



Mecanismo de lesión

Parte 1. Isquiosurales y ligamento cruzado anterior

**Asignatura: Readaptación deportiva y reentrenamiento
físico-deportivo**

Docentes

Dr. Francisco Javier Robles Palazón

franciscojavier.robles1@um.es

D.^a Alba Aparicio Sarmiento

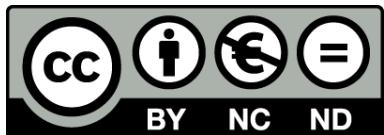
alba.aparicio@um.es

Dr. Francisco Ayala

francisco.ayala@um.es

Prof. Pilar Sainz de Baranda

psainzdebaranda@um.es





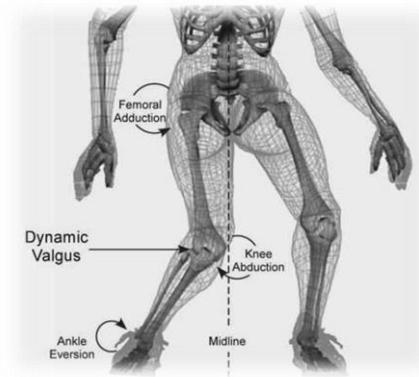
¿MECANISMO?



CONTEXTUALIZACIÓN

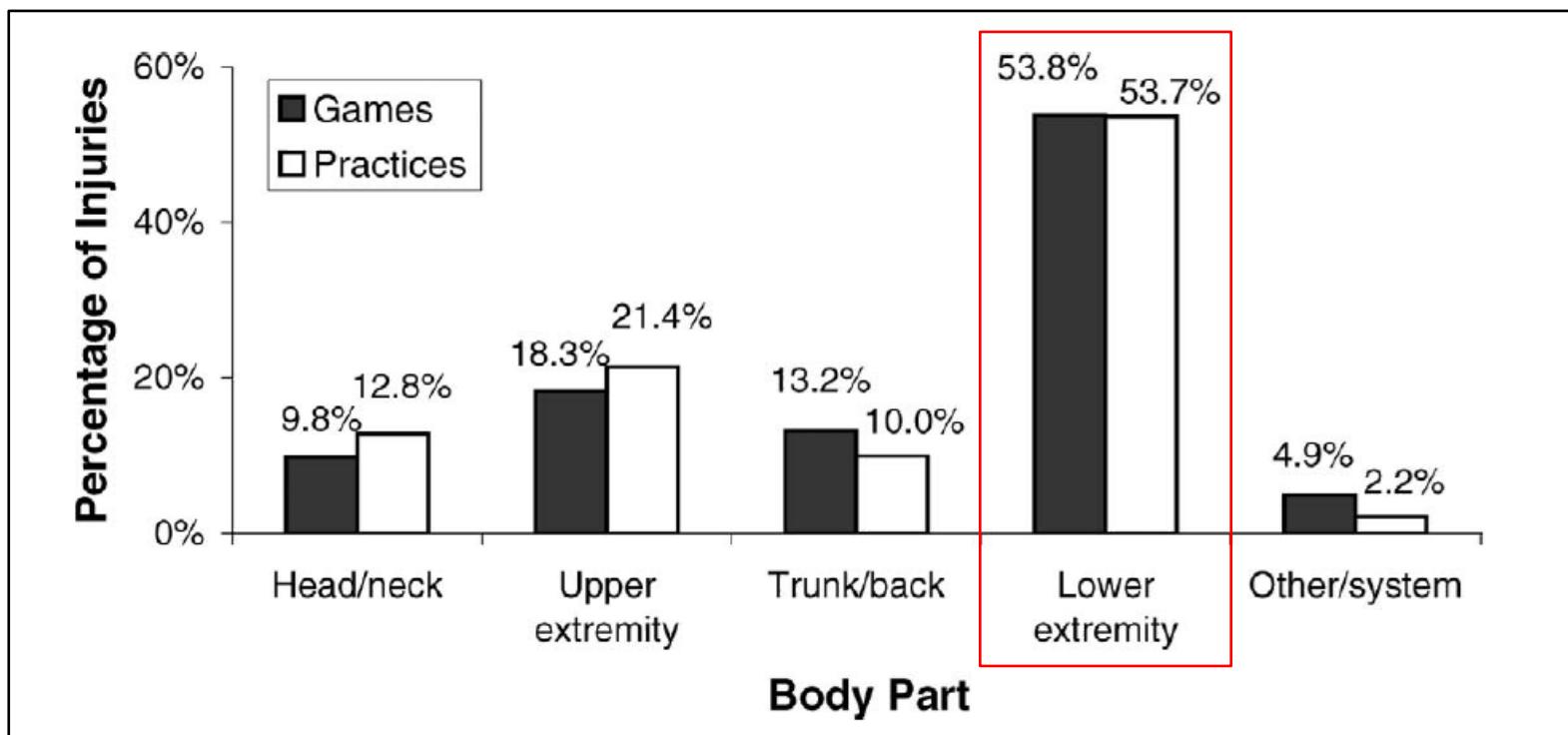
TABLE 1
Examples: Assessment of Mode of Onset

Mechanism	Presentation	Example
Acute	Sudden onset	<ol style="list-style-type: none">1. A sprinter pulls up suddenly in a race, stops, and hobbles a few steps in obvious pain with a hamstring injury.
Repetitive	Sudden onset	<ol style="list-style-type: none">2. A gymnast experiences a frank tibial and fibular fracture on landing from a vault; computed tomography imaging reveals pre-existing morphological changes consistent with bone stress, that is, a stress fracture.
Repetitive	Gradual onset	<ol style="list-style-type: none">3. A swimmer experiences a gradual increase in shoulder pain over the course of a season; diagnosed as rotator cuff tendinopathy on magnetic resonance imaging.





CONTEXTUALIZACIÓN





CONTEXTUALIZACIÓN

CONCUSSION
(4-15%)

**HAMSTRING
MUSCLE STRAINS**
(10-40%)



LOW BACK PAIN
(10-30%)

ACL TEARS
(1-5%)

ANKLE SPRAINS
(2-26%)



