

Inspire a generation or injure a generation?!

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In the last issue we highlighted the dilemma between sitting on the sofa all summer watching sport or being inspired to participate yourself. What a difficult decision that was! The compelling viewing started with the Tour de France, reached fever pitch with the Olympics and Paralympics and just when you felt you could not take any more excitement and tension, along came the US Open tennis and Ryder Cup.

For our children new role models have been created. Rather than the usual footballers, rugby players and cricketers, we are celebrating individuals from a diverse range of disciplines.

So with new role models, government led initiatives to encourage participation, a return to the competitive ethos in school sports and the post Olympic promise to 'inspire a generation', there will be an increase in opportunities for children to participate in sport as schools and clubs broaden the range of activities on offer.

Increased opportunity, putting new stresses on the body and the danger of over activity may lead to an increased injury risk if the body is not prepared properly and if, as is common, an increase in activity is accompanied by a growth spurt. We are seeing this in clinical practice already. A return to school and organised sport after a summer of relaxation and sports viewing can lead to significant stresses on the growing body. The most common conditions we see at Tudor Physiotherapy in the growing body are Osgood Schlatters, Severs, Sinding-Larsen Johansson disease and Rectus Femoris apophysitis.

Osgood Schlatters is probably the most common cause of knee pain in children and it is seen frequently between the ages of 9 and 16. It is characterised by localised, activity related pain and tenderness at the bony prominence below the knee cap (patella).

Severs is a similar condition and this occurs at the junction between the Achilles tendon and the heel bone (calcaneus). This condition is prevalent in the growing and very active child and typically occurs between 7 and 12 years old, often accompanying a first major growth spurt.

Sinding-Larsen Johansson disease is a similar injury to the above, this time occurring at the

lower edge of the knee cap (patella). The mechanism of injury here is a traction of the patellar tendon on its bony attachment. It too is most prevalent in the growing and very sporty young athlete.

Rectus femoris apophysitis occurs on the front of the pelvis and is localised at the attachment of the rectus femoris tendon (this is the main kicking muscle) to a small bony prominence. The most common mechanism of injury here is a rapid stretch of the thigh muscles or a rapid or repeated kicking action, often where there has been little or no warming up. The anchor of the tendon to the bone becomes inflamed and is very tender to the touch. Any attempt to lift the leg will be painful and feel very weak.

The common theme between all of these injuries is that they occur where tendons join on to bone. They are all very localised and if left can become very disabling. In addition to pain, performance levels will drop and you may notice significant alteration in running technique as the body struggles to function whilst in pain. In the growing child these highlighted areas are vulnerable as the bones are not fully mature and during a growth spurt the tendons pull tight at their bony attachments.

Physiotherapy assessment is essential for these problems. At Tudor Physiotherapy our Chartered Physiotherapists will assess fully and give expert guidance on activity modification, relevant exercises and will also address any contributing factors such as poor biomechanics. As the skeleton matures the potential for these problems will diminish, so if they are managed well the chance of recurrence is very low, although we do find that individuals sometimes suffer several of these very similar conditions.

Don't let us put you off though! The benefits of sport and an active lifestyle far outweigh the pitfalls along the way. Hopefully the 2012 effect will inspire all generations to try something new and for our children these opportunities may identify hidden talents and hopefully, at very least, will lead to a lifetime of enjoying sport and exercise. The message is clear, manage increases and changes in activity carefully (particularly during growth spurts) and respond to symptoms early so they can be accurately diagnosed and rehabilitated in the right way.

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