



Intervention of Muscle Damage – Evidence Based Approach

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Section .

Overview

- Delayed Onset Muscle Soreness (DOMS)
 - Definition & Mechanism
- Intervention for DOMS
 - Anecdotal Evidence
 - Evidence Based Sports Medicine
- Clinical Implication & Recommended Intervention Protocol
- Question????

Section 1. Delayed Onset Muscle Soreness

Section .

DOMS

- *Muscle damage* from performing new exercise, weight lifting, or any kind of eccentric exercise following *eccentric contraction*.
- Dull and aching pain usually begins 12-48 hours after eccentric exercise.
- Pain peaks at 2-3 days following eccentric exercise
- Subsides within 10 days.
- s/s
 - Pain
 - Decreased ROM
 - Decreased force production even though no pain exist: *disruption of contractile component of muscle*
- Muscle usually repaired without residual dysfunction or scarring



Section . 1 Delayed onset muscle soreness

Mechanism of DOMS

- DOMS may be the result of excessive mechanical loading of the muscle rather than an intrinsic difference in physiology of eccentric contraction
 - Excessive tension could mechanically disrupt the connective tissue, myofilaments, sarcomere, sarcolemma, or sarcoplasmic reticulum
Armstrong, 1990; Armstrong, 1984, Byrd, 1992; Byrd et al 1989
 - Damage of extracellular matrix
Stauber, 1989
 - Alteration in Z-line were found
Friden & Lieber, 1992
 - Myofiber and extra matrix damage resulted from eccentric contraction
Fritz & Stauber, 1988



Section . 1 Delayed onset muscle soreness

Mechanical Aspect of DOMS

Muscle damage will be taken place at weaker sarcomere and propagates to adjacent weak sarcomere and results in micro trauma inducing inflammation

Section 2. Interventions for DOMS

Section . 2 Interventions for DOMS

Anecdotal Evidence of Intervention for DOMS

- Objectives: Treated symptomatically
 - Reduce pain, swelling, inflammation, and muscle spasm
- Treatment:
 - RICE to decrease pain and inflammation
 - Treatment not begin immediately after injury
 - 24-48 hours after exercise
 - Peaks at 2-3 days after exercise
 - Combination of exercise and modalities

After intense exercise, damage to the muscle fibers and cell membrane (sarcolemma) may lead to inflammation, swelling and delayed-onset muscle soreness (DOMS)

Section . 2 Interventions for DOMS

• Treatment Option in Literature

Authors	Treatment	Efficacy
Ciccone et al ¹¹	Trolamine salicylate phosphoresis	Effective
Deougar et al ¹²	TENS	Effective
DeVries ^{13,14}	Static stretching	Effective
Hanson et al ¹⁵	High speed, voluntary muscle contraction	Effective
Hanson et al ¹⁶	Ibuprofen	Effective
Haynes & Ferris ¹⁷	Topical counterirritant	Effective
Hill & Richardson ¹⁸	Topical trolamine salicylate cream	Effective
Prentice ¹⁹	Static or PNF stretching + cold or heat	Effective
McGlynn et al ²⁰	Stretching and biofeedback	Reduced EMG, but not pain
Prentice ²¹	Heat	Not effective alone
Yarnall et al ²²	Ice massage	Not effective alone
	Continuous ultrasound	Increases pain
Deougar et al ²³	Microcurrent	Not effective, + analgesic effect
Hanson et al ²⁴	Dexamethasone Iontophoresis	Questionable

Page. JAT, 1995, 30, 1, 29-34

Section . 2 Interventions for DOMS

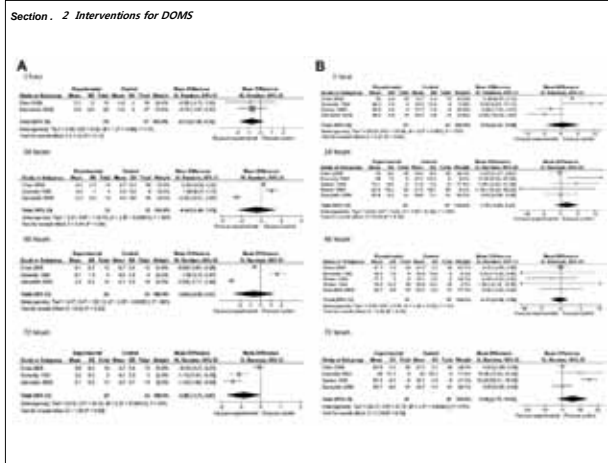
Interventions for Exercise Induced Muscle Damage – Evidence Based SM

- Systematic review and meta-analysis to analyze the effect of cryotherapy, massage, stretch, and low intensity exercise on Delayed Onset Muscle Soreness (DOMS)

Section . 2 Interventions for DOMS

Evidence of the physiotherapeutic interventions used currently after exercise-induced muscle damage: Systematic review and meta-analysis
 Rui Torres^{1,2,3}, Fernando Ribeiro^{2,3}, José Alberto Duarte¹, Jón MH Gabrí⁴
 Physical Therapy in Sport. 2012, 13, 101-114

- Massage for Exercise Induced Muscle Damage (DOMS)
 - 9 RCT Studies
 - Significant reduction in "muscle soreness"
 - Pain relief between 24-48 hours
 - But, not 72 hours
 - Muscle strength improved
 - Only 1 hour after injury!!
 - "0.33cm reduction" of VAS pain and "1.87%" strength improvement
 - Report mean difference and CI not "effect size"
 - May not be different if it is analyzed with effect size



Section 3. Clinical Implication

Section . 3 Clinical Implication

Clinical Implication

- **Massage therapy may be effective to reduce muscle soreness at 24-48 hours**
 - SORT Strength-of Recommendation Grades B, Level of evidence 1
- **Cryotherapy may be effective to reduce muscle soreness at 48-72 hours.**
- **Strength may be increased 24 hours**
 - SORT Strength-of Recommendation Grades B, Level of evidence 1
- **Along with these intervention**
 - Topical (skin) and/or phonophoresis (US) Trolamine Salicylate
 - Topical counterirritant maybe useful
 - SORT Strength-of Recommendation Grades B, Level of evidence 2
- **Stretch & low intensity exercise are not effective at all.**
 - SORT Strength-of Recommendation Grades B, Level of evidence 1

Section . 3 Clinical Implication

Recommended Intervention protocol

- **Before and after rigorous eccentric exercise**
 - Rest
 - Petrissage and effleurage massage to reduce muscle soreness
 - Ice immersion after exercise
- **24-72 hours**
 - Ibuprofen to reduce swelling
 - Topical (skin) and/or phonophoresis (US) Trolamine Salicylate or Topical counterirritant when soreness start to develop
 - Ice immersion for 15 min at least 3 times a day (multiple episode)
 - Petrissage and effleurage massage to reduce muscle soreness
- **Day 5-10**
 - Same protocol as 24-72 hours
 - Add low intensity strengthening exercise to maintain strength without decrease strength