

The 4<sup>th</sup> Congress of the European College of the Sports and Exercise Physicians was held in Camp Nou, Barcelona, from 7<sup>th</sup>-9<sup>th</sup> October 2015. The conference focused on muscles and tendons and speakers from around the world were invited onto a platform within the stadium in the Spanish October sun.

First up, through an audience member question, was the suggestion of sub-grouping tendinopathy to improve research. Henning Langberg agreed and, by example, said that comparisons are often made in research when symptom duration ranges from 3-36 months and the presentation and therefore treatment is likely to be quite different.

Jill Cook presented twice during the conference and also did a workshop with Ebonie Rio talking about their approach at La Trobe. In her first appearance she discussed the reactive on degenerative tendinopathy. She finds that acute symptoms settle relatively quickly and linked into Katja Heinemeiers research looking at the tendon core and slow turnover and hypothesised that with these presentations our therapeutic effect may be on the more normal outer tissue rather than the degenerative core.

Later she tackled the in season tendon and reiterated that symptoms can often present after a period of relative underload, e.g during the off season or when an athlete has another injury. She spoke about managing symptoms by controlling the load until latent symptoms are predictable. Reducing the length of energy storage sessions may be required and weeks should be split into high, medium and low load days. Isometrics can be used to reduce pain twice daily and can be done prior to training. She uses heavy slow resistance 3 x 6 at 70%MVC to maintain strength and pointed out the importance particularly of soleus strength in relation to patella tendons. She also talked about the need to specifically look at reducing compression in a training setting with insertional tendinopathies.

There was an interesting discussion about the use of steroids in the management of tendons. Håkan Alfredson was against their use as he has seen the effects of multiple injections in surgery causing significant tissue damage/tears. Tero Jävinen pointed out that current evidence suggests the risk of rupture as a result of a corticosteroid injection is minimal. Jill Cook said there might be a role for a short acting non-collodial such as dexamethasone to quieten down cell proliferation in a reactive tendon in some cases. The overall conclusion was never inject steroid into the tendon and be aware that with any injection even if the needle is aimed outside of the tendon some filtration into the tendon may occur.

PRP was also debated and again there was criticism around the lack of high level evidence. There is also a misconception that it is a risk free intervention. But Johnny Huard pointed out that platelets are the richest source of the growth factor responsible for scar formation and highlighted the need for caution in its use; especially when the evidence is sparse.

The final day looked at groin pain in athletes. Per Holmich and Kristian Thorborg reiterated the need to use consistent and meaningful diagnoses and referred to the Doha agreement which was published in an open access paper on BJSM in May this year.

The use of Ultrasound Tissue Characterisation or UTC was an emerging topic within the oral paper sessions. It is still a relatively new imaging technique but it can objectively measure tendon structure and reliably follow changes over time. More research is required to see how it will fit into our practise and whether it could be a tool to guide rehabilitation.

The organisers at Camp Nou gave a fantastic conference with a great mix of speakers and provided a very useful environment for discussion and debate.

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