



Bruising and its speedy repair Three cases from a unique multibed unit

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As a fully (then) paid up and playing member of my local rugby club, I was approached in 2007 and asked if I knew a physio who might be employed by the club. 'Why get a physio when I can do it?' I said.

And so I embarked on setting up a small treatment room providing injury treatment to the players as they trickled in from the training pitch complaining of aches and pains, and bruises and knocks, or limped in injured after a tough weekend game.

Background

The clinic started slowly, just me on my own with an occasional player coming in for massage or acupuncture. By the beginning of the next season a final year physio student asked if he could observe, to up his clinical placement hours, and numbers of those seeking injury treatment were increasing. In our third season we were joined by a final year sports therapist, and so one became three; then came osteopathy, sports massage, tuina, and now we are seven practitioners covering five professions.

The treatment room consists of five treatment couches, and one treatment chair; case histories are part-filled in by players, then each one has a consultation with one of the three senior therapists. I act as the triage and gatekeeper, ensuring that injured players see the appropriate therapist, and that each therapist is kept busy, including myself. Each player is offered a range of treatments, advice, and exercises for the conditions they present with, which may involve receiving treatment from each of the disciplines in one evening, a novel and effective use of the skills in the room. Over time players have got to know which therapy is better for the particular injury they have sustained.

Multibed treatment

New Ash Green Rugby Football Club is a local Kent rugby team running three senior sides, one vets side, one female side and a full complement of juniors (six to sixteen years). The clinic is open one full evening a week to current playing members of the club and they can receive as many treatments during the season as they need, or that we deem necessary. We routinely see acute (shi (full)) traumatic injuries, which have generally occurred on top of chronic (xu (empty)) conditions, almost exclusively channel problems involving local qi and xue (blood) stagnation within the jing luo channel system.

In the last playing season there were 32 weekly treatment sessions, and the then five-strong team of practitioners, covering tuina, acupuncture, sports therapy, sports massage, osteopathy, and physiotherapy, gave 321 treatments. Each clinic session runs from 7 to 10pm and the 2011-12 season has started strongly; we are currently seeing over 20 players in the evening session.

Surround needling

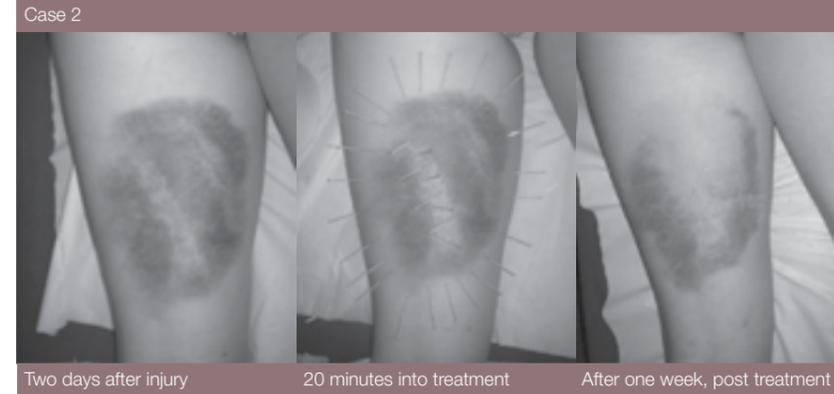
Surround needling is not a new technique and has been used for as long as acupuncture has been practised. But as students we were cautioned about using too many needles in one treatment; 'they will tire your patient', 'it will move the qi too much', 'there isn't enough qi to move' were all commonly quoted reasons for the 'less is more' approach. Over the years though, I have realised this is not always the case. With relatively fit

healthy men coming in for treatment, they can easily cope with a lot of needles being used, especially at channel level.

The particular technique I use involves inserting 0.25mm 30mm needles around the bruise in a transverse oblique insertion, to about ½ cun, from the edge of the bruise into the bruise. The needles are placed about 2.5 cm apart and are retained for 20 minutes. The number of needles depends on the size of the bruise but 15 to 40 would not be uncommon.

Case one

Front row player NH came to the clinic after a particularly nasty tackle injury on the pitch three days previously, on the Saturday. There was extensive sub-dermal bruising but the skin was unbroken. It was hot and painful when touched lightly, and red flag questions were negative. It was too uncomfortable to do any soft tissue work and so acupuncture was chosen to help the bruising.



Surround needling, and needling into the acutely inflamed area. After 20 minutes of treatment the bruising had visibly reduced around the edges by about two centimetres.

Case two

A female back row flanker, LP, presented to the clinic on Tuesday, three days after a stamping and raking contusion injury to the left thigh. There was a very large bruise and the skin was slightly broken in the central area. After some discussion she decided to try acupuncture to reduce the bruising, she was keen to try, as large areas of visible bruising are something of a target for the opposition players in subsequent games.

Case three

Male first team front row player CH was tackled and fell heavily on the boot of an opposition number. There was heavy bruising to the area. He came to the clinic to ask advice and was encouraged to try acupuncture.

Discussion

Interestingly when I Google 'acupuncture and bruising' mostly the results I get are bruising as an unwanted side effect of treatment, with heavy bruising occurring in two in 34,000 treatments (MacPherson et al, 2001).



be resolved the faster the person's systems can return to balance and they can be back on the pitch ready to do the same again.

Conclusion

In the treatment room, bruises treated with acupuncture are visibly reduced at the edge of the bruising after 20 minutes; when players returned for follow-up treatments the improvements were marked. Anecdotally the players report that the resolution of bruising has gone down from three to four weeks to one to two weeks.

Surround needling with multiple shallow oblique needling appears to greatly reduce the repair and healing time for acute traumatic bruising. This technique should be used in situations where bruising can be problematic for the patient, in the rugby club large bruises are attention seeking targets for the opposition, however in cosmetic surgery, or for collision accidents with cars, bikes, horses, etc, it could also be used to great effect.

If anyone would like further details of what we do or to visit the clinic and see us in action, please contact me on 07910 277210 or paulblacker@pbacpd.com

Looking for the treatment of bruising and acupuncture brings up far fewer useful results.

Acupuncture is considered to be an effective treatment for a variety of sports injuries (ARRC, 2005), with Ma proposing that acupuncture is a soft tissue therapy that normalises the pathophysiology of injuries, restoring homeostasis, thereby and leading to a balance in the musculoskeletal system (2008). Jennie Longbottom's fascinating presentation at the 2011 BAcC conference on the role of fascia in the mechanisms of acupuncture may indicate part of the processes behind the rapid resolution of sub-dermal bleeding in these cases.

Visible injuries are a problem for sportsmen and women alike, with inflammation, contracture and cramps of the muscles, adhesions, scarring, blockage of circulation, atrophy and muscle imbalance occurring (Ma, 2008), along with the problem on the pitch with the opposition usually taking a particular interest in the injury. The faster these acute traumatic injures can