

DECIMO CONVEGNO DI TRAUMATOLOGIA CLINICA E FORENSE

**Corso di aggiornamento specifico in
traumatologia dello sport**

Back Pain

Salsomaggiore 29 novembre 2019



THERMAE
DI SALSOMAGGIORE



Back Pain nel calcio femminile

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Cause aumento infortuni negli sportivi d'élite

- L'aumento costante delle dimensioni antropometriche degli atleti.
- L'aumento della velocità di esecuzione del gesto tecnico.
- L'aumento del numero delle competizioni

Prevenzione

L'evoluzione dell'allenamento ha contrastato solo in parte la prevenzione degli infortuni negli sport individuali e di squadra, infatti viene migliorato notevolmente il trofismo muscolare ma questo processo non riesce a proteggere sufficientemente le strutture muscolari tendinee e articolari.

CALCIO FEMMINILE

- Il calcio femminile sta attraversando un momento di grande crescita culminato con l'approdo nei quarti di finale del mondiale svolto in Francia.
- Il processo di crescita era cominciato qualche anno fa con l'ingresso dei club professionistici maschili che avevano preso in carico i team femminili, prima la Fiorentina poi la Juventus quindi Inter Sassuolo Roma Milan.

Atleti professionisti

il quale status di sportivi professionisti è riconosciuto dal
l' articolo 2 della legge 91 del 23 marzo 1981

