rehabilitation

The conservative approach that the centre has adopted is comprised of 5 phases aimed at gradual progression to the best level of recovery possible:

- 1) Resolution of pain, swelling and inflammation
- 2) Recovery of range of motion and flexibility
- 3) Recovery of strength and muscular endurance
- 4) Re-training of co-ordination and normal motor skills
- 5) Recovery of sport specific technical movements and return to play

During my time there I was able to appreciate how different members of staff were not only general physiotherapists but also specialists in their own individual fields. This sub-specialization meant that all aspects of the steps to recovery were covered. The consultants through medicine prescription, therapeutic injections or shockwave therapy often resolved the phase of pain and swelling. Range of movement and flexibility were areas covered in hydrotherapy and osteopathy sessions alongside structured gym sessions. Gym sessions, where the bulk of the rehabilitation occurred, were targeted at improving strength and muscular endurance. Finally the indoor field known as the “green room” and the outdoor field were used to improve coordination and sports specific skills with a view of returning to sporting activities. This was carried out through the use of motion analysis and the study of each individual’s movement patterns.

At each stage, prior to moving onto the next phase, the case manager would review the patient in a consultation and discuss continued management. This methodical approach involving all members of the interdisciplinary team ensured that all aspects of injury recovery were covered. I was also able to sit in with one-to-one meetings between physiotherapists and doctors where patients and their progress were individually discussed. At this point any concerns from either party were voiced and a plan to resolve them was put in place. This type of thorough clinical practice ensured safety-netting at multiple stages throughout a patient’s care to ensure that no duty of care had been missed.

How Isokinetic is different

Along the course of my elective I was able to spend a significant amount of time observing and participating in rehabilitation at different phases of recovery. I was astounded by how the course of rehabilitation differed immensely from that of the NHS. Physiotherapy sessions in the gym were both mentally and physically taxing, with 2 hours of intensive strength based exercises and difficult balance

work aimed at regaining proprioception. Whilst most patients were exhausted by their sessions, all I had spoken to expressed very positive feelings towards this method, with some comparing it to their own experiences in the NHS where they were given minimal guidance with little to no supervision. As a result, the general mood of all the patients was that of optimism which also helped to create a positive atmosphere that was beneficial to recovery.

The impact of injury on other aspects of health

In my opinion, one of the great successes of this center was improved care through integration. By this I mean the unorthodox approach of an open plan gym where all types of patients, sporting and non-sporting, recreational and professional undergo rehabilitation together, thus resulting in a friendly and social atmosphere. Where some patients, particularly professional athletes, may be spending 2 hours a day in the center, an offering other than simple rehabilitation would be needed to keep the process enjoyable and as a result more fruitful. This is achieved by pairing patients up to perform exercises together, to compete against each other, and even to share stories with other patients who may share the same condition but are earlier on in their rehabilitation. This also serves as a method of tackling some of the mental health issues that may arise from musculoskeletal injuries. I was able to appreciate that for some athletes, the rehabilitation simply provided a reason to get out of bed and gave them a chance to socialize, which they had lost as a result of their injury. The close liaison between the sports consultants and psychiatrists further solidified my understanding that the effects of musculoskeletal injury are not constrained to only a joint or muscle but can holistically affect a patient.

Conclusion

I thoroughly enjoyed my time at Isokinetic. I was able to learn a lot about sports medicine examinations and management strategies from the consultants and was able to appreciate how structured rehabilitation can not only improve a persons physical health, but also their physiological well-being. I initially undertook this elective to learn more about a field of medicine I was considering as a future career and this placement has only increased my inclination to go into sports and rehabilitation medicine in the future. I would like to thank Isokinetic for providing me with an invaluable experience.