FPIN's Help Desk Answers

Stretching for Prevention of Exercise-Related Injury

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Help Desk Answers provides answers to questions submitted by practicing family physicians to the Family Physicians Inquiries Network (FPIN). Members of the network select questions based on their relevance to family medicine. Answers are drawn from an approved set of evidence-based resources and undergo peer review. The strength of recommendations and the level of evidence for individual studies are rated using criteria developed by the Evidence-Based Medicine Working Group (http:// www.cebm.net/?o=1025).

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This series is coordinated by John E. Delzell Jr., MD, MSPH, Assistant Medical Editor.

Clinical Question

Does stretching reduce the risk of injury during exercise?

Evidence-Based Answer

Stretching before exercise does not reduce the risk of injury. (Strength of Recommendation [SOR]: B, based on meta-analyses of lower-quality randomized controlled trials [RCTs].) However, it may slightly reduce postexercise muscle soreness. (SOR: B, based on an RCT.)

A 2011 systematic review studied the effect of various interventions—including stretching—over five days to one year on the prevention of lower-limb soft tissue overuse injuries. In six trials (N = 5,130), stretching did not decrease lower-limb soft tissue injuries (relative risk [RR] = 0.85; 95% confidence interval [CI], 0.65 to 1.1).

A 2008 systematic review of four RCTs (N = 3,953) and three controlled clinical trials (CCTs; N > 493) evaluated the effect of a static stretching regimen vs. usual routine on overall injury rates and sprains/strains over 12 weeks to two years.² In the four RCTs and two of the CCTs (N > 195), static stretching did not reduce the incidence of overall injury rates. In the third CCT (n = 298), the addition of three static hamstring stretches to the usual stretching routine reduced the incidence of lower-extremity overuse injuries compared with the usual stretching routine alone. All three studies that examined injury type (one RCT and two CCTs; N > 1,969) found significant reductions in sprains and strains with static stretches compared with usual activities.

A 2010 systematic review of seven RCTs (N = 1,919) examined the effect of various interventions in preventing hamstring injuries.³ One RCT (n = 421) demonstrated that

a warm-up protocol that included stretching vs. no intervention did not decrease the incidence of lower-extremity injuries over 16 weeks (RR = 1.2; 95% CI, 0.69 to 2.1).

A 2011 systematic review of 12 RCTs (N = 2,595) examined the effect of preand postexercise stretching regimens vs. nonstretching exercise over three days to 12 weeks in preventing delayed-onset muscle soreness following exercise.4 The studies included 11 laboratory-based small studies (N = 200) and one large field-based study (n = 2,377). The field-based study found that the pre- and postexercise stretching regimens reduced the intensity of the worst weekly average muscle soreness (measured over 12 weeks) by 4 points on a 100-point scale (mean difference = -3.8; 95% CI, -5.2to -2.4); however, this difference is unlikely to be clinically significant. The risk of bothersome soreness experienced in any week was 25% in the intervention group and 32% in the control group, with an odds ratio of 0.69 (95% CI, 0.59 to 0.82).

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