

Theses associated with the dissertation:

Managing acute hamstring injuries in athletes

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1. At present the time to return to play after an hamstring injury cannot be estimated accurately. (This thesis)
2. There is no strong evidence for any MRI finding that can guide sports physicians and radiologists in predicting the prognosis for the time to return to play after an acute hamstring injury. (This thesis)
3. Platelet-rich plasma injections do not contribute to a faster return to play after hamstring injuries. (This thesis)
4. Intramuscular injected local anesthetics and NSAIDs are myotoxic. (This thesis)
5. At return to play after a hamstring injury 9 out of 10 athletes have MRI abnormalities that suggest intramuscular oedema or fibrosis, but this is not associated with an increased re-injury risk. (This thesis)
6. “The” hamstring injury does not exist; it is a heterogeneous group of injuries that has a complex multifactorial etiology.
7. A double blind design is obligatory to prevent bias of results when using time to return to play after hamstring injury as an outcome measure.
8. Treat the athlete, not the image of their injured hamstring.
9. In God we trust. All others must bring data. (W. Edwards Deming)
10. Talent wins games, but teamwork and intelligence win championships. (Michael Jordan)
11. Wat er ook gebeurt, altijd blijven lachen (Bassie en Adriaan).