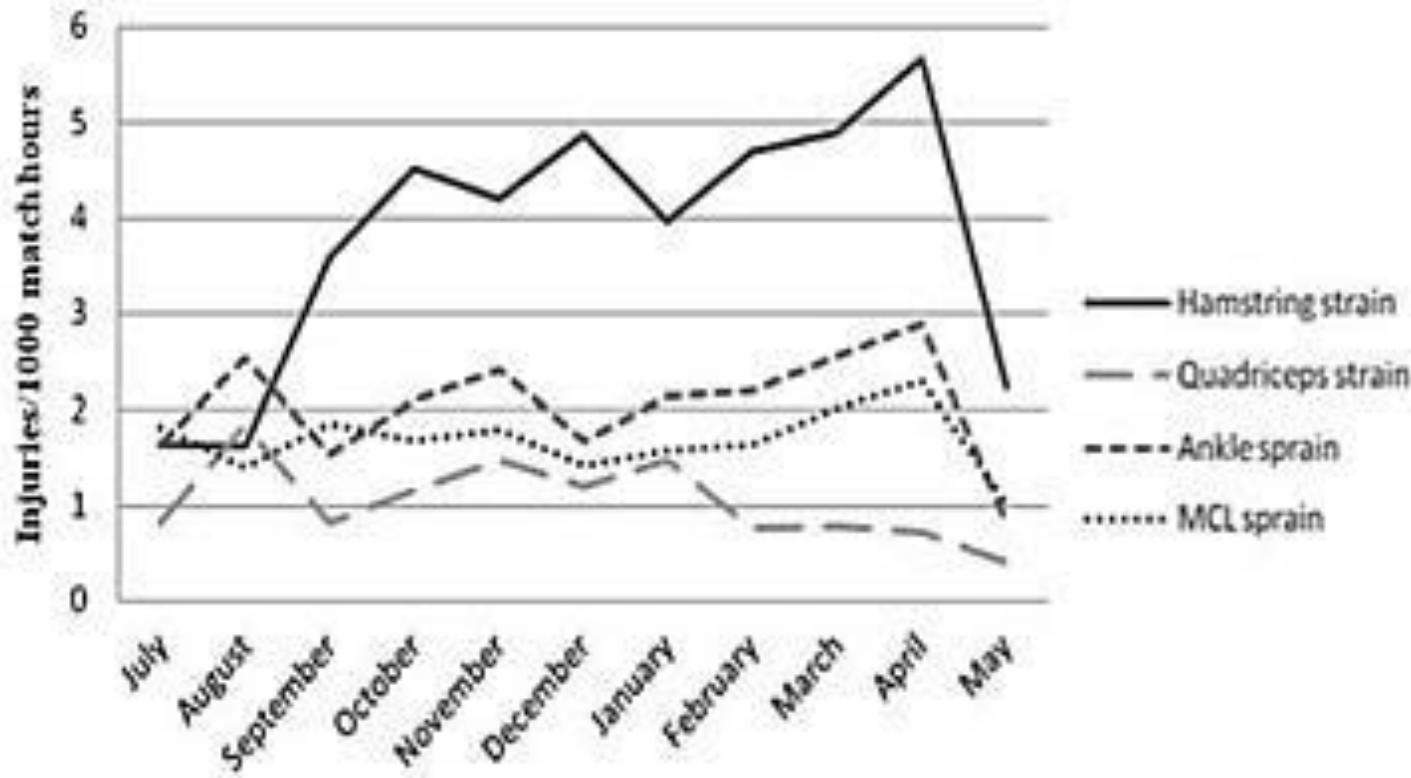
+ MUSCULATURA ISQUIOSURAL

MECANISMOS DE LESIÓN



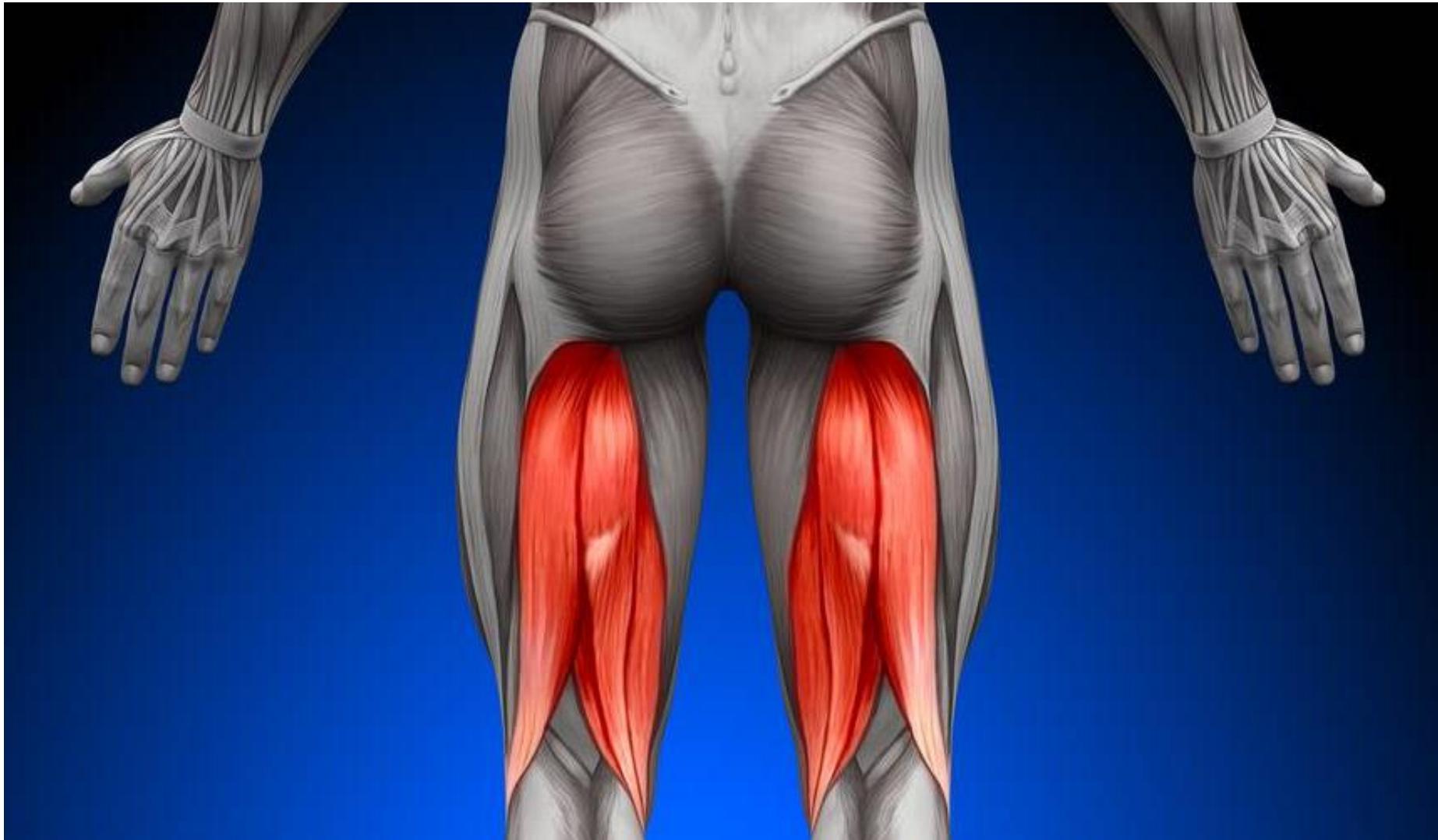
INCIDENCIA

HAMSTRING MUSCLE STRAINS



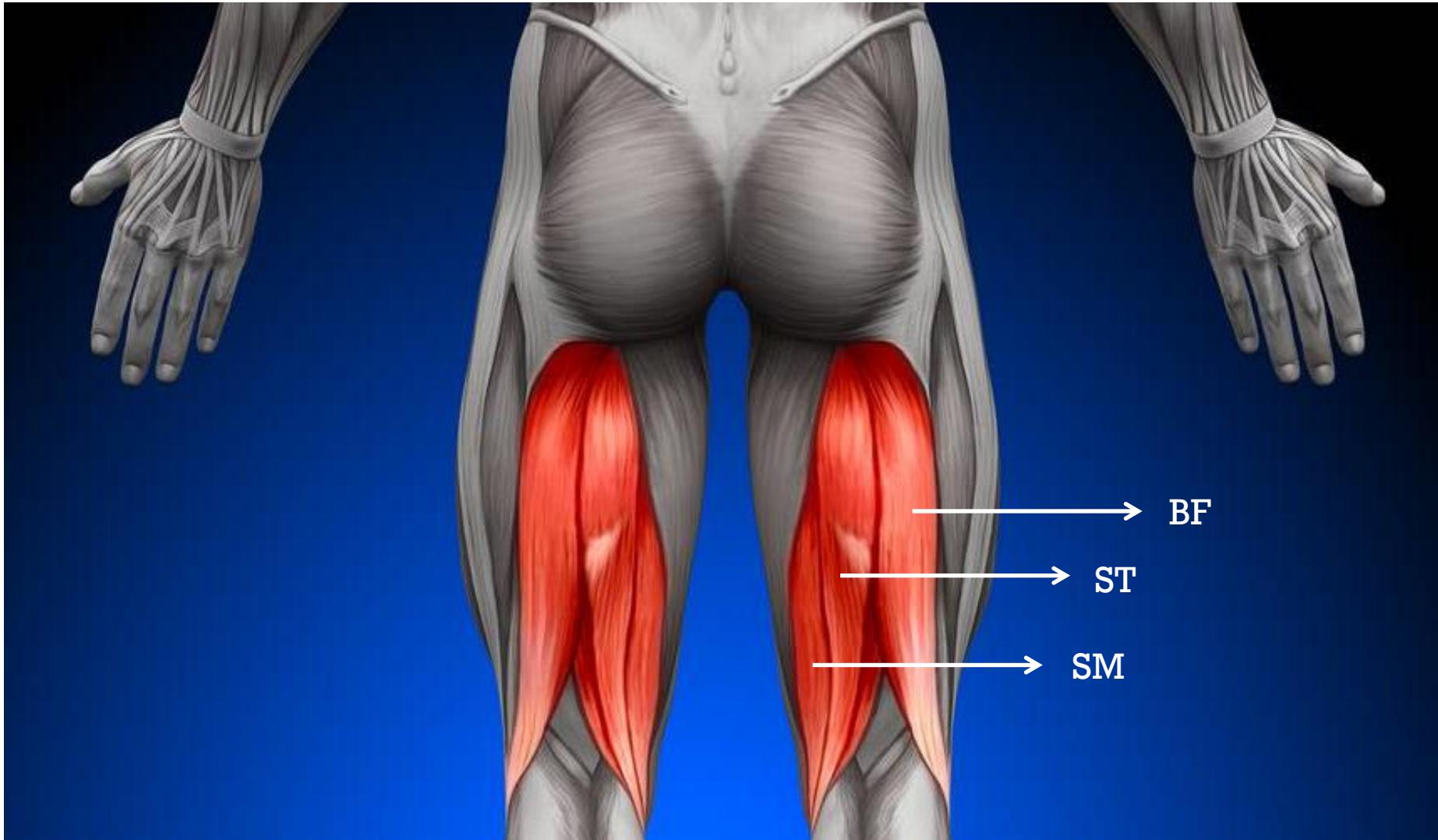


ANATOMÍA





ANATOMÍA





DISTRIBUCIÓN LESIONES

Table 6. Location of hamstring injuries.

Location of Injury	N	Incidence (95% CI)
Biceps femoris	25	0.21 (0.14–0.31)
Semitendinosus	9	0.08 (0.04–0.15)
Semimembranosus	7	0.06 (0.03–0.12)
Unspecified	22	0.18 (0.12–0.28)
Total	63	0.53 (0.41–0.68)

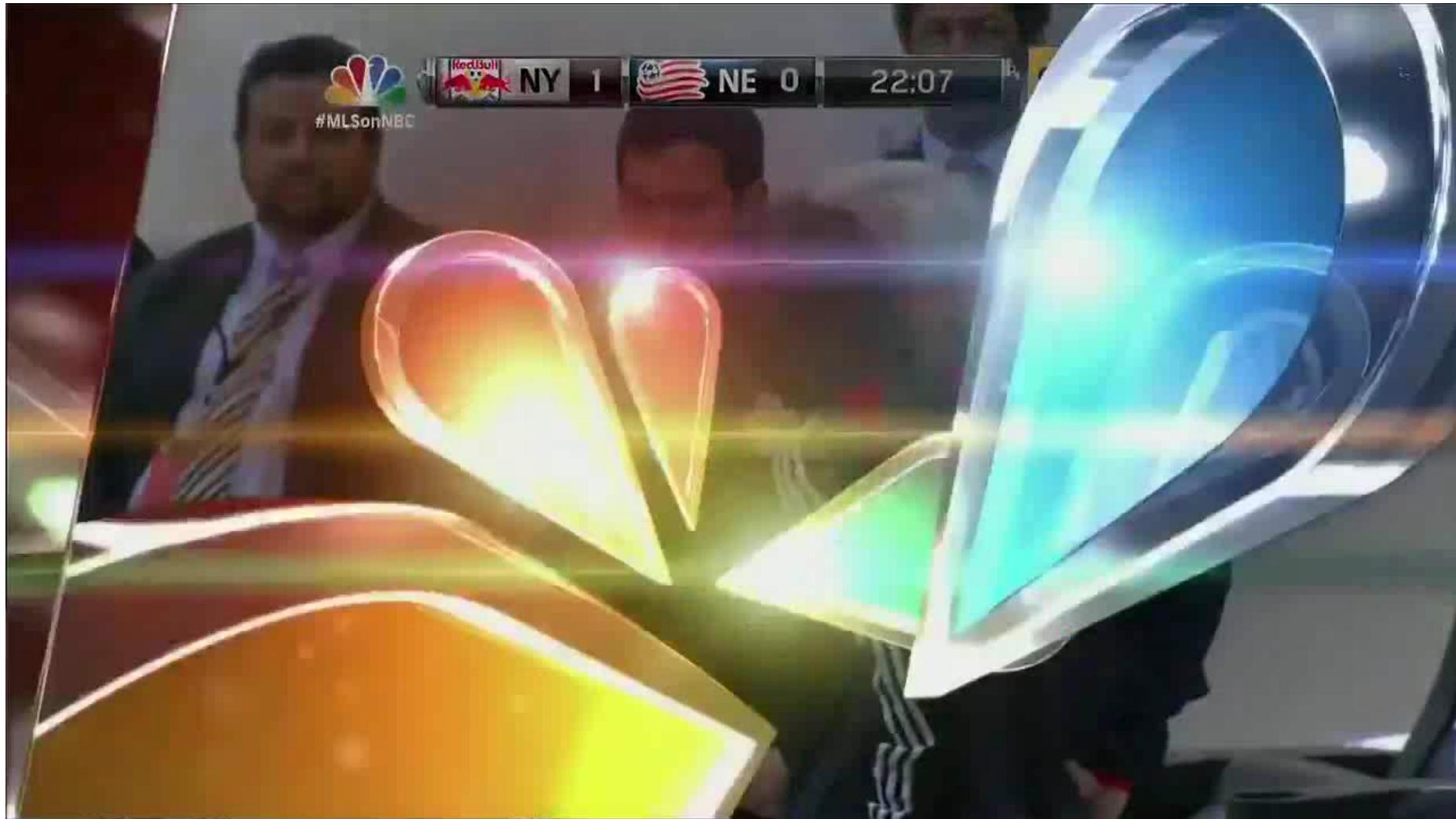
CI: Confidence intervals.

