Exercise-related Musculoskeletal Injury

13 Exercise-related Musculoskeletal Injury

Most people are unlikely to sustain injury when performing exercise in accordance with a customised exercise plan. However, injuries and other adverse events do sometimes occur, with musculoskeletal injuries being the commonest. Even so, studies have shown that such injury occurs about once in every 1,000 hours of walking, and fewer than 4 for every 1,000 hours of running (1). Overall, the benefits of being physically active outweigh the potential harms (2).

Both physical fitness and total amount of exercise affect risk of musculoskeletal injuries (1) – people who are physically fit have a lower risk of injury than those who are not, and people who do large amounts of activity generally have a higher risk of injury than people who do less. More active men and women have a higher injury rate during sport and leisure-time activity while inactive adults report more injuries during non-sport and non-leisure time (3-4). Overall, it appears that healthy adults who meet the present recommendations by performing moderate-intensity activities have an overall musculoskeletal injury rate that is not significantly different from inactive adults (3). It is interesting to note that while physical activity above the minimal recommended level results in additional health benefits, the associated musculoskeletal health risks may increase possibly negating some of the added benefit (4). This dose-injury relation for specific activities is unknown and likely differs by activity and individual anatomic and behavioural characteristics (5). Hence, it is important for people to be engaged in physical activity safely. Box 13.1 provides some general points on how this can be done (1).



Box 13.1 Reminders for Safe Physical Activity

To perform physical activity safely, reduce risk of injuries and prevent adverse events, people should:

- Understand the risks and yet be confident that physical activity is safe for almost everyone.
- Choose to do types of physical activity that are appropriate for their current fitness level and health goals, because some activities are safer than others. Please refer to Table 13.1 for details about risks of different activities (1).
- Increase physical activity gradually over time whenever more activity is necessary to meet guidelines or health goals. Inactive people should "start low and go slow" by gradually increasing the frequency and duration of exercising. See Figure 13.1 for a general guidance on how to increase physical activity (1).
- Protect themselves by putting on protective gear, such as appropriate sports equipment, looking for safe environments, following rules and instructions, and making sensible choices about when, where, and how to be active. E.g. considering weather conditions and air quality.
- Be under the care of a health care provider if they have chronic medical conditions or symptoms. People with chronic conditions and symptoms should consult their family doctor about the types and amounts of activity suited to their needs.
- Seek professional advice from physical instructors or experts in sports medicine when embarking on new forms of resistance activity that require specific skills or are associated with a higher risk of injury.

Injury Risk Level	Nature of Physical Activity	Example
Lowest Risk	Commuting	Walking, cycling
Lower Risk	Lifestyle	Home repair, gardening/ yard work
Medium Risk	Recreation/sports No contact	 Walking for exercise, golf, dancing, swimming, running, tennis
Higher Risk	Recreation/sports Limited contact	 Cycling, aerobics, volleyball, baseball
Highest Risk	Recreation/sports Collision/contact	Football, basketball

Table 13.1 The Continuum of Injury Risk Associated with the Nature of Physical Activities (1)

Figure **13.1** General Guidance for Inactive People and Those with Low Levels of Physical Activity on How to Increase Physical Activity (1).

Generally start with relatively moderate-intensity aerobic activity. Avoid relatively vigorous-intensity activity, such as running. Adults with a low level of fitness may need to start with light activity, or a mix of light- to moderate-intensity activity.

First, increase the number of min per session (duration), and the number of days per week (frequency) of moderate-intensity activity. Later, if desired, increase the intensity.

Pay attention to the relative size of the increase in physical activity each week, as this is related to injury risk. E.g., a 20-mins increase each week is safer for a person who does 200 mins a week of walking (a 10% increase), than for a person who does 40 mins a week (a 50% increase).

References

- 1. Physical Activity Guidelines Advisory Committee. *Physical Activity Guidelines Advisory Committee Report*, 2008. Washington (DC); US Department of Health and Human Services; 2008.
- 2. World Health Organization. *Global recommendations on physical activity for health*. Geneva: World Health Organization; 2010.
- 3. Carlson SA, Hootman JM, Powell KE, Macera CA, Heath GW, Gilchrist J, Kimsey CD Jr, Kohl HW 3rd. . Selfreported injury and physical activity levels: United States 2000–2002. *Ann Epidemiol* 2006; 16:712–9.
- Haskell WL, Lee IM, Pate RR, Powell KE, et al. American College of Sports Medicine; American Heart Association. Physical activity and public health: updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Circulation* 2007; Aug 28;116(9):1081-93.
- Hootman, J. M., C. A. Macera, B. E. Ainsworth, C. L. Addy, M. Martin, and S. N. Blair. Epidemiology of musculoskeletal injuries among sedentary and physically active adults. *Med Sci Sports Exer* 2002; 34:838–44.

Reading Note		