Decreto ministeriale del 13 marzo 1995



Calcio Femminile

Campionesse
d'Italia



11 maggio
2014

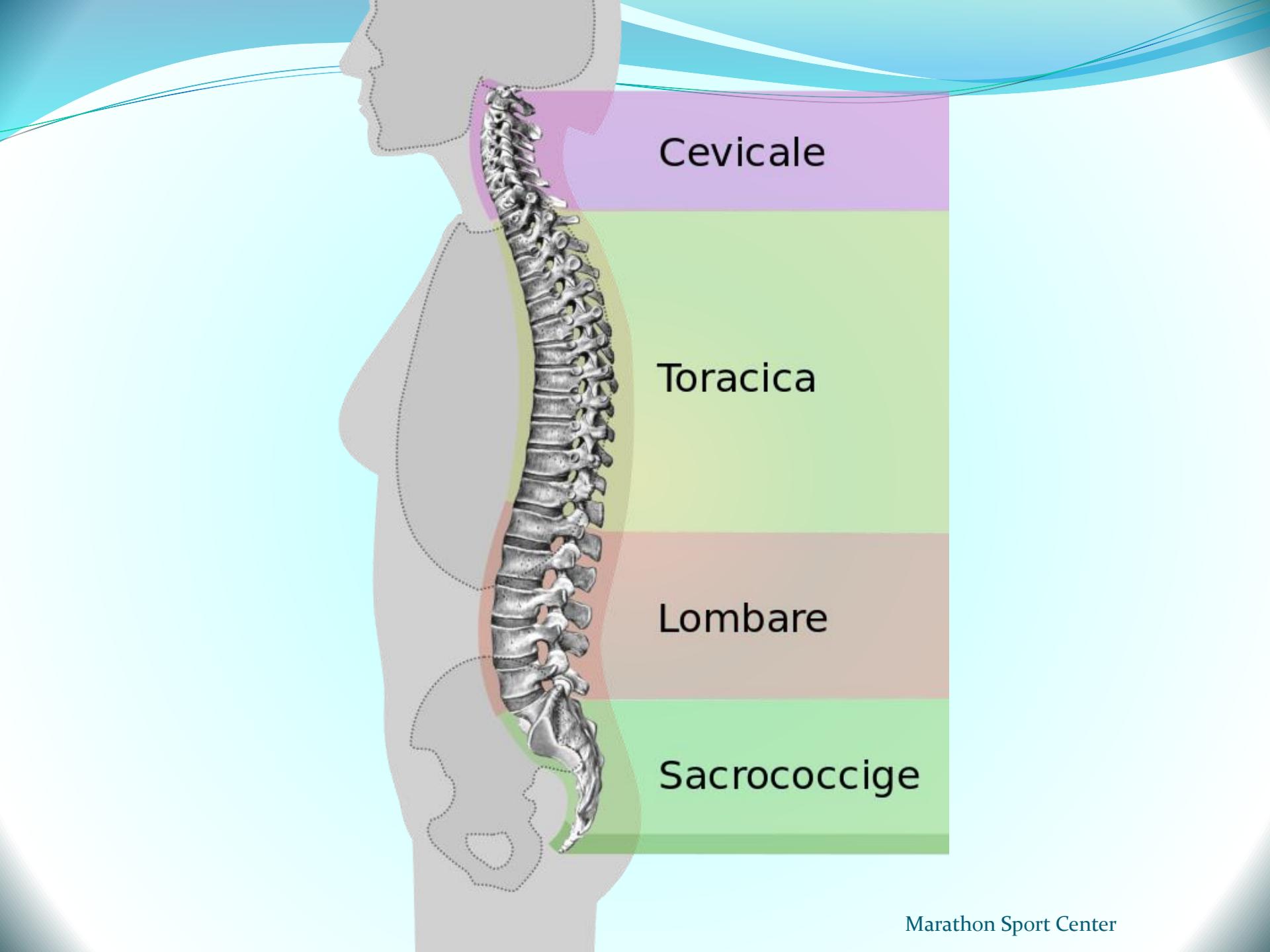


Coppa Italia
2012

Brescia calcio femminile



2 Scudetti
3 Coppe Italia
4 Supercoppe italiane



Cervicale

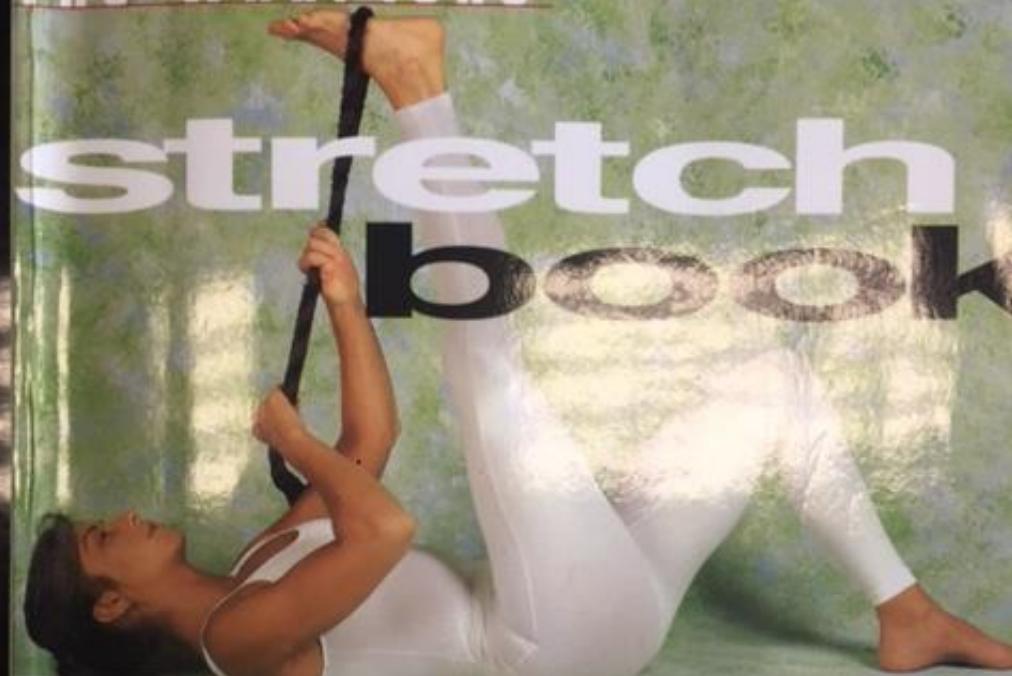
Toracica

Lombare

Sacrococcige

PREVENZIONE

The Whartons'
stretch book



FEATURING THE BREAKTHROUGH METHOD OF

ACTIVE-ISOLATED STRETCHING

59 stretches for over 55 different sports and everyday activities

Jim and Phil Wharto

ACTIVE ISOLATED STRETCHING

Prepare to stretch one isolated muscle at a time

Actively contract the muscle that is opposite the isolated muscle.
The isolated muscle then will relax in preparation for its stretch.

Stretch is gently and quickly-hold the stretch for no more than 2".

Release the stretch before the muscle reacts to being stretched (by going to its protective contraction).