**¿CÓMO SE PRODUCE LA
LESIÓN DE ISQUIOSURALES?**

+

MECANISMO

Video 1



+

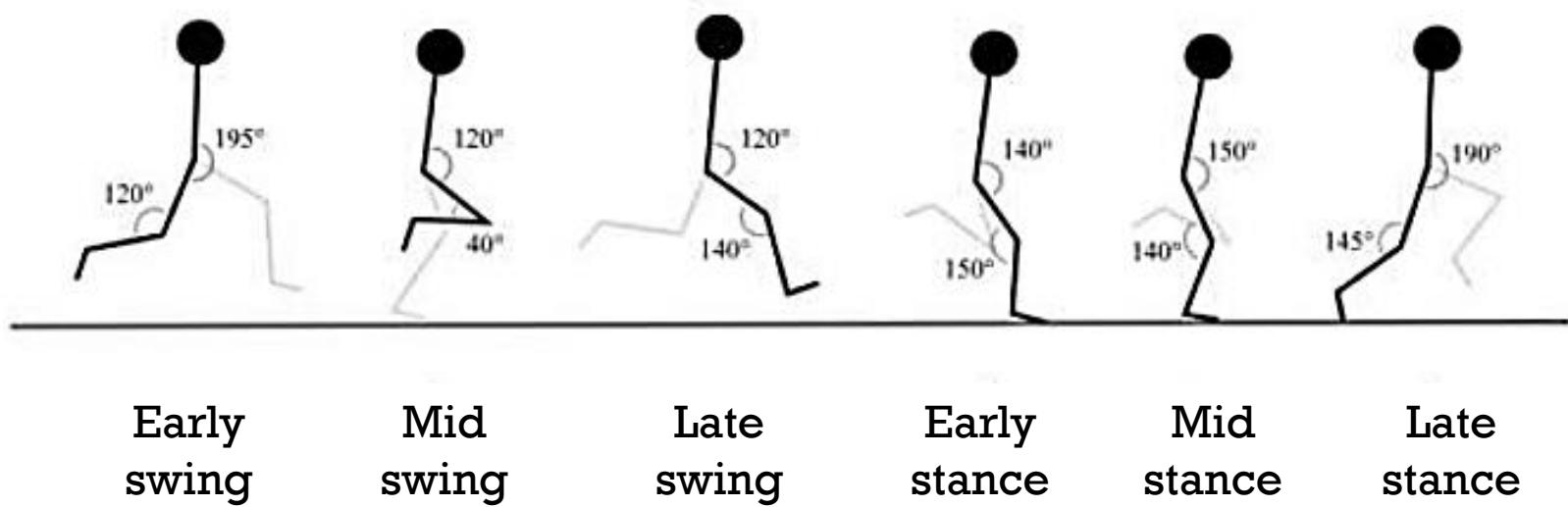
MECANISMO

Vídeo 2

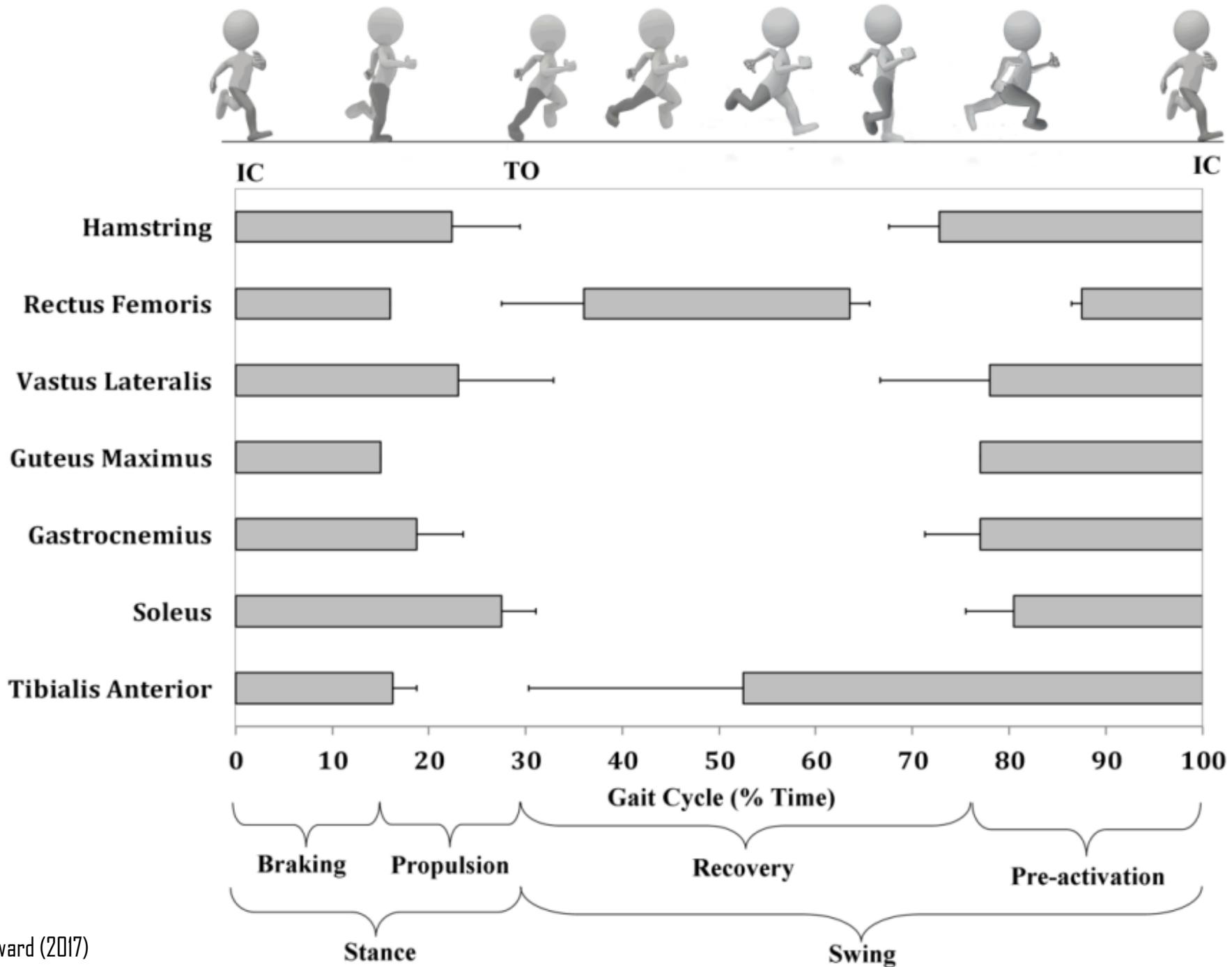




MECANISMO



The sprinting gait cycle





MECANISMO

Early stance

Hamstring action and moments

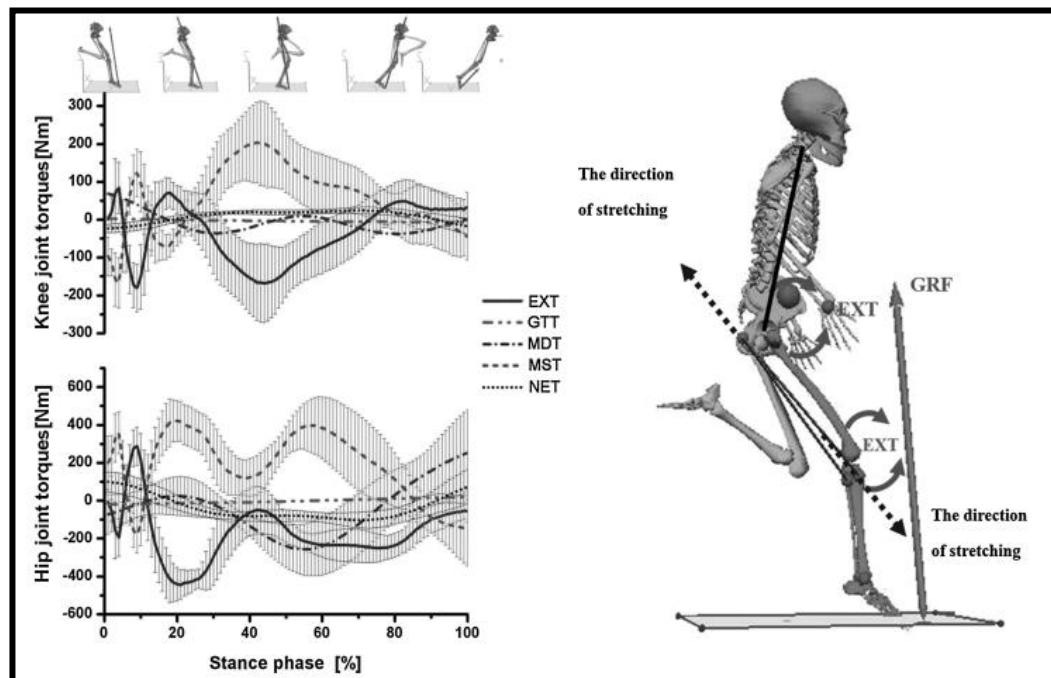
Strong concentric contraction to resist opposing forces and help produce a hip extensor moment

Opposing moments – Internal (quadriceps and hip flexors)

Vastus muscles increase their activation in early stance, producing a stronger contraction, whilst rectus femoris starts to contract.

