

RESEARCH ARTICLE

Usefulness of Nurse Conditioning for Athletes in the Orthopedic Field: A Systematic Review

Ko SASAKI1*, Satomi TAKESHITA2, Kayo MORITA3, Yoshihiro SAITO1

¹School of Nursing, Faculty of Nursing, Reiwa Health Sciences University, Japan ²Department of Health Sciences, Graduate School of Medical Sciences, Kyushu Univdfsity, Japan ³Department of Nursing, Faculty of Health Sciences, Tokyo-kasei university, Japan

Received: 21 June 2024 Accepted: 16 July 2024 Published: 19 July 2024 Corresponding Author: Ko SASAKI, School of Nursing, Faculty of Nursing, Reiwa Health Sciences University, Japan

Abstract

This study aimed to examine the usefulness of nurse conditioning for athletes in the field of orthopedics using a systematic review approach and provide suggestions for building future support. The Minds Practice Guidelines Development Manual 2020 ver. 3.0 was used for this systematic review. The Medical Journal Web, PubMed, CINAHL/MEDLINE, Cochrane Library, and PsycINFO databases were searched, and two eligible articles were selected. Two articles met the eligibility criteria for primary and secondary screening, and were reviewed by two investigators to assess the effectiveness of the intervention program. These articles suggested that nurse-assisted conditioning was useful in preventing athlete trauma and injury and returning to sports. However, the usefulness of nurse conditioning for athletes could not be fully validated because studies were few, and the interventions differed. Additionally, the accumulation of randomized controlled trials was an issue. Further research and the development of shared intervention programs are necessary.

Keywords: Orthopedics, Sports, Athletes, Nursing, Conditioning

1. Introduction

In the field of orthopedics, conditioning has been emphasized in terms of sports trauma and sports disorders. Recently, the importance of implementing daily conditioning and technical training has increased¹⁻⁸⁾. Previous studies of Canadian university student athletes reported that 202 of 295 athletes had at least one injury⁹. Many students in Japan play sports, and 3,614 students have been reported to have sports injuries or disabilities, an increase of 1,012 compared to the previous year¹⁰. Top athletes are often considered physically strong and easily conditioned to enhance performance. However, athletes competing at the top level are expected to compete under various conditions that can have a negative impact on conditioning. One of the conditioning problems athletes face is the "overtraining syndrome,"¹¹) a chronic state of fatigue caused by excessive sports and training. Many athletes experience this problem.

Nevertheless, in orthopedics—a surgical specialty that aims to help athletes return to competition—it is difficult to establish a methodology for returning to competition, and establishing a support system is an urgent issue.

Against this backdrop, the Japanese Olympic Committee (JOC) has identified the actual condition of elite athletes and the surrounding environment and has prioritized individual conditioning12). Conditioning is a response to the need to adjust within a limited period for the intended games and how to continue daily training in a better and more effective manner. Conditioning for athletes includes how they spend their time before departure, on the plane, and after arrival, leading to games, diet, sleep, and infection prevention. Moreover, self-checks and physical and mental conditioning are believed to improve athletic performance and prevent sports injuries and disorders¹². The International Olympic

Citation: Ko SASAKI, Satomi TAKESHITA, Kayo MORITA, *et al.* Usefulness of Nurse Conditioning for Athletes in the Orthopedic Field: A Systematic Review. Open Access Journal of Nursing 2024;7(2): 01-10.

©The Author(s) 2024. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Committee (IOE) recommends periodic health examinations (PHE) for elite athletes¹³⁾. The purpose of the PHE is to screen athletes for injuries and medical conditions that may put them at risk of safe participation. Routine health assessments and ongoing monitoring also provide opportunities to establish relationships with the healthcare providers involved in the delivery of care. Therefore, the importance of regular health assessment and ongoing monitoring has been described in the IOE¹³, as well as the need for further research and the establishment of support systems.

However, research in this area has only recently begun. Therefore, nurses' conditioning of athletes in the orthopedic field, where athletes try to return to sports after surgery, has not been adequately validated. Thus, this study conducted a systematic review of nurse conditioning-focused intervention studies for athletes in the field of orthopedics and provided suggestions for building support to help athletes return to competition.

2. Materials and Methods

This systematic review was based on the Minds Clinical Practice Guideline Development Manual 2020 ver. 3.0 14).

