# RICE or ice: what does the evidence say? The evidence base for first aid treatment of sprains and strains

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### **INTRODUCTION & OBJECTIVES**

Belgian Red Cross-Flanders develops evidence-based first aid guidelines for laypeople, as a part of its strategy to give evidence-based support for all its activities. In the revision of the Flemish first aid manual, the effectiveness of RICE, an acronym for Rest, Ice, Compression and Elevation, as a treatment for sprains and strains, was investigated. Current recommendations state that a person should not move the injured limb and to apply ice to the injured area. Furthermore, it is suggested that a compression bandage might give relief.

# METHODS

#### 4 PICO questions:

- In humans with strains or sprains (P), is rest (I) compared to no rest
  (C) effective to improve health outcomes (O)?
- In humans with strains or sprains (P), is ice (I) compared to no ice (C) effective to improve health outcomes (O)?
- In humans with strains or sprains (P), is compression (I) compared to no compression (C) effective to improve health outcomes (O)?
- In humans with strains or sprains (P), is elevation (I) compared to no elevation (C) effective to improve health outcomes (O)?
- 4 separate systematic literature searches in 4 databases (Medline, Embase, CENTRAL and Cinahl)
- In- and exclusion criteria:
  - Population: people with strains or sprains
- Intervention: rest or ice (or a combination of ice with rest, compression and/or elevation as an intervention) or compression or elevation. Interventions that are performed or feasible to be performed by lay people.
- Comparison: no intervention
- Outcomes: ankle function, pain, swelling, time to return to work, time to recovery, weight bearing
- Study design: Systematic reviews and randomised controlled trials.
- Language: English
- Publication year: no restrictions

#### RESULTS

Identification

- Box 1 shows the selection flowchart
- 13 studies were included
  - **R**est: 5 studies showing limited evidence in favour of mobilization <sup>[1-5]</sup>
  - Ice: 4 studies showing limited evidence favouring of the use of ice [6-9]
  - Compression: 4 studies showing limited evidence refuting the use of compression <sup>[10-13]</sup>
  - **E**levation: No evidence was found.
- Accoriding to the GRADE methodology<sup>[14]</sup>, evidence was of low to very low quality and results were imprecise due to limited sample size, lack of data and/or large variability of results.

# Box 1: Study selection flowchart for first aid interventions for sprains and strains

5,407 potentially relevant records





## CONCLUSIONS

- The evidence confirms the application of ice.
- The recommendation not to move the injured limb might remain, since the evidence we found against rest is concerning the recovery phase and not the acute (first aid) phase.
- The recommendation on the use of a compression bandage might change since the evidence does not favour compression in the treatment of strains or sprains. A multidisciplinary panel of experts will discuss new draft recommendations while taking into account this evidence.
- This evidence shows the relevance of updating first aid guidelines, since recommendations might change based on new evidence and updated methodology.



**References:** [1] Bleakley CM et al. BMJ 2010, 340:c1964; [2] Caro D et al. Lancet 1964, 2(7362):720-3; [3] Eiff MP et al. Am J Sports Med 1994, 22(1):83-88; [4] Hedges JR et al. Ann Emerg Med 1980, 9(6):298-302; [5] Roycroft S et al. Physiotherapy 1983, 69(10):355-6; [6] Basur RL et al. Practitioner 1976, 216(1296):708-11; [7] Laba E et al. NZ J Physiother 1989, 17(2):7-9; [8] Prins JC et al. Clin Rehabil 2011, 25(5):433-41; [9] Sloan JP et al. Arch Emerg Med 1989, 6(1):1-6; [10] O'Connor G et al. Eur J Emerg Med 2011, 15:225-230; [11] Rucinski TJ et al. JOSPT 1991, 14(2):65-69; [12] Thorsson O et al. Scand J Med Sci Sports 1997, 7:182-190; [13] Watts BL et al. Emerg Med J 2001, 18:46-50; [14] Atkins D et al. BMJ 2004,328(7454):1490.

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