Do it again (10/15 times)

ACTIVE ISOLATED STRETCHING

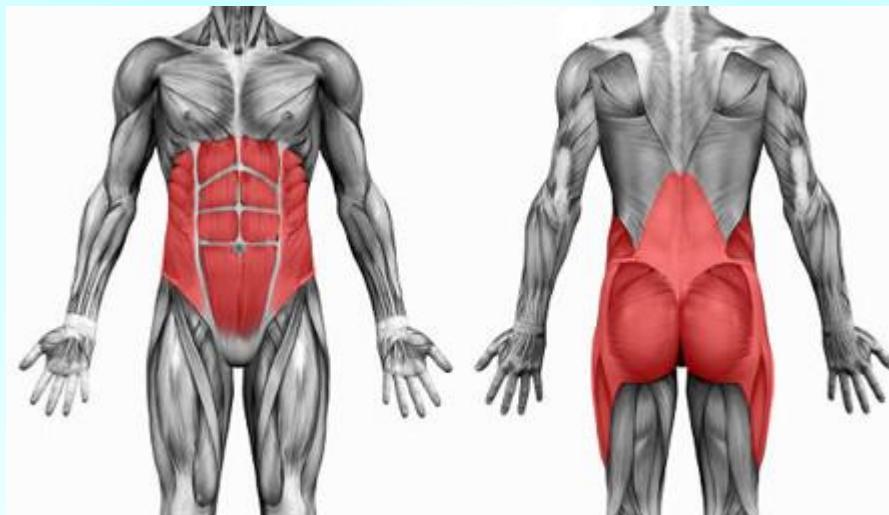
- Zone 1 Upper legs, Hips, Trunk (the foundation)
- Zone 2 Shoulders
- Zone 3 Neck
- Zone 4 Arms, elbow, Wrist, Hands
- Zone 5 Lower legs, Anckles, Feet

ACTIVE ISOLATED STRETCHING

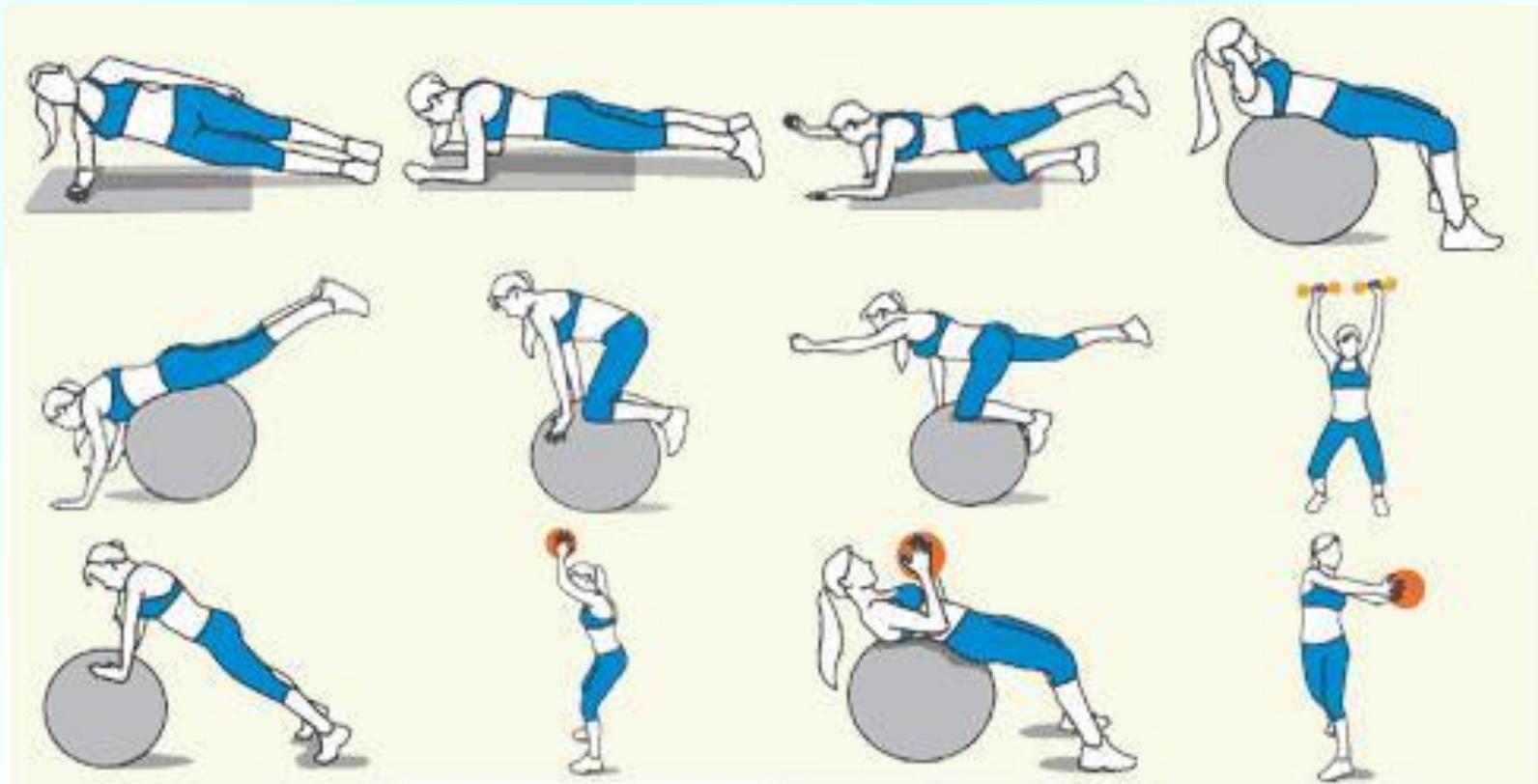
- **Red Range:** This muscle is too tight. It is going to cause problem
- **Yellow Range:** This muscle is in the normal range. Not bad. Not good
- **Green Range:** This is an elite athlete's muscle. Here is where you want to be
- **Blue Range:** This muscle is hypermobile-going beyond the range. No problem, but you need to make certain that you are strong enough to compensate