2.1 Formation of Clinical Question and Literature Selection Criteria

The clinical question "Is nurse conditioning useful to athletes in the orthopedic arena?" was used.

A comprehensive literature search was conducted using the Central Journal of Medicine Web, PubMed, CINAHL/MEDLINE, and Cochrane Library, and the PsycINFO databases. The search terms used were "conditioning" and "nurse." The search terms were limited to intervention studies that described the conditioning of athletes by nurses in the orthopedic field. No other search terms were used to ensure a comprehensive search (last viewed on May 31, 2024). The following documents were excluded: (1) those not related to orthopedics; (2) those unrelated to sports; (3) those with a description unrelated to nursing; (5) those that were not intervention studies; (6) review documents.

Two investigators independently conducted the primary screening. Those that did not match the clinical question of the study in the title and abstract and those that had similar themes and researcher names were extracted. In secondary screening, two researchers independently read the full text, selected articles that met the inclusion criteria, collated the results, and reviewed the eligible literature. When the results were collated, and the two researchers' opinions differed, a decision was made regarding the accepted articles, considering the opinions of a third party.

2.2 Ethical Considerations

We strived to protect the copyright of the documents targeted in this study, and two researchers extracted the results to ensure that each document's content was not damaged. The authors declare no conflict of interest.

3. Results

3.1 Literature search results

Figure 1 shows the results of the literature search.

Twenty-four references were found in the Medical Journal Web, 444 in PubMed, 418 in CINAHL/ MEDLINE,167 in the Cochrane Library, and 106 in the PsycINFO. Duplicate references and those meeting the exclusion criteria established for this study were excluded. Two articles identified by the investigators as meeting the eligibility criteria were included in the analysis.

3.2. Nurse Conditioning for Athletes in the Orthopedic Field

3.2.1 Subject Selection, Allocation, and Dropout Rate

Table 1 presents the subject selection method, allocation, and dropout rates for each study.

All articles in each study clearly described how the subjects were recruited; the two studies (No.1 and No.2) included in this review were pilot studies that included only the intervention group. These intervention studies involved teenage athletes with shoulder injuries and healthy female athletes aged less than 12 or 14 years. The eligibility criteria for selecting subjects were clearly stated in all papers but were not uniform; two studies (No.1 and No.2) were not assigned because both included only the intervention group. The dropout rates were not clearly stated in both studies (No.1 and No.2).

3.2.2 Intervention Programs and Their Usefulness

Table 2 shows the content and effectiveness of the intervention programs for athletes.



Figure 1. Literature Search Floechart

Both studies (Nos. 1 and 2) involved face-toface interventions. Study (No.1) was a practical experience in which a nurse and physical therapist provided conditioning, whereas Study (No.2) was a practical experience in which a nurse, dietitian, and trainer provided conditioning. The programs used varied across studies. In one case (No.1), the nurse provided stretching instructions. The stretching program included 10 minutes of stretching the trunk and hip joints. The patient returned to sports after the subjective symptoms disappeared, and the combined abduction test (CAT) and horizontal flexion test (HFT) became negative. The results were evaluated in terms of return-to-sport rate, straight leg raising (SLR) as a measure of lower-limb flexibility before and after instruction, hip internal rotation angle (HIR), and time to return to sports. Nurses' conditioning was effective for returning to sports. In one case (No.2), an orthopedic medical check and medical interview were conducted, along with a lecture on nutrition by a dietitian, a lecture on menstruation and anemia by a nurse, and warm-up and cooling-down instructions by a trainer. The results revealed that some athletes had problems with flexibility and tenderness, and some complained of anemia. Conditioning methods varied depending on the subject, but the use of conditioning facilitated the subject's return to competition (No.1) and the prevention (No.2) of sports trauma and injury (No.3).

