

# Panel: Return to Play



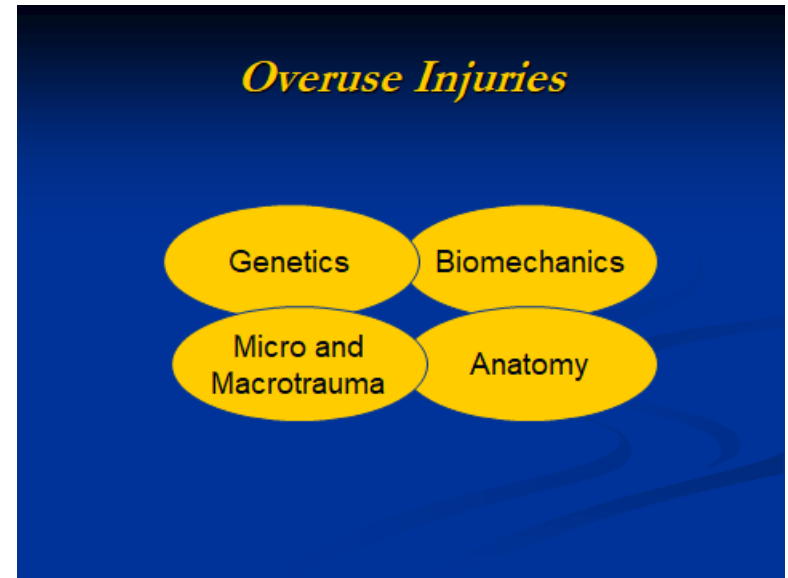
# Panel: Return to Play

- Moderator: Joe Congeni, M.D.; Akron Children's Hospital
- Kerwyn Jones, M.D.; Akron Children's Hospital
- Derrick Eddy, M.D.; Akron Children's Hospital
- Amy Krahe, PT, MPT, OCS; Akron Children's Hospital
- Mike Johnson, AT, ATC; Akron Children's Hospital



# Lower leg pain

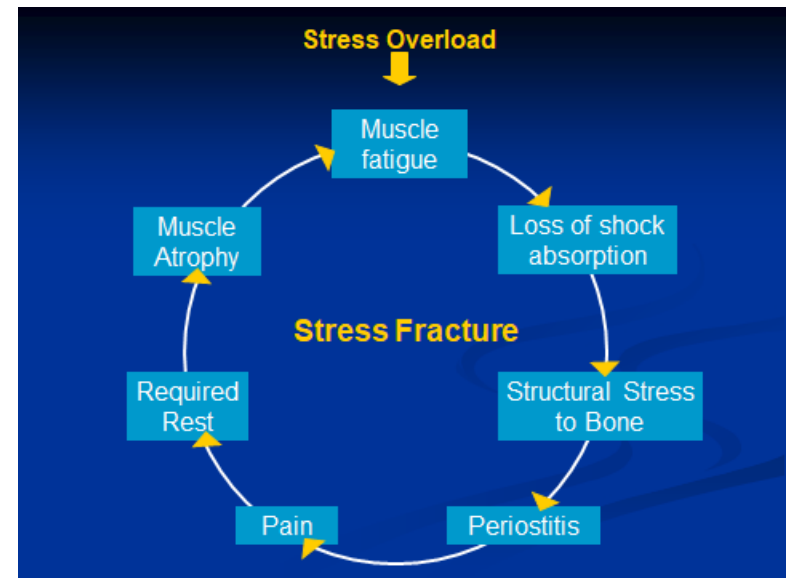
- Tibial stress fracture
  - Clinical presentation
  - Imaging
- Compartment Syndrome
  - Clinical presentation
  - Imaging
- PAES
  - Clinical presentation
  - Imaging



# Tibial stress fracture

- On field findings and assessment
  - Concomitant sx's; thorough history
  - When to refer...

- Periostitis
- Stress reaction
- Stress fracture



# Tibial stress fracture

- Conservative management
  - Rest, relative rest, physical therapy
  - Multi-factorial treatment team