Opposing moments – External

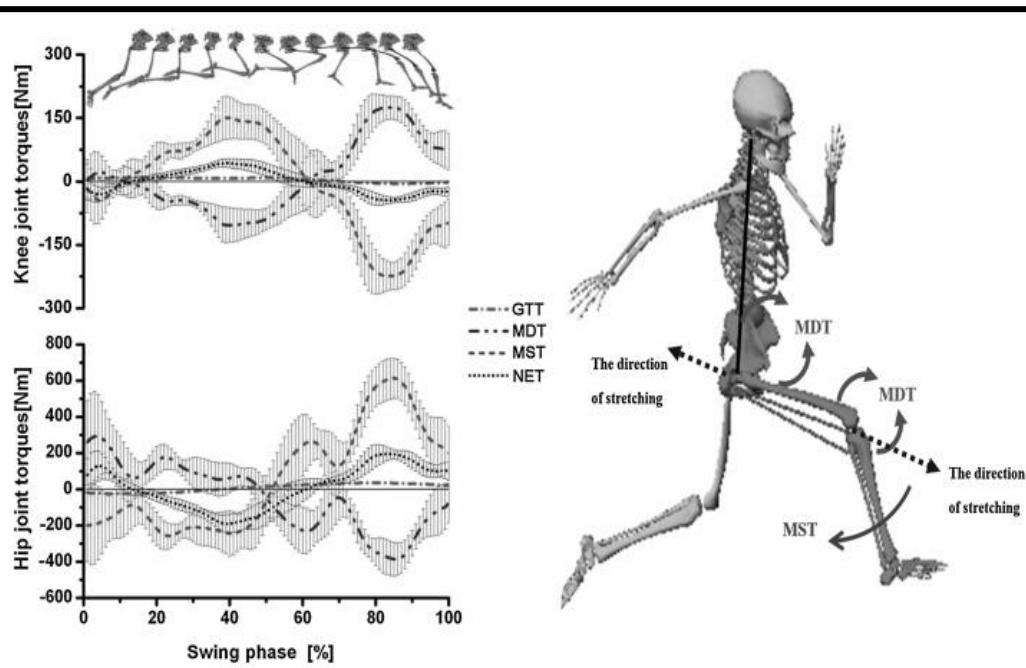
Potentially large hip flexor & knee extensor joint reaction moments (i.e. GRF vector is anterior to the knee and hip joints, due to forefoot-strike).



Orchard, J. W. (2012). Hamstrings are most susceptible to injury during the early stance phase of sprinting.



MECANISMO



Sun, Y., et al. (2015). How joint torques affect hamstring injury risk in sprinting swing–stance transition. *Med Sci Sports Exerc*, 47(2), 373.

Late swing

Hamstring action and moments

Strong eccentric contraction (whilst at submaximal length) to decelerate the shank, producing in particular a high knee flexion moment

Opposing moments – Internal (quadriceps and hip flexors)

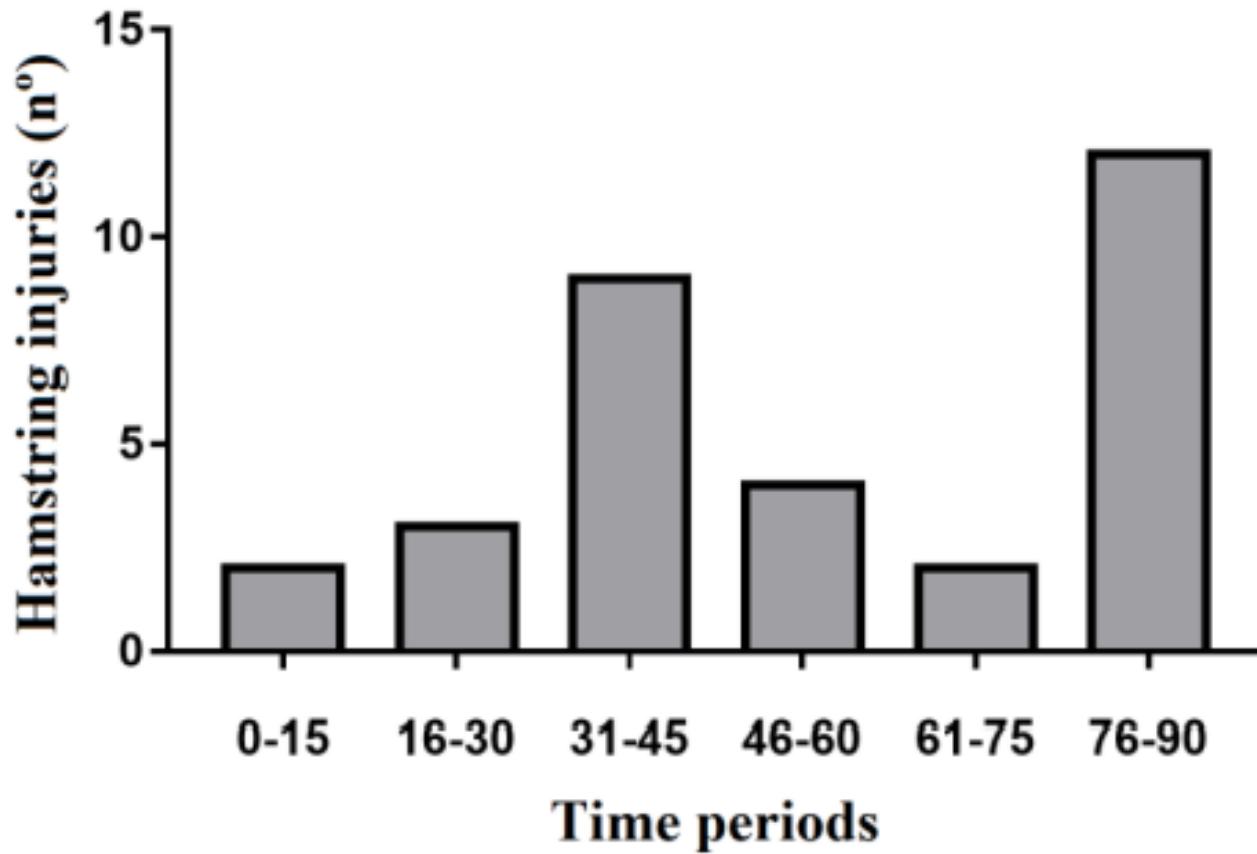
Vastus muscles begin to activate at the end of swing producing a weak (early) contraction. Hip flexors are almost inactive

Opposing moments – External

Minimal opposing forces (the light force of air resistance would actually assist hamstring in decelerating the shank).



