IS CORE STABILITY A RISK FACTOR FOR LOWER EXTREMITY INJURIES IN AN ATHLETIC POPULATION? A SYSTEMATIC REVIEW



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Introduction

Core stability has been implied numerous times to influence lower limb functioning. Core musculature provides a stable foundation for safe and controlled movement distal to the core, and is considered as an important contributor in maintaining dynamic joint stability throughout the kinetic chain during locomotion. It is hypothesized that impaired core stability increases vulnerability in lower extremity injuries through uncontrolled joint displacements. However, it is unclear how decreased core stability could lead to injuries. Therefore, the main purpose of this systematic review is to summarize the literature on the role of core stability as a risk factor in the development of lower extremity injuries.

Methods

The current review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (1). Potential eligible studies were identified by consulting 3 databases and were screened for eligibility. Methodological quality across studies was assessed with Cochrane Collaboration's tool for assessing risk of bias (NOS scale) and level of evidence was determined using the classification system of the Dutch Institute for Healthcare Improvement CBO (2).

Results

Nine articles with low risk of bias were included in the systematic review. Various aspects of core stability were found to be related to lower extremity musculoskeletal injuries in healthy athletic populations. Core strength and core strength imbalance is found to be a risk factor for ACL-injuries. Core proprioception is a risk factor for knee injuries in female collegiate athletes and neuromuscular control of the core, measured by displacements of the trunk during movement was also found to be a risk factor in the development of general lower extremity injuries. On the other hand, there was conflicting evidence for endurance of the core musculature as being considered a risk factor for lower extremity injuries.

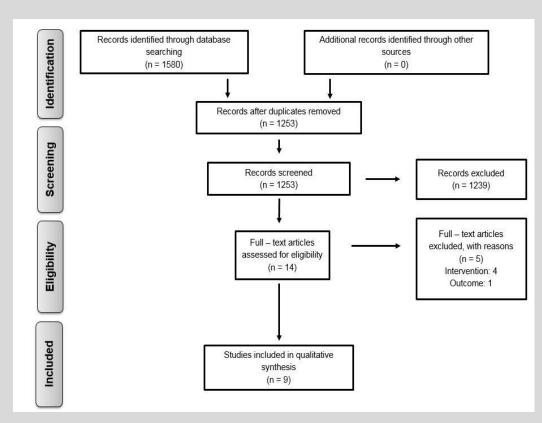


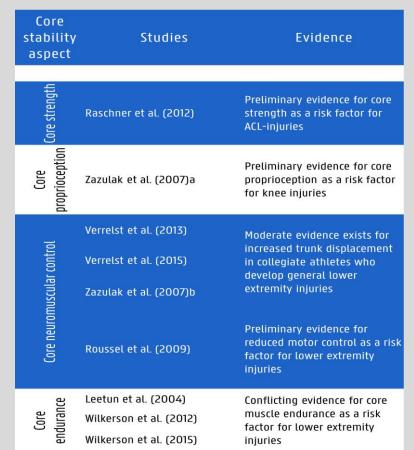
Figure 1: Flowchart of the conducted search

References

- 1. Moher D, Liberati A, Tetzlaff J, Altman DG. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. Annals of internal medicine. 2009;151(4):264-9, w64.
- 2. Meeus M, Gebruers N. Health Literacy. From reference to review. 1st ed. Leuven (Belgium)/Den Haag (The Netherlands): Acco; 2016.

Discussion

A small amount of studies was available, which furthermore exhibited small study samples and there was significant heterogeneity among the studies. Therefore, it was difficult to formulate a straightforward conclusion. However, when studying the results of this systematic review, a distinct trend can be noticed. Independent of which core stability aspect is researched, the results of these studies suggest that kinematic changes occurring with core dysfunction support a pathomechanical model of femoral adduction and internal hip rotation with an adducted knee position and excessive knee valgus movement during single leg weightbearing activities.



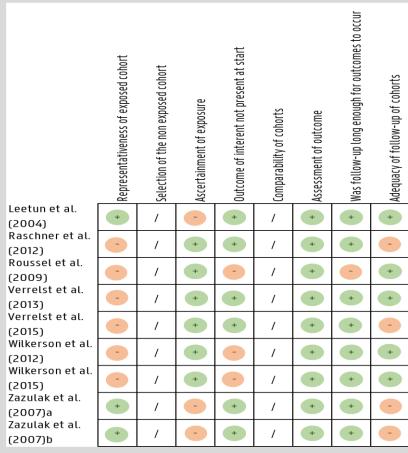


Figure 2: Results of the individual studies

Figure 3: Quality assessment

Conclusions

This systematic review provides preliminary evidence for the association between impaired core stability and the development of lower extremity injuries in healthy athletes. Deficits in various aspects of core stability were identified as potential intrinsic risk factors for lower extremity injuries. As such, core stability needs to be considered when screening athletes.

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