CORE STABILITY

- **Nucleo del corpo umano costituito dal complesso muscolare coxo-lombo-pelvico**
- Con CORE STABILITY si fa quindi riferimento alla stabilità di due sistemi muscolari molto complessi e grazie ad essa si ottiene la stabilizzazione del corpo durante i movimenti che esso compie.



ESERCIZI CORE STABILITY



Functional Movement Screen

E' un protocollo di valutazione della qualità esecutiva del movimento appartenente ad un sistema di lavoro più ampio denominato Functional Movement System (ideato da Gray Cook e Lee Burton)

L' FMS permette di quantificare, attraverso un valore numerico, la funzionalità ed efficienza di un gesto motorio semplice (che è alla base di abilità motorie sempre più complesse e sport-specifiche).



7 test

The Functional Movement Screen



1. Squatting



2. Stepping



3. Lunging



4. Reaching



5. Leg Raising



6. Push-up



7. Rotary Stability

Valutazione

Ad ogni esecuzione dei test viene assegnato un punteggio.

Tale punteggio va da zero (esercizio non eseguito o dolore nella posizione di partenza) a 3 (valore massimo che equivale ad esecuzione perfetta).

Il punteggio totale massimo è quindi 21

Sotto l'aspetto motorio la sufficienza equivale ad un valore di 14.

Si valuta, oltre al punteggio totale, le eventuali differenze d'esecuzione tra i vari distretti corporei.

