

EFORT Congress focusses on sports and orthopaedics

Experts discuss sports after hip and knee replacement and injury prevention in high level sports

The prevention and treatment of sports injuries, the encouragement of orthopaedic patients to enhancing their physical activity or latest evidence on sports that is safe after total hip or knee replacement: These are some of the topics discussed at the Annual Congress of the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) in Vienna.

Vienna, 31 May 2017 – People who pursue sports have better prospects for a longer and healthier life. But what about individuals who have an artificial knee or hip joint or would like to go back to their favourite sport or fitness activity after other orthopaedic treatments? Are they still allowed to jog, golf or ski? These are just some of the many questions international experts are discussing at the 18th Annual Congress of the European Federation of National Associations of Orthopaedics and Traumatology (EFORT) taking place in Vienna. “Sports activities and orthopaedic practice” is the main theme of this major scientific event with around 6,000 participants from around the world.

“Sports is an essential element of a healthy lifestyle, not only in terms of physical activity, but also in view of its important social aspects. Orthopaedists often play a key role in whether people are or remain physically active”, says EFORT President Prof Dr Jan A.N. Verhaar from the Erasmus University Medical Centre in Rotterdam. “Our meeting therefore does more than share the latest findings into the prevention and treatment of sports injuries. We are also discussing, for example, ways we can encourage obese patients to be more active or how chronic complaints can be mitigated so the affected patients can still pursue physical activities.”

Joint replacement and exercise: which sports are beneficial?

The number of EU citizens aged over 65 is expected to climb by 177 percent by the year 2050. This will have a significant impact on health services. As OECD data shows, orthopaedic interventions in the field of total hip or knee replacements are sharply increasing, not least because of these demographic trends. In this context, the following question is gaining increasing importance: Is physical activity beneficial to health or more of a risk factor after hip and knee joint replacement. Prof Verhaar’s answer: “Basically, it depends on the sport involved and the intensity with which it is pursued. Thanks to new surgical methods and innovative prosthesis models, the patients are in any case more mobile and freer from complaints than even a few years ago.” It can also be assessed more effectively than ever whether a person with a joint replacement should be active in sports and if so in what manner.

Current studies are yielding growing clinical evidence about which sports should be recommended, Prof Verhaar underlines: “Cycling, walking and, maybe surprisingly, tennis are deemed relatively safe after joint replacement surgery. Caution should be exercised in running because the joints are subject to major stresses each time a foot hits the ground.” The danger of golf is underestimated: “Many people think golf is not physically demanding. But for good golfers who execute a 90° swing when driving, the forces acting on their knees

are extreme. People with an artificial knee joint are allowed to golf but should go about it less intensively,” Prof Verhaar concludes.

Skiing can help with rehabilitation

And how about skiing? Prof Verhaar has good news for fans of the popular alpine sport: “Recent studies provide evidence that careful skiing is not only a safe sport for people with a total endoprosthesis of the knee joint but is even suitable as a rehab measure after surgery.” For example, data published by Austrian and Norwegian researchers shows that skiing has a positive effect on the rigidity of the tendons, which are essential to the transmission of force. In older patients with an artificial knee joint (average age of 70) taking part in a 12-week ski program, the tendon stiffness in the operated leg grew twice as much as in the control group. Another study proved that a three-month ski program increases the muscle mass on the operated leg by ten percent whereas no change was able to be ascertained for the inactive control group. During skiing, both legs are verifiably subject to equal loading. “Therefore this sport can be recommended as a rehab measure as long as the treatment result is good and the patients are experienced skiers,” the EFORT President notes.

Preventing and managing injuries in professional skiers

Experts at the EFORT Congress also look into the management and prevention of knee injuries in high-level ski athletes. “It is not only in the field of leisure sports that our work plays an important role. The performance of professional athletes often depends on the quality and accuracy of the orthopaedic care”, Prof Verhaar says. Injury prevention and management in Formula 1 races, in the field of professional football and in high-level alpine skiing are therefore on the agenda of the Vienna meeting. Among other highlights, a research program on risk factors, injury trends and causes of injury in professional alpine skiing, freestyle skiing, snowboarding or telemark skiing is presented. This collaboration project of the International Ski Federation FIS, the Oslo Sports Trauma Research Center and the University of Salzburg aims at reducing the number of injuries in high-level ski athletes. The main objective is to compile accurate data to develop prevention programs and reduce the risk of injuries among elite athletes by addressing specific rules and regulations for training and competition.

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