MECANISMO



Biceps Femoris: Short head

Biceps Femoris: Long head

+

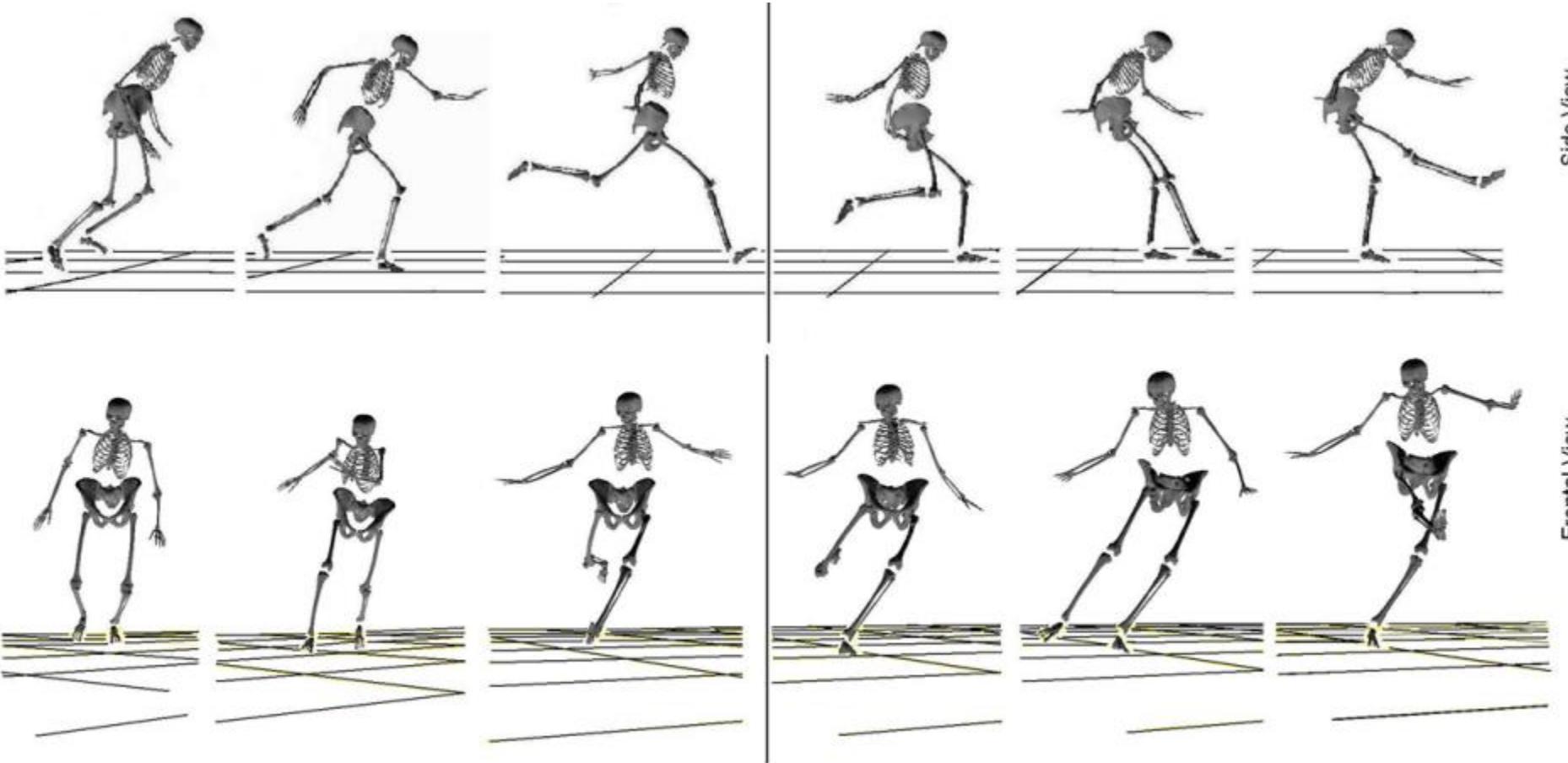
MECANISMO

Vídeo 3





MECANISMO

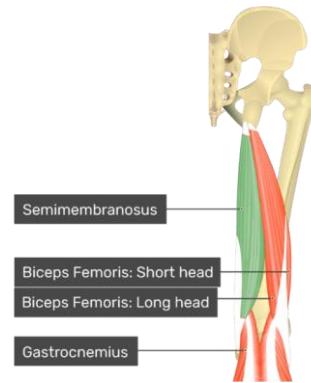


The formation of a tension arc

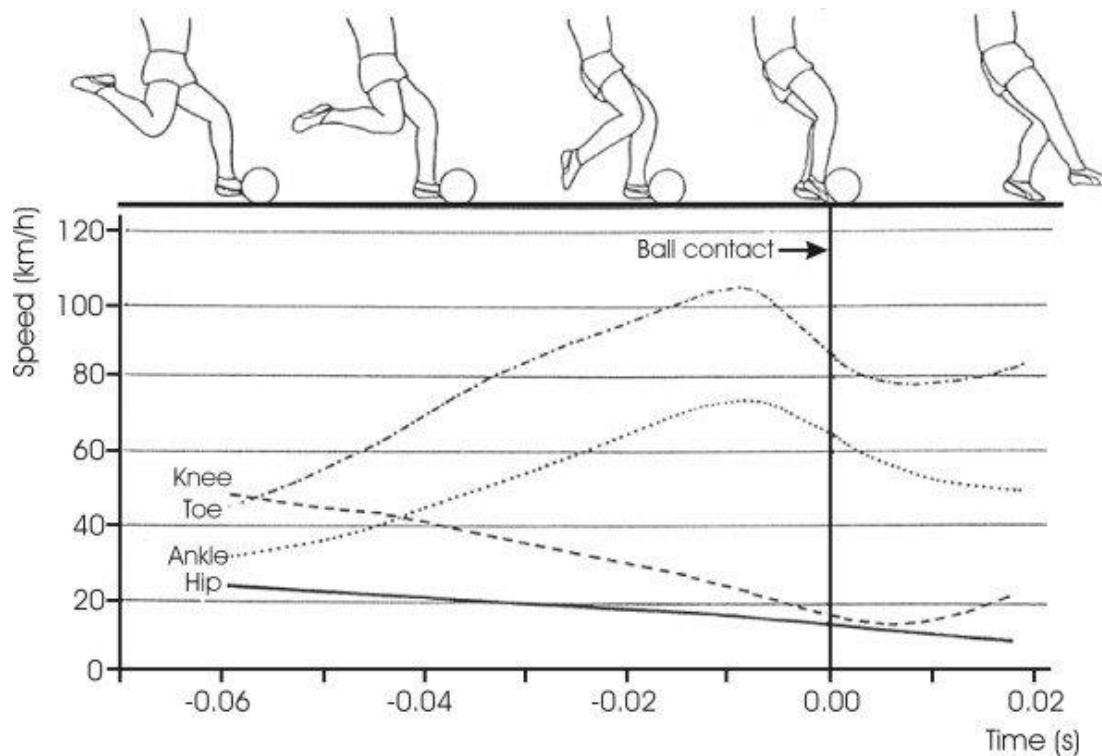
The fast release of the tension



MECANISMO



Side View



Frontal View

**¿ES INTERESANTE CONOCER
QUÉ MECANISMO
ESPECÍFICO HA PROVOCADO
LA LESIÓN?**

ENTENDER

ADAPTAR

ESTIMAR

PLANIFICAR

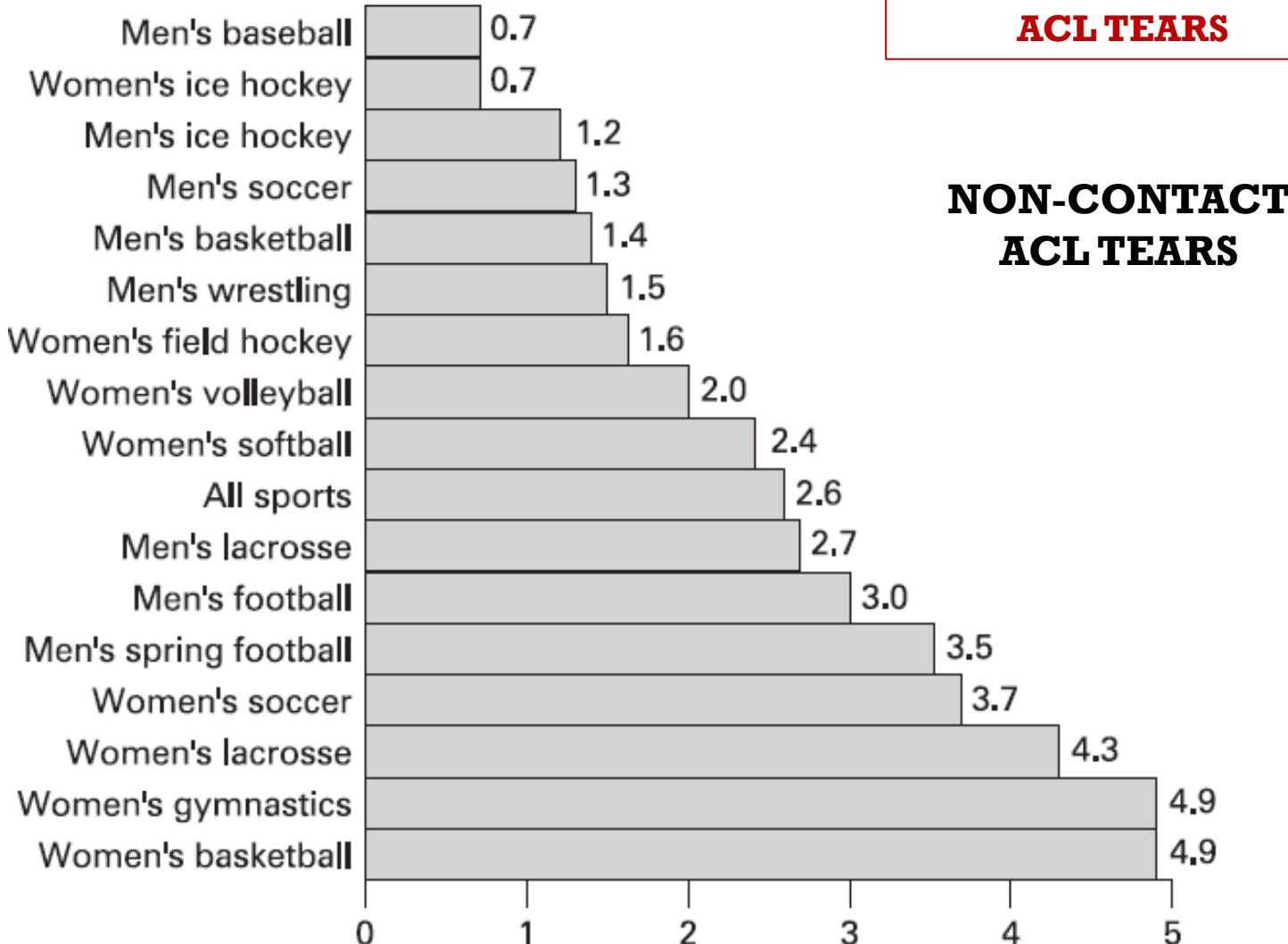


+ LIGAMENTO CRUZADO ANTERIOR

MECANISMOS DE LESIÓN



INCIDENCIA



Trends in paediatric and adolescent Anterior Cruciate Ligament (ACL) injuries



Background

- Media attention and parental concern brought higher awareness to ACL injuries in paediatrics and adolescents
- Potential for unfavourable healthcare costs and outcomes in the long term

Methods

- Victorian Admitted Episodes Dataset (VAED)
- Admitted ACL injuries aged 5-14 years, between 2005-2015

Results

320

hospital-treated
ACL injuries
over 10 yrs



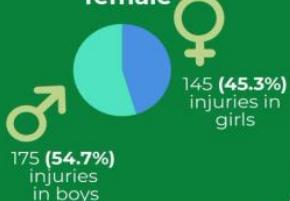
147.8%

overall increase
2005-2015

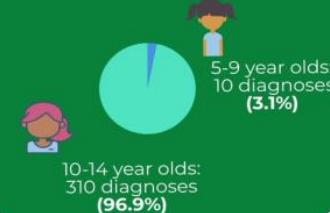
Increase from
2.74 / 100,000 population
to
6.75 / 100,000 population