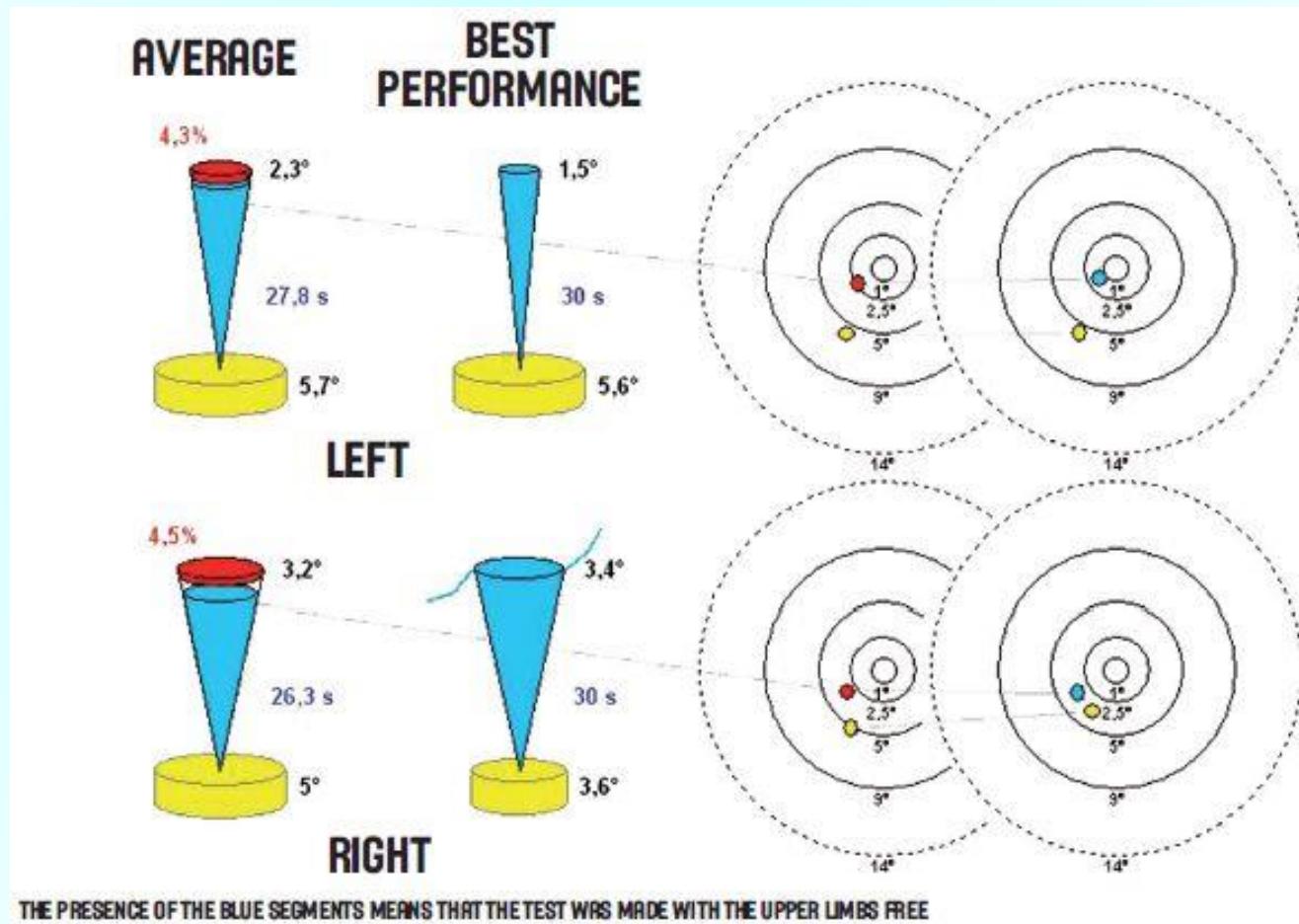
DELOS

postural proprioceptive system



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TRATTAMENTI

WINTECARE

core technology



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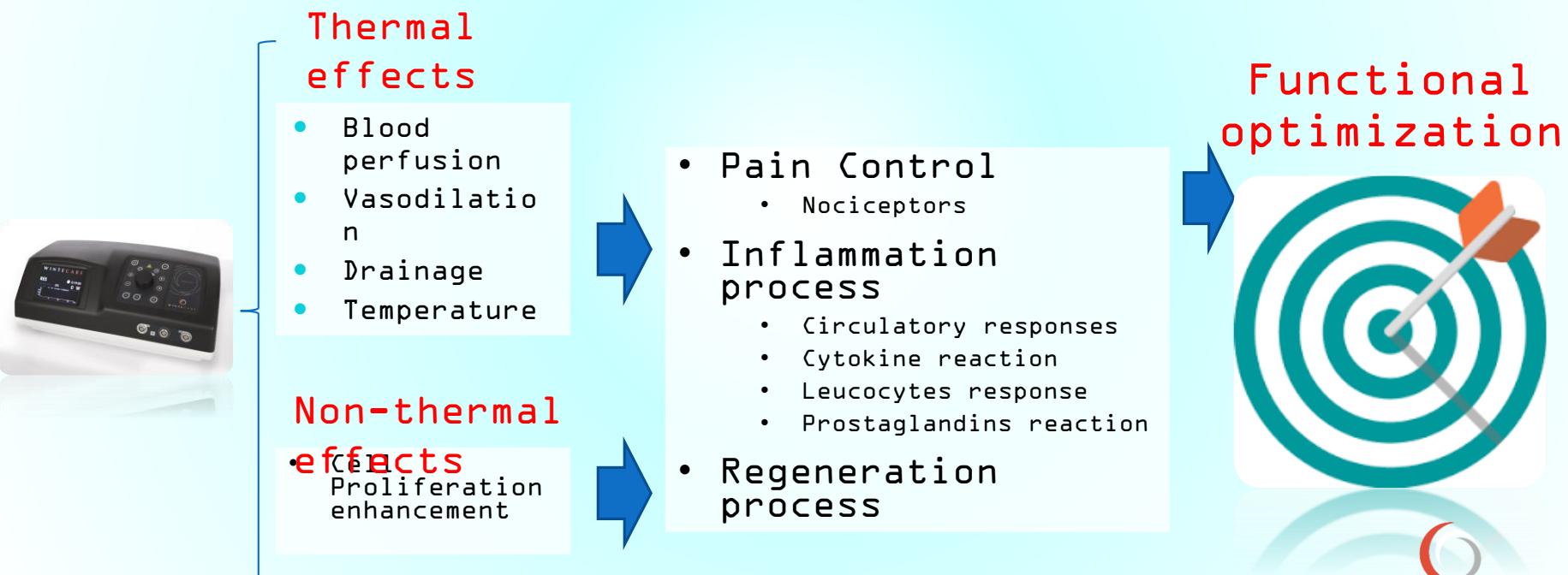
The **T-Plus** model is a type IIB, CE-registered medical device which is considered a part of the **tecar** technology range. The device is composed of:

