A randomised controlled study; treatment of patellatendinopathy with excentric exercise and shockwavetherapy

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The purpose of the study is compare the effect excentric exercise in combination with electric shockwave therapy with excentric exercise and sham shockwave therapy. This is measured with the VISA-P score in short term, middle term and long term...

Ethical review Approved WMO

Status Recruitment stopped

Health condition type Tendon, ligament and cartilage disorders

Study type Interventional

Summary

ID

NL-OMON39083

Source

ToetsingOnline

Brief title

treatment of patellatendinopathy

Condition

Tendon, ligament and cartilage disorders

Synonym

pain of the tendon of the knee.

Research involving

Human

Sponsors and support

Primary sponsor: Medisch Centrum Haaglanden

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Source(s) of monetary or material Support: MCH en fysiotherapiepraktijk Rayer healthcare

Intervention

Keyword: excentric exercise, patellatendinopathy, RCT, shockwave

Outcome measures

Primary outcome

VISA-P: Victorian Institute of Sport Assessment: This validated score evaluates pain, function and sportspractice. A score of 100 gives an optimal knee without symptoms (Zwerver 2009). When there is pain in both knees than the score is for the most painful side.

Secondary outcome

Pain pressure threshold: The pain pressure threshold is determined by a dolorimetre on the most painful part of the patellatendon. In this position the dolorimetre is read off a quantity of Newton.

VAS: Visual Analogue scale for pain: patient gives a number on a scale from 0-10 whereas 0= no pain and 10= terrible pain. We take this score after 10 times on a declineboard of 25 degrees, the triple hop test and the maximal jump test (Zwerver 2010)

Likert score: functional score of improvement of symptoms.

Study description

Background summary

Tendinopathy of the patellatendon, jumper's knee, is a chronic overuse injury of the patella tendon. It can result in ending the sportcareer.

There is pain in the inferior part of the patella tendon, which increases with

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more stress. When there is a chronic tendinopathy there is a disrupted regenerationproces. Because of that shockabsorbtion is less than normal. Tendinopathy of the patella tendon cab be treated with excentric exercise. This treatment was first described by Curwin and Stanish in 1884. The best results are described when squats are done in an angle of 25 degrees. The painful leg makes a flection of the knee, after that with bot legs up. Each day two sessions of three sets of fifthteen repetitions. With this treatment 50-70% of the patients improves in kneefunction and pain.

Except excentric exercise there is another treatment started in the '90, extracorporal shockwave therapy (ESWT). Wang finded in 2007 a significant improvement of pain, VISA-P and kneefunction. Van Leeuwen et al concluded in 2009 that ESWT is an effective and save way for treatment in patella tendinopathy.

There are still no publications of the combination of excentric exercise and ESWT. There are some results from other studies but it never was published. One study was from Peers et al. But they had only a follow up period of twelf weeks. This study showed an significant improvement of VISA-P score. Recently this combination was already tried in treatment of midportion tendinopathy of the achillestendon. Rompe et al (2009) compared excentric exercise with excentric exercise and ESWT. After four months the recovery is significantly better in the combination group than in the only excentric exercise group.

Study objective

The purpose of the study is compare the effect excentric exercise in combination with electric shockwave therapy with excentric exercise and sham shockwave therapy. This is measured with the VISA-P score in short term, middle term and long term period.

Study design

The study is a randomised study looking at the effect of treatment of patellatendinopathy with excentric exercise and shockwavetherapy comparing excentric exercise with sham shockwavetherapy.

The diagnosis is been given bij a sports doctor with a lot of experience in patellatendinopathy.

After inclusion there is determination of the pain pressure threshold, the VAS score and VISA-P. After the explination of the excentric exercise they can to the exercises at home. This will start after the first session with shockwave.

Intervention:

Excentric exercise: squats on a declineboard of 25 degrees. First you must bent your knee, than put the other leg next to the first leg to come up again. During three months two sessions a day of three sets fifthteen repetitions with one minute rest between the sets. They can do the exercises upto a VAS score=4, above that stop the exercise. When there is no pain during the exercise you can

use some weights. If the exercise is to painful than you can help yourself to lean on the back of a chair.

shockwave: three treatments with 1000 impulses, 4 Hz and energylevel of 0,20 mJ/mm2 (Peers 2003) with a Sonocure focussed shockwave where the most painful point must be treated. Before the treatment there is no use of anaesthetics or analgesics. The shockwavetherapy is in week 1,2 and 3 after inclusion. An experienced physical therapist do the shockwavetherapy.

sham shockwave: three treatments with 1000 impulses of 0,03 mJ/mm2 with a absorbing pad. Before the treatment there is no use of anaesthetics or analgesics. The shockwavetherapy is in week 1,2 and 3 after inclusion . An experienced physical therapist do the sham shockwavetherapy.

Sportsactivity during treatment is possible but not above the VAS-score=4. If it's above 4 than it is necessary to adjust the load.

Intervention

not applicable

Study burden and risks

The excentric exercise and shockwavetherapy or sham shockwavetherapy can be a little painfull.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age

Adults (18-64 years) Elderly (65 years and older)

Inclusion criteria

age: >18 years
VISA-P at baseline<80
min 1 hour sports a week
min 8 weeks pain of the patella tendon
pain with palpation at the insertion of the patellatendon
one side or two sides pain

Exclusion criteria

local steroid injection in the last month
last 6 months no immunesupressiva or coricosteroids
damaged or reconstructed anterior cruciate ligament
treatment of patellatendon with excentric exercise or shockwave before
inflammatory diseases of the joints
pregnancy
surgery of the patellatendon
local infections around the patellatendon
other knee pathology
anticoagulantia
pathology of coagulation

Study design

Design

Study type: Interventional

Intervention model: Parallel

Allocation: Randomized controlled trial

Masking: Double blinded (masking used)

Control: Placebo

Primary purpose: Treatment

Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 01-09-2011

Enrollment: 80

Type: Actual

Ethics review

Approved WMO

Date: 17-06-2011

Application type: First submission

Review commission: METC Leiden-Den Haag-Delft (Leiden)

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Approved WMO

Date: 29-09-2011

Application type: Amendment

Review commission: METC Leiden-Den Haag-Delft (Leiden)

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Approved WMO

Date: 11-09-2013

Application type: Amendment

Review commission: METC Leiden-Den Haag-Delft (Leiden)

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Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register ID

CCMO NL36153.098.11