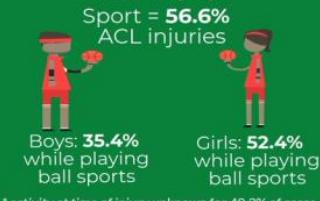
Male versus female



Age differences



Those with known activity at time of injury*:



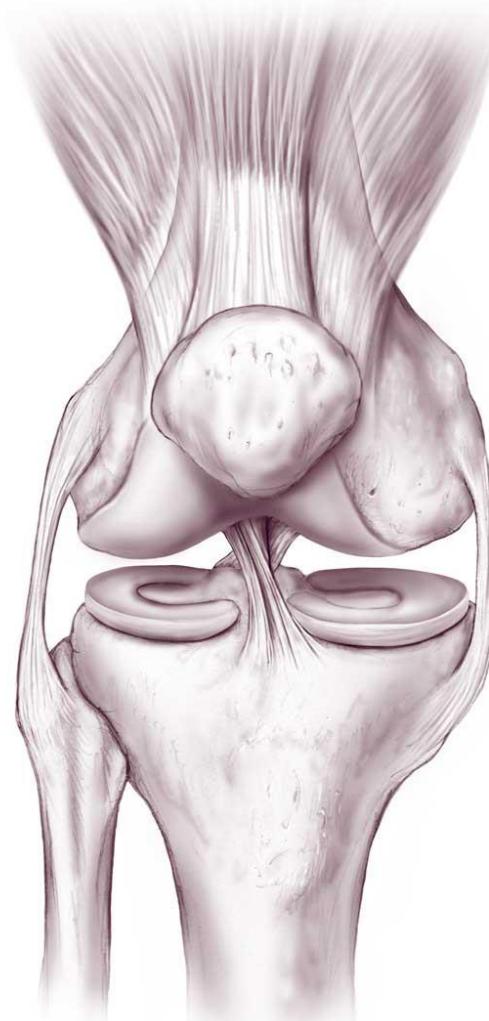
Take home messages

- Large increases in ACL injuries in 5-14 y/o in Victoria, Australia over 10 yrs highlights **significant health burden**
- Population-wide ACL **prevention policies required** to halt trends
- Investigation needed into design and implementation of prevention programmes involving **neuromuscular training**



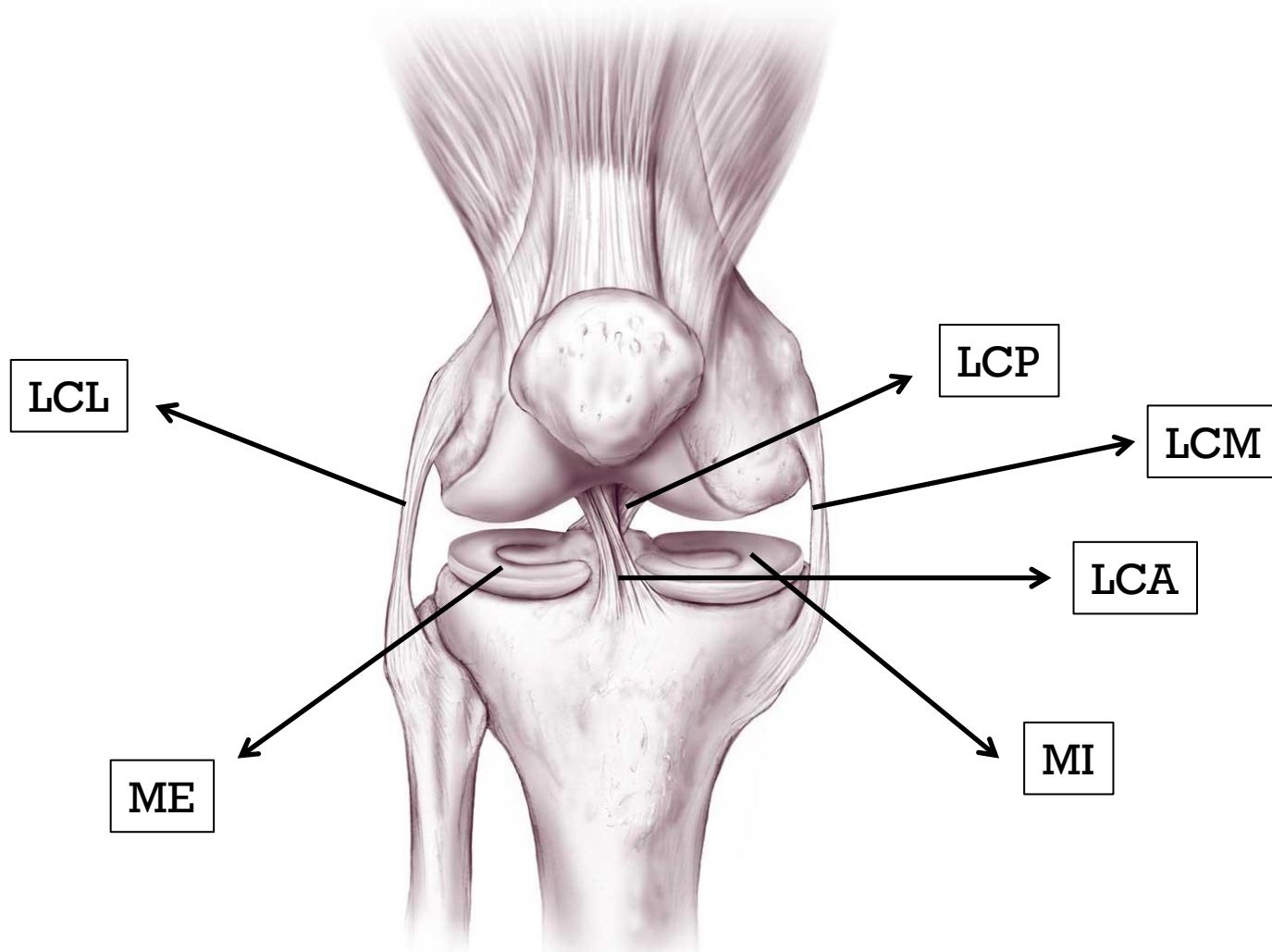


ANATOMÍA



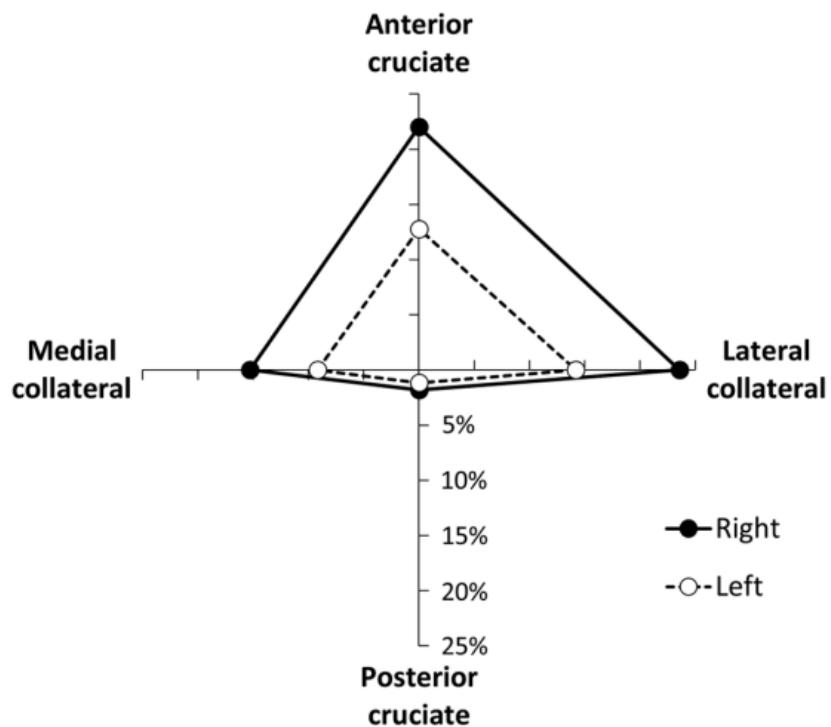


ANATOMÍA

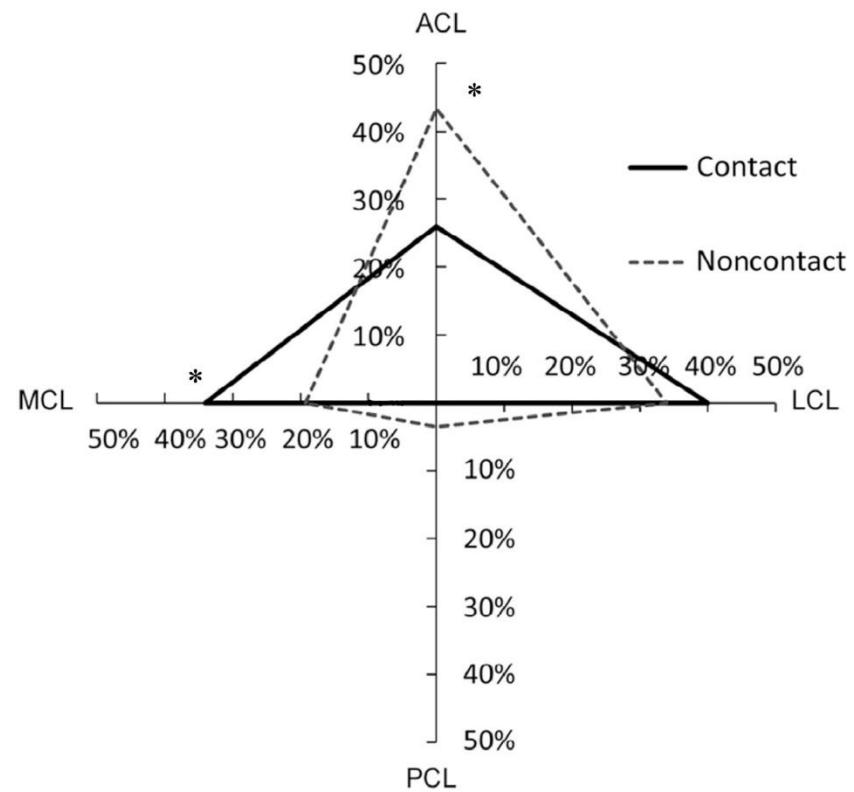




DISTRIBUCIÓN LESIONES



Herrero et al. (2014)