- an alternating current generator that varies in polarity at a constant frequency of **0.448 Mhz**
- two types of electrodes: **resistive** and **capacitive**
- **return plate**



WINTECARE®

targeted body responses



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WINTECARE®

NON-Specific Acute Lower back pain

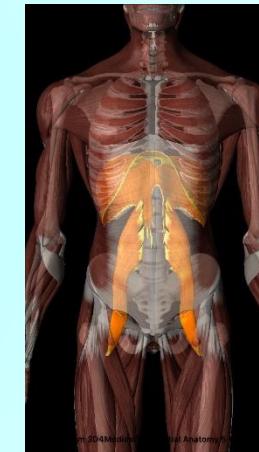
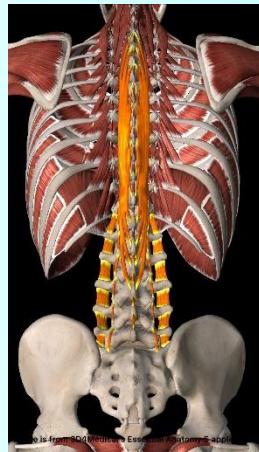


To better contextualize the treatments in this programme, the **hypothetical conditions** behind the **therapeutic strategy** presented are: an absence of changes to bone structure; left paramedian disc protrusion with a slight impression on the dural sac at the level of L4-L5; absence of hernias or protrusions in the remaining area; absence of intra-dural changes; absence of sciatic nerve referred pain.

Structure visualisation

Focus

Visualize
affected
tissues and
structures

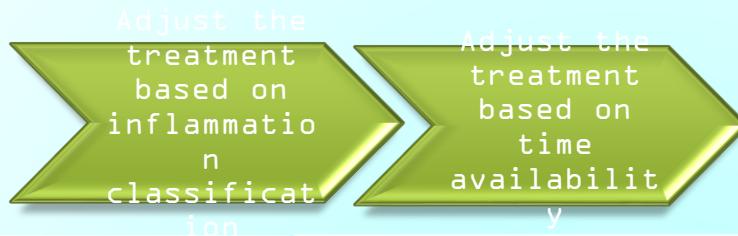


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WINTECARE®

Specific Acute Lower back



1st treatment objectives

- GENERAL:
 - ✓ Control inflammation
 - ✓ Control pain
 - ✓ Give more comfort
- SPECIFIC:
 - ✓ Restoration of blood perfusion in the relevant areas with low oxygen supply
 - ✓ Thermogenesis aimed at relaxing hypertonic muscle groups which impact the painful area
 - ✓ Targeted oxygenation and vasodilation to control the nociception
 - ✓ Drainage to accelerate the absorption of inflammatory catabolites

2nd treatment objectives

- GENERAL:
 - ✓ Control inflammation
 - ✓ Control pain
 - ✓ Gain ROM
 - ✓ Foster controlled exercises
- SPECIFIC:
 - ✓ Activate local blood flow
 - ✓ Reduce tone of hypertonic muscles (muscle relaxation)
 - ✓ Inhibit local pain receptors
 - ✓ Recruit muscle activity from hypotonic muscles
 - ✓ Gain ROM through muscle lengthening, muscle strengthening and joint tension relief

pain

Ideally Divide the therapeutic programme into 2 treatments.

Organising the process in this manner will help you get used to structuring rehabilitation procedures by objectives. Once the objectives of treatment type 1 have been reached, you can move on to treatment type 2.

ADVICE: If the patient arrives for the 2nd treatment and isn't significantly better in terms of pain and inflammation, and the ROM gains are also insignificant, it is then recommended to do a treatment similar to the 1st.

