

"Knee Injuries – InterX Therapy to Solve Unsolved Sports Injuries"

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BACKGROUND

The Knee is the most frequently injured joint in athletics¹. Most injuries are due to the extreme stresses of twisting and turning in activities such as football².

The InterX 5000 is a new generation of non-invasive health technology in pain management. The InterX 5000 produces a biphasic impulse current which utilises the best achievements from neuro-stimulation. Pain relief is achieved by an interactive feedback process with the patients' body through contact with the skin³.

Although there may be no reason for a Sports Injury to be prolonged, often the unsolved sports injury is due to:

- Misdiagnosis
- Little or no treatment
- Poor management
- Too hasty return to sport

METHODS

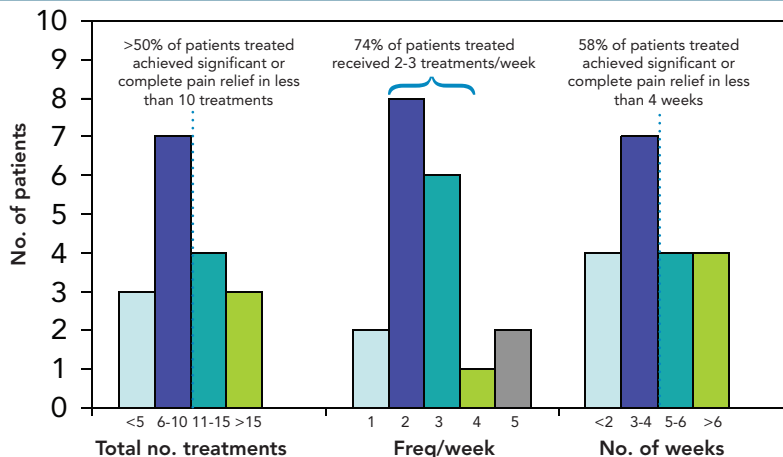
Nineteen subjects (15 male/4 female) with knee joint injuries to bone, cartilage, tendon, or ligament were treated with the InterX 5000. Each subject had an unsolved knee injury of between 3 and 36 months old preventing participation in their chosen sport. Throughout their course of InterX therapy all subjects continued with their on-going rehabilitation programme, but avoided all other forms of electrotherapy.

RESULTS

Age	Sex	Sport Play	Diagnosis	Injury Date	Date 1st InterX Tx	No. Tx	Tx Freq. per week	Pain Level Prior	Pain Details	Pain Post	Resume Sport?
64	F	Squash	Deterioration of med meniscus bone on bone	24.6.02	1.1.05	8	3	8	all time	5	N
42	F	Hiker	Patellofemoral pain	18.1.04	1.6.04	3	3	8	walking up/down hill	0	Y
23	M	Football	I meniscus tear	1.4.04	1.12.04	1*	5	5	in deep squat	1	Y
40	M	Cyclist	ACLsprain	1.5.04	30.7.04	6*	3 to 5	8	pulling up pedals	0	Y
42	M	Running	Chronic ITB	13.1.03	28.7.03	10	4	9	running	0	Y
40	M	Squash	Anterior knee pain	1.9.03	30.10.04	6	3	7	when jumps off leg	1	Y
34	M	Triathlon	Patellar Instability	1.3.03	18.8.04	18	2	6	especially after exercise	2	Y
52	M	Tennis	Jumper's knee	12.8.04	3.11.04	11	2	5	on palpation and active extension	1	Y
27	M	Football	Med collateral Grade I-II	1.11.03	29.1.04	5	2	4	sprints/ligament tests	0	Y
29	M	Marathon	Pes anserinus bursitis	21.1.04	13.4.04	33	2 or 3	6	on palpation and during activity	1	Y
58	F	Tennis, hiker	Patellofemoral pain	12.5.03	16.1.04	16	2	4	playing tennis/ walking downhill	0	Y
32	M	Football	Med collateral Grade II	1.1.04	1.4.04	9	3	4 or 5	to stress test or palpation	1	Y
38	M	Rugby	Post ACL surgery	27.9.02	1.10.03	13	2	4	all time	1	Y
21	F	Long Jump	Jumper's knee (3rd time injury occurred - 2002)	13.7.04	16.7.04	9	2	6	during plyometrics	0	Y
24	M	Football	Medial meniscus op	1.8.03	1.2.04	14	3	4	on hyperext & flexion	1	Y
17	M	Skier	MCL-ACL recon post surgery	1.2.02	1.2.03	15	2 or 3	5	all time	1	Y
65	M	Golf	Knee replacement post op	1.2.00	1.9.03	8	2	6	all time	1	N
28	M	Climber	Med Meniscus Tear	23.5.02	10.3.04	6	1	8 or 9	when it seizes	0	Y
35	M	Judo	Chronic Med. Ligament	18.7.04	30.10.04	3	1	4	during activity	0	Y

* Patient also treated their injury daily at home with an InterX 5000

Pain reduction of greater than 2 points on the pain scale in 100% of subjects
Return to full sport participation for 89% of subjects



CONCLUSIONS

InterX Therapy seems capable of resolving long-term knee injuries that have not responded to the patients current rehabilitation programme. It is possible that continuing their previous rehabilitation programme would have presented similar outcomes, although this is unlikely given that these injuries had affected the patients for a long time (3-36 months). Substantial anecdotal evidence supports that this kind of result is typical, however further research and clinical studies using a larger participation number and control groups would help to fully authenticate and verify these findings.

REFERENCES

- 1) Kent, M, *The Oxford Dictionary of Sports Science and Medicine*, Oxford University Press, 1996.
- 2) Peterson, L & Renstrom, P, *Sports Injuries: Their Prevention and Treatment*, Martin Dunitz, 2001 (3rd Edition).
- 3) Neuro Resource Group Inc., *InterX 5000 Training: The Principles and Practice in the Management of Acute and Exacerbated Chronic Pain*, Personal Presentation, 2004.