Usefulness of Nurse Conditioning for Athletes

Table 1. Subject selection, allocation, and dropout rate

| No | author,year of publication,country | recruit | subjects | allocation method,allocated subjects,blinding | inclusion criteria, exclusion criteria | number of subjects,number of dropouts,dropout rate | | | | | |
|----|---------------------------------------|---|---|---|--|---|--|--|--|--|--|
| 1 | Sato Ketal2008.Japan | snowball sampling(private sports medicine clinic) | teenage athlete(28) | not random not blinding | (inclusion criteria) (1) the tenth generation, (2) athlete, (3) complaints of shoulder joint pain, (4) patients requiring conditioning on physician's orders [exclusion criteria] NA | 28/NA/NA ※Total of intervention and control group(28) | | | | | |
| 2 | Seto Tetal… 2018.Japan | snowball sampling(One prefectural training center) | athletes under 12 years old(28),athletes under 14 years old(25) | not random not blinding | 【inclusion criteria】 ①under 14 years old or under 12 years old ,②female,③ soccer players,④ those selected for the training center 【exclusion criteria】 NA | 53/52/1.8 【Reasons for dropping out】 ●NA | | | | | |

Table 2. Intervention programs and their usefulness

| No | author,year of publication, country | therapists(number) | program,session duration,number of sessions,session duration(number of sessions),intervention method | session content | evaluation scale | results | control group |
|----|-------------------------------------|---|---|---|--|--|---------------|
| 1 | Sato K.etal2008 Japan | nurse(1) physiotherapist(1) %cooperator orthopedic surgeon(1) | stretching guidance,10 minutes,1,1,Face-to-face intervention | stretching guidance for trunk and hip joints | The following data were obtained: straight leg raising (SLR) before and after guidance, change in hip internal rotation (HIR), return-to-sport rate, and time to return to sport (return-to- sport guideline: disappearance of subjective symptoms and negative results of the combined abduction test (CAT) and horizontal fission test (HFT)). flexion test (HFT)). | [return to Sports] • nursing guidance 15cases (535%) • guidance of nurses and physical therapists &cases (28.6%) • outcome unknown 5cases (17.9%) [duration of return to sports with nurse-only supervision] • 31.5 days [Change in lower extremity flexibility(A case of return to sports with only guidance from a nurse)] • SLR 71.2±8.1° before instruction to 80±5.1° after instruction (P<0.01) • Hip internal rotation angle from 25 ± 11.1° before instruction to 346 ± 9.6° after instruction (P < 0.01) [Change in lower extremity flexibility(A case of return to sports with guidance of nurses and physical therapists)] • SLR 74±6.3° before instruction to 77.5±6.4° after instruction • Hip internal rotation angle from 25.3 ± 11.7° before instruction • Hip internal rotation angle from 25.3 ± 11.7° before instruction to 28.2 ± 12.6° after instruction | |
| 2 | Seto Tetal… 2018.Japan | nurse(1) sport trainer(1) registered dietitian(1) | lectures and guidance,NA,NA,NA,Face-to-face intervention | ①n utrition ②menstruation and anemia ③warm up and cool down | Orthoped ic medical check, medical interview | [flexibility positivity rate(under 12 years old)] FFPD(finger floor distance) 14.8% • psoas muscle 14.8% [tend erness positivity rate(under 12 years old)] • patella 14.2% • foot only a few • pain when stretching lumbar spine only a few [trunk holding function(under 12 years old)] • all players were able to do so without problems [medical interview(Complaints of anemia symptoms)] • under 12 years old 11.1% • under 14 years old 12% • early hospital visits were recommended for anemia symptoms, but players and parents were less responsive. | |

4. Discussion

4.1 Utility of Conditioning Interventions for Athletes in the Orthopedic Field

4.1.1 Subject Dropout Rate

One of the included references (No.2) did not explicitly state the dropout rate; nonetheless, both studies had low dropout rates. Both interventions were face-to-face (Nos.1 and 2). Considering the low dropout rates of the previous studies included in this study, it appears that intervention programs using conditioning make it easy for athletes in the orthopedic field to sustain themselves. Looking at the overall session, in one case (No.1), instructions in trunk and hip stretching were given for 10 minutes during the initial visit; subsequently, symptoms and findings were observed during outpatient visits. The nurse intervened only once, suggesting that conditioning-based interventions may have led to the development of self-management skills. Selfchecking-the ability to self-manage conditioningis important for the early detection of problems and early response¹²⁾, and we believe athletes must develop self-management skills. Information obtained through self-management is also an important indicator for supporting athletes¹⁵⁻¹⁶. Conditioning interventions may have influenced athletes' active participation and persistence, leading to lower dropout rates. However, conditioning does not unilaterally dictate how to solve a subject's problems. Rather than unilaterally improving a patient's problem as perceived by the healthcare provider, the patient should consider the problem their own and continue learning from it. It is assumed that athletes continue to do so because they have realized the benefits of the same. Nevertheless, the underlying mechanism remains unclear. Therefore, the low dropout rate of participants identified in this review must be verified through a series of randomized controlled trials.

