The high frequency of re-injury after a hamstring strain (HS) represents a serious problem in explosive sports, which implies that Return-To-Play (RTP) decision after a first episode of HS is of crucial importance [1].

There is a lack of scientific evidence about the appropriate criteria for releasing patients to unrestricted sports activities. However, some guidelines have been recently developed and their implementation in daily medical practice are now possible [2].

The aim of this study was to analyze how sports physicians decide, in their daily practice, when a hamstring injured professional soccer player is fully able to get back to competitive soccer activities.

III. RESULTS

According to physicians for professional soccer clubs, the most important RTP criteria after HS are: complete pain relief, normalized muscle strength assessment, subjective feeling reported by the player, normalized flexibility and achievement of a specific soccer test. However, for some of these elements, notably muscle strength assessment, we observed a lack of consensus about the choice of the assessment parameters and the limit values allowing doctors to authorize or forbid RTP.

In conclusion, we recommend a systematic application, in daily medical practice, of RTP criteria that have been scientifically demonstrated or suggested in the literature to lower re-injury rate.

IV. CONCLUSIONS

Nearly 80% of the questioned physicians declared to use at least seven criteria to assess player’s ability to return to full soccer (Figure 1).

Thirty-seven physicians (46.3 ± 7.1 years old) for French (League 1 and 2) and Belgian (1st Division) professional clubs completed a questionnaire composed of three parts:

1. RTP criteria used in daily medical practice (Yes or No – list of 14 criteria + sub-questions),
2. Ranking of RTP criteria, from the most important to the less important criterion,
3. Consideration advice from professionals (physical therapist, …).

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Ninety-seven per cent of the physicians considered muscle strength performance assessment as an essential criterion; but the way to highlight a muscular abnormality often appears different among these physicians (Figure 2).

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REFERENCES
