LETTERS

The use of therapeutic medications for soft-tissue injuries in sports medicine

C Scott Masters,* Michael J Yelland†

* Vice-President, Australian Association of Musculoskeletal Medicine, Caloundra Sports Medicine Centre, 39 Minchinton Street, Caloundra, QLD 4551.
† Associate Professor of Primary Health Care, Griffith University, QLD. scotty1@ozemail.com.au

TO THE EDITOR: Paoloni and Orchard provided a concise summary of the evidence for injections for soft-tissue injuries, but omitted some important references on the mechanism of action of corticosteroids and on prolotherapy.

An important action of corticosteroids is blocking of transmission in nociceptive C-fibres. Given the lack of evidence of inflammation in chronically painful tendinopathies, this is a more probable mechanism of action than the suppression of inflammation. Paoloni and Orchard correctly report that steroids have only a temporary effect in suppressing soft tissue pain. However, in low back pain, if their use is preceded by manual therapy and exercises they have the potential to give more prolonged relief of pain and disability.

A recent Swedish randomised controlled trial (RCT) of polidocanol prolotherapy injections for chronic Achilles tendinopathy showed reduced pain and normalisation of ultrasound abnormalities. Similarly, a New Zealand case series of glucose prolotherapy injections showed very positive results for the same condition. An Australian RCT into prolotherapy for chronic low back pain (average duration, 14 years) showed sustained reductions in pain and disability with glucose prolotherapy injections, although similar results were obtained with saline injections. A pilot study of glucose prolotherapy in 24 elite male kicking-sport athletes with chronic groin pain (mean duration, 15.5 months) who had failed physical therapy reported a pain-free state and return to sports in 82% at an average follow-up of 17.2 months. This evidence would suggest there is a role for this glucose prolotherapy in managing soft-tissue pain, especially as musculoskeletal pain is one of the major presentations to primary practice in Australia. Training primary care physicians in prolotherapy injection techniques should be a priority in medical education.