Methods--Research and literature review on the website www.scopus.com and the PUBMED database in March 2012 with the following keywords: barefoot running. We retained 40 articles that focus on medical aspects of this practice.

Results--Many articles focus on the biomechanical and physiological aspects of barefoot running. Aspects of injury, studies are few and contradictory. The studies focus on long distance race, there are very few studies on the sprint barefoot.

The distal lower limb injuries in running are common with an overall prevalence of 30 to 60% in athletes. It is not possible to compare their prevalence in the runner without shoes for which no studies exist to date. Injuries specific to practice barefoot are yet to be described. One wonders about the long-term damage such as osteoarthritis. No studies about the sprained ankle in runners barefoot.

Discussion--Theories to explain different injuries and even less in with or without shoes, will be discussed.

Conclusion--Comparative and prospective studies on large cohorts are needed to see if running barefoot reduces or increases the risk of injury in the short or long term.

Further reading

Lieberman DE. What we can learn about running from barefoot running: an evolutionary medical perspective. Exerc Sport Sci Rev 2012.

http://dx.doi.org/10.1016/j.rehab.2012.07.158

CO14-002-e

Tendinopathy in therapeutic failure. Effectiveness of the radial shock waves

J. Bordes a,*, L. Le Clech, R. Cahen, J.Y. Lessis, R. Jallageas, J.C. Daviet
Unité de médecine du sport, service de MPR, hôpital J-Rebeyrol, CHU de Limoges, avenue du Baisson, 87042 Limoges, France
*Corresponding author.
E-mail address: jeremie.bordes@laposte.net.

Keywords: Tendinopathy; Radial shock waves; Treatment

Purpose--Study the effectiveness of the radial shock waves (RSW) in the treatment of the chronic tendinopathy.

Methods--Retrospective study by questionnaire concerning the patients who were treated by RSW in sport medicine unit in the teaching hospital of Limoges between April, 2010 and June, 2011. The questionnaire was tested on a sample before the beginning of study. Healing was assessed with the score of Blazina.

Contentment was assessed by a Lickert scale.

Results--About 88 concerned patients, 71 answered, 12 were lost of view and five refused to participate. Eighty-two percent were sportmen, the medium age was of 43 years. The main locations were: Achilles tendinopathy (30%), plantar fasciitis (30%), patellar tendinopathy (19%) and epicondylitis (13%).

Symptoms have evolved for more than 6 months in 70% of cases (more than 2 years in 29%). The patients had 6.9 sessions of RSD on average. Eight months after RSW treatment, the score of Blazina belonged to 0 in 62% of the tendinopathy of Achilles, 38% of plantar fasciitis and 33% of patellar tendinopathy, 54% of the patients were satisfied or very satisfied with a 76% rate for the tendinopathy of Achilles. The length of evolution of the tendinopathy did not influence the efficacy of the treatment, nor treatment associates (50% had physical therapy). 59% of the patients took back sports at the same level and 22% at a lower level.

Conclusion--RSW seem to be a good alternative for the treatment of tendinopathy in therapeutic failure.

http://dx.doi.org/10.1016/j.rehab.2012.07.159

CO14-004-e

Validation of a predictive model for return to work after orthopaedic trauma

F. Luthi a,*, O. Deriaz b, R. Hilfiker c
a Clinique romande de réadaptation Savacare, institut de recherche en réadaptation, service de recherche, Sion, Switzerland
b Institut de recherche en réadaptation-reinsertion, Sion, Switzerland
c Haute Ecole Santé-Social VS, Switzerland
*Corresponding author.
E-mail address: francois.luthi@cerr-suva.ch.

Purpose–The authors presented a predictive model with five variables (professional qualification, speaking French, upper arm injury, education and age) and the INTERMED score or the INTERMED 5-item subscale score [1,2]. These models had an area under the receiver-operator-characteristics curve (ROC-Curve) of 0.72 (with total INTERMED score) and 0.73 (with the INTERMED social subscale score). One important step in the validation process before such a predictive tool can be used in clinical practice is the validation in a new sample. Therefore, the aim of this study was the validation of the same predictive model in a new sample of patients with the same inclusion and exclusion criteria as in the sample used for the development of the tool.

Patients and methods–The cohort consisted of 656 consecutively included inpatients with orthopaedic trauma participating in a vocational rehabilitation program after a work-, traffic- or recreational activity-related injury. Two years