4.1.2. Effects of Conditioning on Athletes

Based on the results of the targeted literature, there were differences in the intervention methods, number of interventions, and duration of interventions. However, interventions using nurse conditioning may be useful in improving the physical and psychological conditioning of athletes in orthopedic settings. Conditioning-based interventions were useful for the orthopedic athletes because the stretching instruction was tailored to the participant's characteristics, which contributed to the acquisition of the necessary muscle strength. Furthermore, it has been reported in sports psychology that improving self-correction through self-talk and imagery can assist athletes in performing exercise¹⁷⁾ because conditioning intervention contributes to mental stability. The articles reviewed in this study were intended for athletes seeking to prevent trauma and disability and those seeking to return to competition, which inevitably requires support from medical professionals, such as physicians, nurses, physical therapists, and dieticians. In particular, for athletes aiming to return to competition, physical rehabilitation for early recovery is the highest priority rather than conditioning. Conditioning is defined as "training and preparing the body physically for all elements related to athletic performance, such as flexibility and general endurance, while improving muscle strength and power, in order to maximize sport performance"18). Nevertheless, the importance of conditioning for the prevention of trauma and injury has also been reported¹⁹⁻²²⁾. Injuries

have been reported to cause emotional reactions, such as depression, anxiety, and maladaptation, in relationships with athletes²³⁾. Moreover, even after adequate physical treatment, athletes may continue to report anxiety about returning to the field and psychogenic pain²⁴⁾. In such an environment, athletes must recognize that conditioning leads to trauma and injury prevention and is directly related to the return to competition and prevention of recurrence. In the subject literature, one case (No.1) was an athlete with shoulder joint pain, and the prevention of recurrence and new trauma/disability are important issues for athletes to continue competing. Through conditioning interventions, athletes can objectively assess changes in their physical condition such as the disappearance of subjective symptoms. Additionally, objective assessment of lower limb flexibility and hip range of motion before and after instruction allows the athlete to assess their condition objectively while accepting feelings and perceptions, such as anxiety about returning to competition and fear of reinjury. Although various factors may have prompted their return to competition, the conditioning allowed them to look objectively at themselves and consider reality. By viewing reality objectively, athletes will not perform rehabilitation that leads to overwork, prevents recurrence or new trauma and disability during rehabilitation, and leads to a smooth return to competition.

4.1.3. Limitataions of Research and Prospects

Only intervention studies using nurse conditioning were included in this study. There were differences in the eligibility criteria, exclusion criteria, and intervention methods among the included studies, except for the small number of included and intervention studies. Given the differences in the quality of the participants' skills, the following questions remain regarding whether the interventions implemented in the literature included in this study are maximally effective for athletes in the orthopedic field: There is a need to conduct randomized controlled trials to develop methodologies that will help athletes maintain and improve their conditioning before returning to competition. The usefulness of conditioning has been verified in recent years, and there is a need to develop conditioning programs that support return to competition and prevent sports trauma and disabilities.

5. Conclusion

Intervention studies through systematic reviews have demonstrated the effects of nurse conditioning

on athletes in the field of orthopedics, suggesting its usefulness. However, owing to the paucity of previous studies, it is difficult to conclude whether this methodology has been established as useful for maintaining and improving athlete conditioning, and the accumulation of randomized controlled trials remains an issue.