TECAR terapia



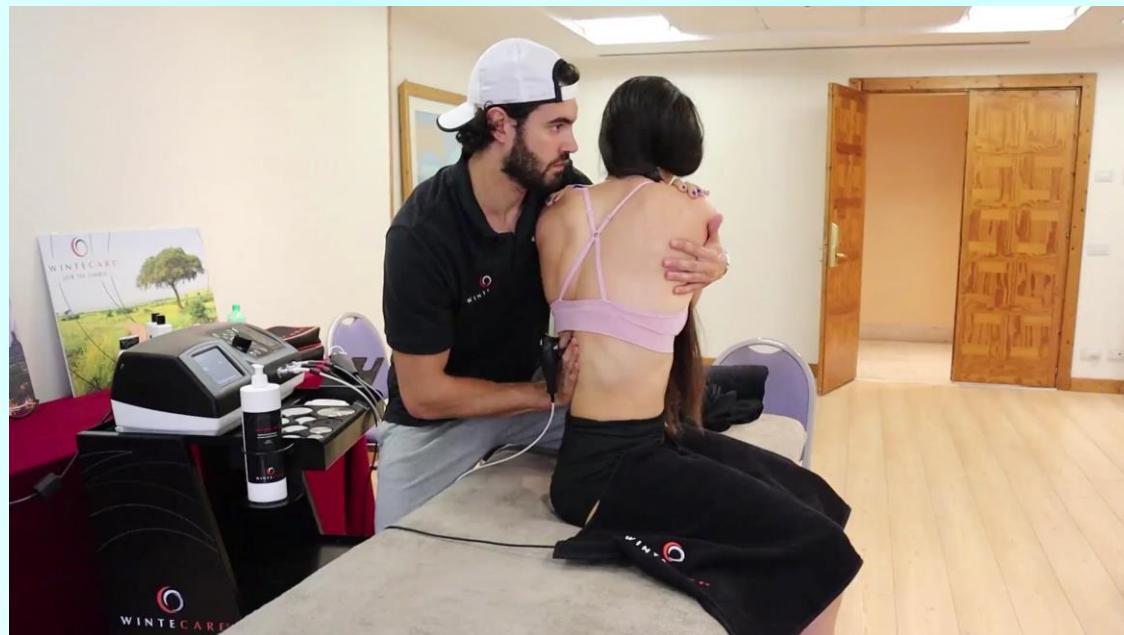
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Treatment mobilisation examples



Infortunistica nel calcio femminile di alto livello

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Brescia

Salsomaggiore 29 novembre 2019

Type of training			FO	FO			F	F	F	FO	F	F	F	F	F	FO	F	F	F	FO
Type of surface			A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
Player name	Code	Date	1	2	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	
		Exp	90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Di Criscio Federica	WBS01		90	90	90	105	105	75	AT	AT	AT	AT	AT	AT	AT	AT	AT	AT	AT	
Daleszczyk Katarzyna	WBS02		N	N	N	N	105	75	AT	AT	AT	AT	AT	AT	AT	AT	60	60	75	
Giugliano Manuela	WBS03		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Herum Nora	WBS04		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Mendes Monica	WBS05		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Cesar Camelia	WBS06		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Girelli Cristiana	WBS07		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Sabatino Daniela	WBS08		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Giacinti Valentina	WBS09		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Bergamaschi Valentina	WBS10		N	N	N	N	AT	AT	AT	AT	AT	AT	AT	AT	AT	AT	AT	AT		
Sikora Alexandra	WBS11		N	N	N	N	105	75	105	140	105	105	75	105	140	105	105	105	75	
Fusetti Laura	WBS12		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Hendrix Brooke	WBS13		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Marchitelli Chiara	WBS14		N	N	N	N	AT	AT	AT	AT	AT	AT	AT	AT	AT	140	105	105	75	
Tomaselli Martina	WBS15		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Pettenuzzo Tecla	WBS16		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Ghisi Laura	WBS17		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	
Cacciamali Isabel	WBS18		90	90	90	105	105	75	105	140	105	105	75	105	140	105	105	105	75	

