



Australian Open Injury Patterns and Evaluations - 2004 & 2005

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During 2003, the Australian Open IT department was commissioned to produce a database program to collect and collate a record of all player and coach consultations at the Australian Open Player Medical Centre from 2004 onward. It is only through injury surveillance that common and problematic injuries unique to tennis can be identified. These injuries in turn can then be analysed to identify whether there are any significant risk factors, which may be contributing to their development.

If intervention into these risk factors is appropriate or possible, further injury surveillance can see whether the incidence of these injuries falls after intervention occurs. Ultimately players would miss fewer tournaments and perform at a consistently high standard without the effects of sometimes debilitating injuries.

Over the 2 years that injury data has been collected approximately 60% of all consultations are due to musculoskeletal complaints among the players. The rest are due to general medical problems e.g. viral or gastrointestinal illnesses.

During the presentation, a number of injuries, which are relatively specific to tennis, will be discussed including stress fractures to the distal humerus around the elbow and in the wrist as well as two abdominal muscle tears. Other issues to be discussed will include the management and possible prevention of viral illnesses, cramping and the importance of an accurate diagnosis with respect to wrist pathology.

At the Australian Open we often utilise cortisone instilled via the skin using iontophoresis as a means of controlling pain for superficial tendinopathies. However in certain situations the use of cortisone injections is appropriate and safe.

Finally a brief discussion will be given regarding the best way to communicate with those players who have their own doctors back home so that a co-ordinated approach to management of their injuries and illnesses can occur.