Del Coso et al. (2018)

**¿CÓMO SE PRODUCE LA
LESIÓN DE LIGAMENTO
CRUZADO ANTERIOR?**

+

MECANISMO

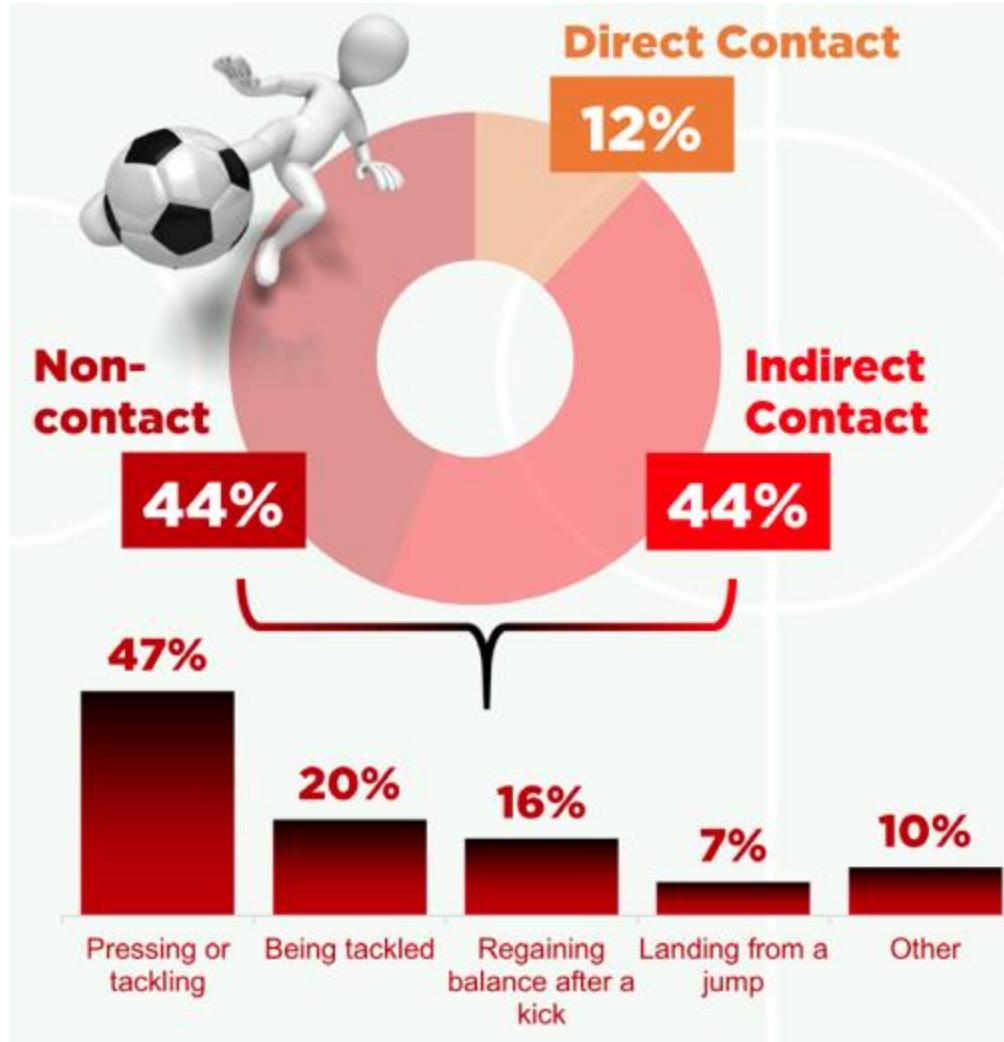
Vídeo 4



clideo.com



MECANISMO





MECANISMO

CADERA
Aducción y rotación interna

Femoral Adduction

¡SOBRECARGA DEL LCA!

VALGO DINÁMICO
Rotación externa y traslación anterior de la tibia

GRF

d

Knee
Abduction

Midline

TOBILLO

Ankle
Eversion

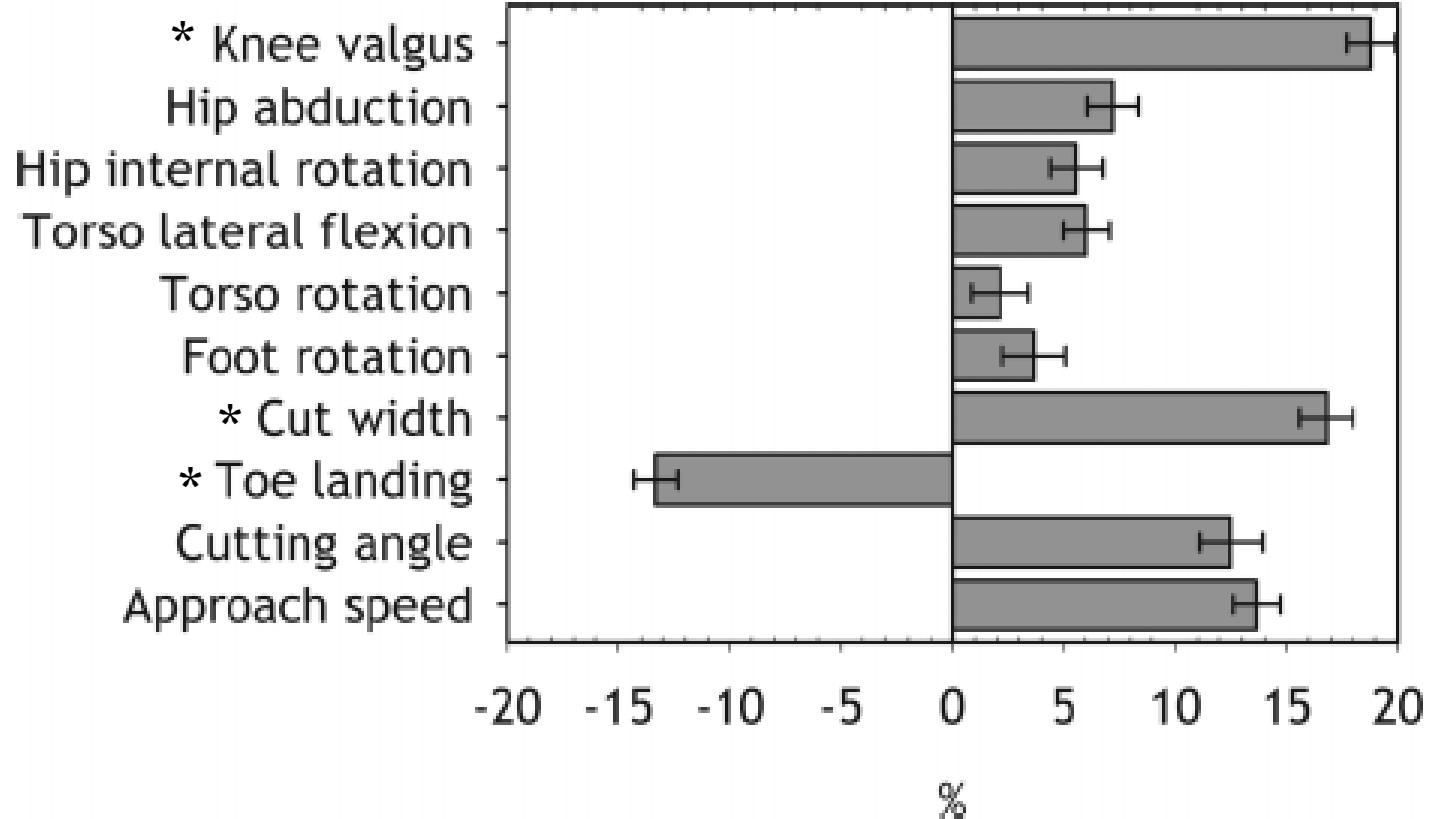
$$KAM = GRF \times d$$





MECANISMO

These technique factors explained 62% of the variance in maximum knee abduction moment