Brescia calcio femminile

		Type of match	L	L	L
		Type of surface	G	G	G
Player name	Code	Date	11	17	24
		Tot	990	990	990
Di Criscio Federica	WBS01		41	AM	AM
Daleszczczyk Katarzyna	WBS02		54	AM	
Giugliano Manuela	WBS03		90	90	90
Herum Nora	WBS04		77	45	87
Mendes Monica	WBS05		49	90	87
Cesar Camelia	WBS06		90	90	
Girelli Cristiana	WBS07		90	90	90
Sabatino Daniela	WBS08		90	89	90
Giacinti Valentina	WBS09		90	81	89
Bergamaschi Valentina	WBS10	AM	AM	AM	AM
Sikora Alexandra	WBS11		90	90	90
Fusetti Laura	WBS12		90	90	90
Hendrix Brooke	WBS13		90	90	90
Marchitelli Chiara	WBS14	AM	AM		90
Tomaselli Martina	WBS15		36	45	N
Pettenuzzo Tecla	WBS16		13	90	90
Ghisi Laura	WBS17			1	3
Cacciamali Isabel	WBS18			9	3
Magri Serena	WBS19				1
Zanzi Francesca	WBS20				

		Type of match	C	L	L	L	C	C
		Type of surface	A	G	A	A	G	G
Player name	Code	Date	2	5	12	20	22	26
		Tot	990	990	990	1320	990	990
Di Criscio Federica	WBS01		90	70	90	120		90
Daleszczczyk Katarzyna	WBS02		90	17	58	120	28	35
Giugliano Manuela	WBS03		79	90	90	120	90	90
Herum Nora	WBS04		11	66	32	10	3	57
Mendes Monica	WBS05			90	35		90	55
Cesar Camelia	WBS06			90	90	28	90	90
Girelli Cristiana	WBS07		90	90	90	120	90	90
Sabatino Daniela	WBS08		90	90	90	120	87	90
Giacinti Valentina	WBS09		90	73	90	110	62	90
Bergamaschi Valentina	WBS10		AM	AM	AM	AM	AM	AM
Sikora Alexandra	WBS11		90	90	76	120	90	90
Fusetti Laura	WBS12		90	90	90	120	90	90
Hendrix Brooke	WBS13		90	90	55	120	90	90
Marchitelli Chiara	WBS14		90				92	
Tomaselli Martina	WBS15			24			90	33
Pettenuzzo Tecla	WBS16		90	20	90	120	90	
Ghisi Laura	WBS17							
Cacciamali Isabel	WBS18				14			
Magri Serena	WBS19							
Zanzi Francesca	WBS20							

Player Details				
Name: Marchitelli	Team: Brescia calcio femminile		Code no: WBSI4	
Date of injury: 3/4/2018	Date of return to full participation: (Send injury card, even if player is still in rehabilitation)			
Injured Body Part				Injury side
Head/face	Shoulder/clavicular	Forearm	Hip/groin	Lower leg/Achilles tendon
Neck/cervical spine	Upper arm	Wrist	X Thigh	Ankle
Sternum/upper back	Elbow	Hand/finger/thumb	Knee	Foot/toe
Abdomen				
Low back/pelvis				
Injury side	Right	X Left	Bilateral/central	
Type of Injury				
Concussion	Lesion of meniscus/cartilage		Haematoma/contusion/bruise	
Fracture	X Muscle rupture/strain		Abrasion	
Other bone injury	Tendon rupture/tendinosis		Laceration	
Dislocation/sublux	Synovitis/effusion		Nerve injury	
Sprain/ligament	Overuse unspecified		Dental injury	
Other injury (please specify):				
Indicate type of training or match where injury occurred?				
When did the injury occur?	X Training	Match (min. of injury)	N/A (overuse injury)	
Football training	Football & other training	Friendly match	Europa League match	
Other training	Reserve/youth team training	League match	Other Cup match	
	X National team training	Champions League match	Reserve youth team match	
N/a			National team match	
Injury mechanism				
Was the injury caused by overuse (gradual onset) or trauma (acute onset)?		Overuse	Trauma	X N/a
Was the injury caused by contact or collision?		X No	Yes, with other player	Yes, with object (specify)
Running/sprinting	Dribbling	X Sliding	Heading	Blocked
Twisting/turning	X Jumping/landing	Overuse	Tackled by other player	Use of arm/elbow
Shooting	Falling/diving	Hit by ball	Tackling other player	Other acute mechanism
Passing/crossing	X Stretching	Collision	Kicked by other player	Unknown mechanism
Injury mechanism (describe in words)		She felt		
Other information				
Was this a re-injury?		X No	Yes (give date of return from previous injury)	
Referee's sanction: (acute match injuries only)		No foul	Opponent foul Own foul	Yellow card Red card
Examination:		Clinical only X ray	X Ultrasound MRI (enclosed MRI form)	Arthroscopy Other (specify)
Diagnosis: (specify results of examination)		First degree injury to the middle third of the left semimembranosus muscle		
Best guess as to why the injury occurred: (medical teams opinion)				
Other comments:				



GRAZIE