

OSGOOD-SCHLATTER DISEASE



Osgood-Schlatter disease, alternatively referred to as osteochondrosis, tibial tubercle apophysitis, or traction apophysitis of the tibial tubercle, is a prevalent source of **anterior knee pain** among young **athletes**.

PRESENTATION

- Atraumatic, insidious, anterior knee pain
- Pain on palpation of tibial tuberosity
- Pain worsens with physical activity
- Hypertrophy at the tibial tuberosity
- Tight quadriceps

PHYSICAL EXAM

- SEADS: inspection for swelling, erythema, atrophy, deformity, and scars
- Inspect for bony protuberance of the tibial tuberosity
- Ely's test for quadricep tightness



PATHOPHYSIOLOGY

- Overuse injury
- Repeated strain and microtrauma lead to irritation
- Partial avulsion of the tibial tubercle apophysis may occur



RISK FACTORS

- Male gender
- Ages:
 - Boys 12-15
 - Girls 8-12
- Recent growth spurt
- Repetitive activities such as jumping and sprinting
- Poor flexibility of the quadriceps and hamstrings
- Common in children who play basketball, volleyball, running, gymnastic, or football

DIAGNOSIS

Osgood-Schlatter disease is a **CLINICAL DIAGNOSIS**

- Radiological imaging is <u>generally unnecessary</u> and is typically reserved for severe cases or situations where there is a suspicion of avulsion
- Consider x-rays of bilateral knees if symptoms are severe and/or persistent, there
 are concerns about a fracture or other structural issues, or the presentation is atypical



MANAGEMENT

- Activity modification
- Cryotherapy
- RICE: rest, ice, compression, and elevation
- Nonsteroidal anti-inflammatory drugs (NSAIDs) PRN
- Physiotherapy
- Stretching the quadriceps, hamstrings, and vastus medialis
- Patellar taping or bracing