6. References

- 1. Japanese Society of Clinical Plastic Surger. (n.d.).conditioning. https://jcoa.gr.jp/
- 2. Akama,T.(2023).Medical Support for Large-Scale Sporting Events: Tokyo 2020 Experience. Journal of the Japanese Orthopaedic Association,97(4),261-266.
- 3. Ilakia,S.,Muthukumaran,J.,&Praveen,V,M.(2024). Effect of Sport Specific Strength and Conditioning Training on Strength and Power among Mixed Martial Arts Athletes. Indian Journal of Physiotherapy & Occupational Therapy,18,226-231.
- 4. Jaime,F,F.,Todd,E.,David,S,R.,Alexander,U.,& Alexander,F.(2013). Effects of a 6-Week Junior Tennis Conditioning Program on Service Velocity. Journal of Sports Science & Medicine,12(2),232-239.
- Cynthia,S,K.,Karen,K,B.,Cynthia,A,Madden.,Nancy,D.,&Penny,M.(2006).Sports medicine and school nurses: a growing need for further education and appropriate resources. Journal of School Health, 76(1),8-11.
- 6. Nemeth,R,L., Baeyer,C,L.,& Rocha,E,M.(2005). Young gymnasts' understanding of sport-related pain: a contribution to prevention of injury. Child: Care, Health & Development,31(5),615-625.
- Monika,P.,Paulina,E.,& Michal K.(2023). Acute Effects of Complex Conditioning Activities on Athletic Performance and Achilles Tendon Stiffness in Male Basketball Players. Journal of sports science & medicine,22(2),281-287.
- 8. Hara,K.(2020). Conditioning to Win : From an Athletic Trainer's Perspective. Journal of the Japanese Orthopaedic Society for Sports Medicine,40(3),240-244.
- Aidan,K,Comeau.,Eric,C,P., & MICHAEL,D.,Kenedy.(2023). Do Female University Varsity Athletes Have a Greater Risk of Injury Within a Competitive Varsity Season?. International Journalnt of Exercise Science,16(6),129–147.
- University Sports Association of Japan.(2022). UNIVAS Trends in Sports Trauma and Injury in University Athletic Club Activities. https://img. univas.jp/uploads/2022/03/a4c968ca850328be-8f194104e39025f6.pdf
- 11. Armstrong,L,e.,Vanheest,J,l. (2002). The Unknown Mechanism of the Overtraining Syndrome Clues from Depression and Psychoneuroimmunology. Sports Med,32(3),185–209.

- Japanese Olympic Committee.(2016).conditioning Guide for Rio 2016. https://www.joc.or.jp/games/ olympic/riodejaneiro/pdf/conditioning_guide_ rio2016.pdf
- 13. International Olympic Committee.(2009). The IOC Consensus Statement on Periodic Health Evaluation of Elite Athletes. https://olympics.com/ioc/ news/the-ioc-consensus-statement-on-periodic-health-evaluation-of-elite-athletes
- 14. Minds Clinical Practice Guideline Development Manual Editorial Committee.(2021).Minds Clinical Practice Guideline Development Manual 2020 ver.3.0.https://minds.jcqhc.or.jp/docs/methods/cpgdevelopment/minds-manual/pdf/all_manual_.pdf
- 15. Japan Sport Association.(n.d.). About Condition Check. https://www.japan-sports.or.jp/medicine/ heatstroke/tabid535.html
- 16. Waters,N.(2013). What goes up must come down! A primary care approach to preventing injuries amongst highflying cheerleaders. Journal of the American Association of Nurse Practitioners,25(2),55-64.
- Quartiroli,A.,Moore,E.,& Zakrajsek,R.(2022). Strength and Conditioning Coaches' Perceptions of Sport Psychology Strategies. Journal of strength and conditioning research,36(5),1327-1334.
- 18. National Strength and Conditioning Association Japan.(n.d.). What is Strength and Conditioning?. https://www.nsca-japan.or.jp/01_intro/sandc.html
- West, S., Clubb, J., Torres, R, L., Howells, D., Lend, E., Vescovi, JD., Carmody, S., Posthumus, M., Dalen, L, T., & Windt, J. (2021). More than a Metric: How Training Load is Used in Elite Sport for Athlete Management, International journal of sports medicine, 42(4), 300-306.
- 20. Wasseman, E., Herzog, M., Collins, C., Morris, S., & Marshall, S. (2018). Fundamentals of Sports Analytics. Clinics in sports medicine, 37(3), 387-400.
- 21. Reis,I.,Rebelo,A.,Krustrup,P.,& Brito,J.(2013). Performance enhancement effects of Fédération Internationale de Football Association's "The 11+" injury prevention training program in youth futsal players.Clinical journal of sport medicine : official journal of the Canadian Academy of Sport Medicine,23(4),318-320.
- 22. Willardson,J.(2007).Core stability training: applications to sports conditioning programs. Journal of strength and conditioning research,21(3),979-985.
- 23. Uemukai,T.(1995). Emotional reaction patterns of injured athletes: a case study. Keio University Sports Research Record,35(1),1-14.
- 24. Nakagome,S.(2004). Psychological Clinics for Athletes.doueashoin.