MECANISMO

Anchura de pierna



Rotación del torso y rotación interna de cadera



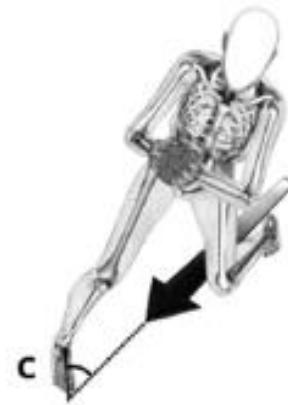
Abducción de cadera



Flexión lateral del torso y valgo de rodilla



Rotación del pie

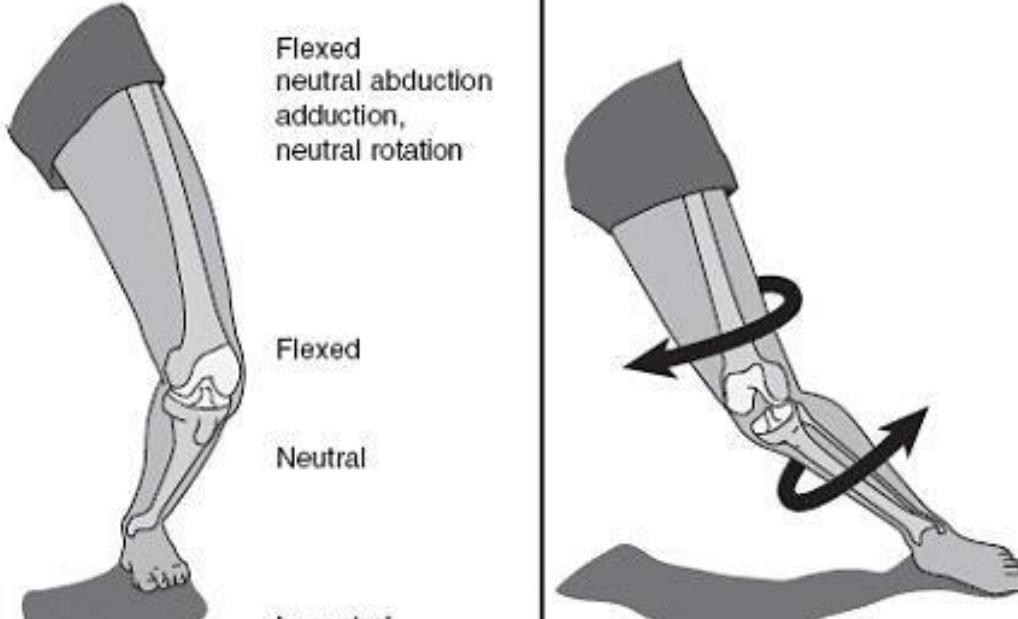


Flexión de rodilla



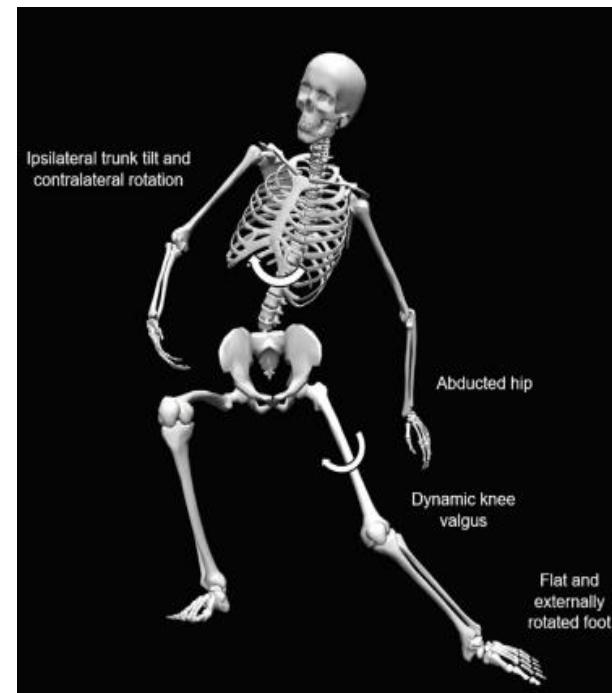
MECANISMO

	Position of Safety	Position of Risk
	Body position	Body position
Back	Normal lordosis	Forward flexed, rotated to opposite side
Hips	Flexed neutral abduction adduction, neutral rotation	Adduction internal rotation
Knee	Flexed	Less flexed, valgus
Tibial rotation	Neutral	External
Landing pattern	In control, neutral position	Poorly controlled, pronated





MECANISMO





MECANISMO

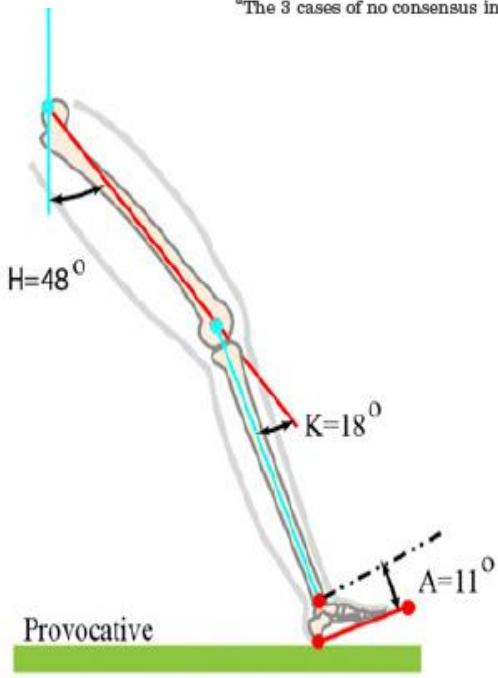
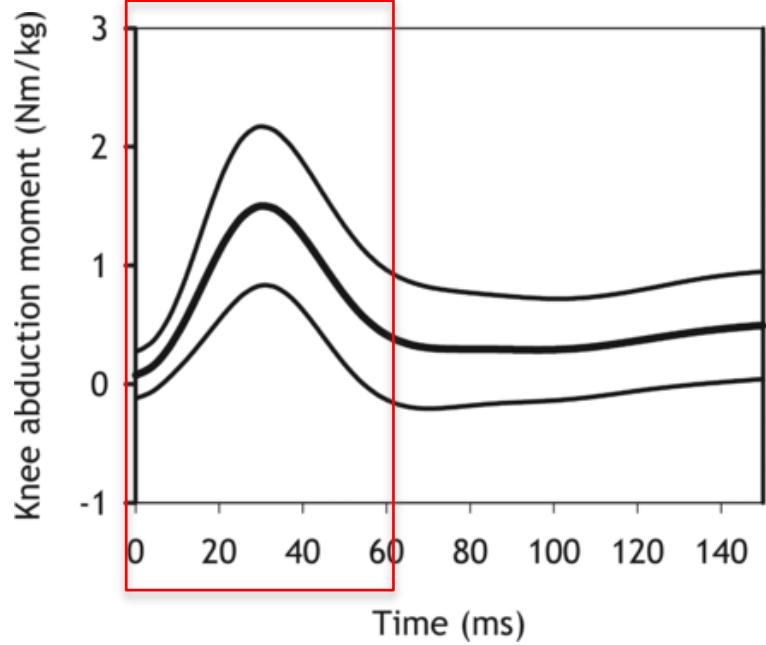


TABLE 2
Mean Time Point of Rupture (ms) and SDs With Range (n = 27)^a

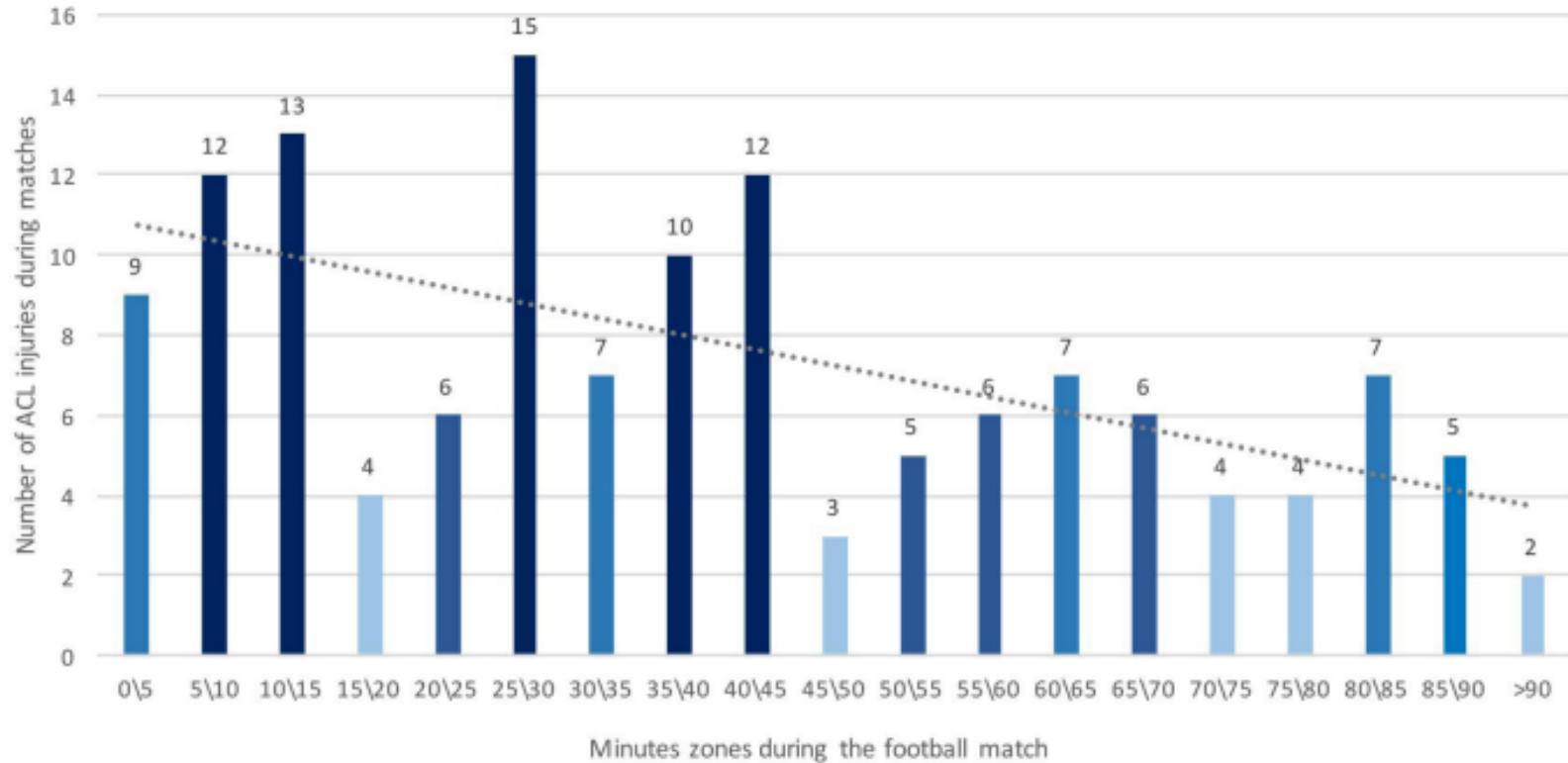
Action	Male Players		Female Players	
	Mean ± SD	Range	Mean ± SD	Range
1-legged landing	37 ± 9	25-50	37 ± 5	33-42
2-legged landing	33 ± 7	25-42	39 ± 10	25-50
Cutting	46 ± 6	42-50	25 ± 12	17-33

^aThe 3 cases of no consensus in player action are not included in the table.





MECANISMO



"Fatigue over the course of match play appears not to be a major risk factor for ACL injuries in professional male football"

Della Villa et al. (2021)

+

MECANISMO

Vídeo 5

GOL HD

Suscríbete