# Tibial stress fracture

- MD clinical exam
- Diagnostic testing



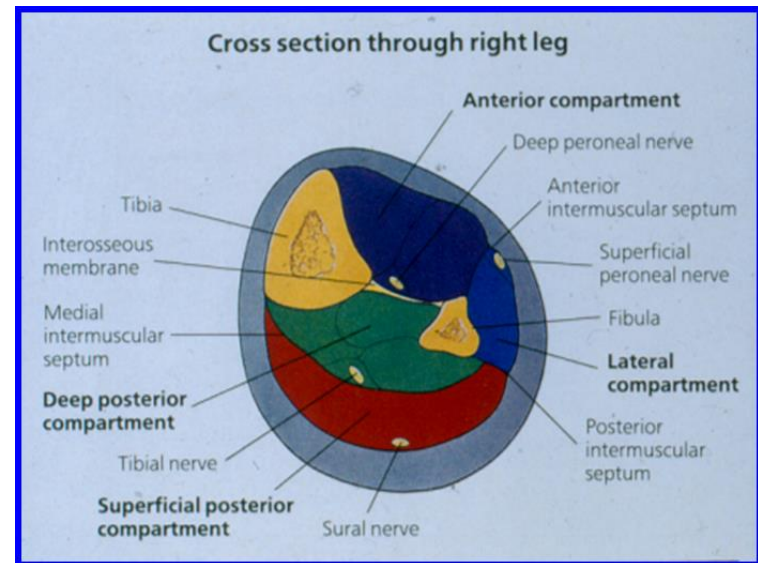
# Tibial stress fractures

- Chronic tibial pain
- Sports decisions
- Orthopedic involvement



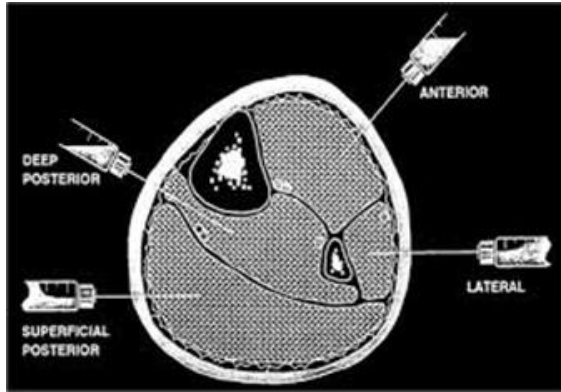
# Compartment Syndrome

- On field findings; chief complaints
- Considerations on causative factors
  - Volume
  - Biomechanics
  - Anatomic





# Compartment Syndrome



Left	Lower Leg	Right
	Pre-exertion Anterior	
	Pre-exertion Lateral	
	Pre-exertion Deep Posterior	
	Pre-exertion Superficial Posterior	
	1 Minute Anterior	
	1 Minute Lateral	
	1 Minute Deep Posterior	
	1 Minute Superficial Posterior	
	5 Minute Anterior	
	5 Minute Lateral	
	5 Minute Deep Posterior	
	5 Minute Superficial Lateral	

Pre-exertion should be < 15 mmHg

1 min post-exertion should be < 30 mmHg

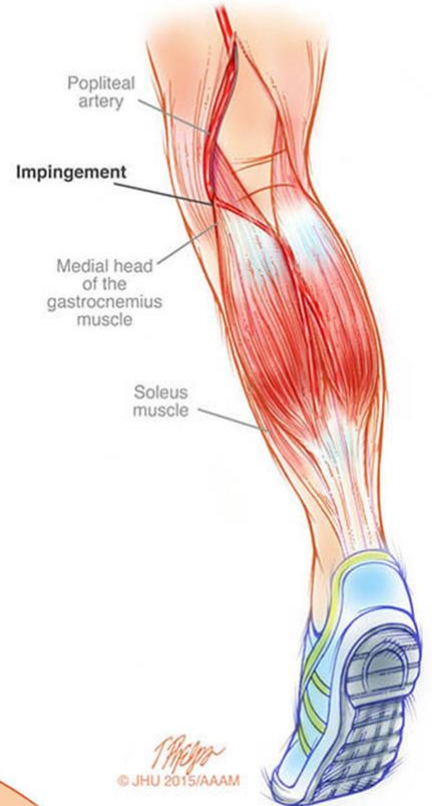
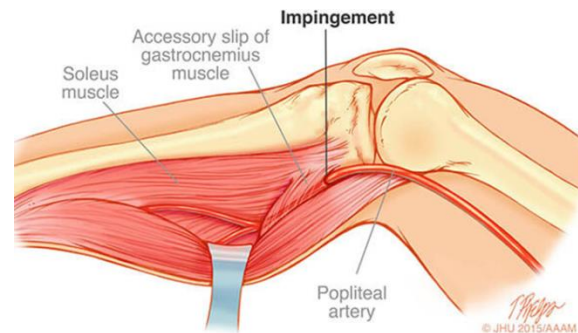
5 min post-exertion should be < 20 mmg

- Diagnostic testing
  - Exertional pressure testing
  - Dynamic MRI
- Surgical referral
- Surgical procedures
- Prognosis?



# Popliteal Artery Entrapment (PAES)

- Signs and Symptoms?
- Diagnosis of exclusion?
- Differentiation from previous two diagnoses?



# PAES

- Diagnostic testing
  - ABI with exercise
  - Ultrasound
  - PVR
  - Dynamic MRA



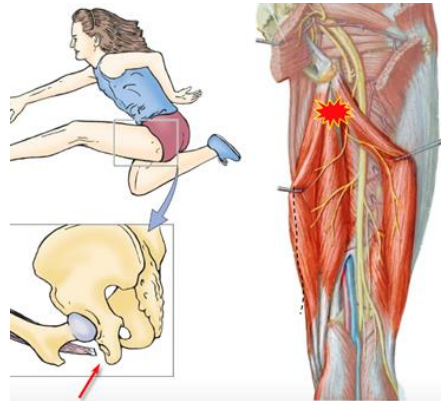
# PAES

- Surgical intervention



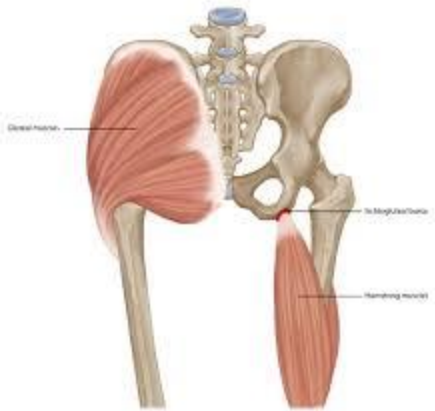
# Buttocks Pain

- Proximal hamstring/Apophyseal avulsion
  - Clinical presentation
  - Imaging
- Sacral stress reaction
  - Clinical presentation
  - Imaging
- Labral pathology
  - Clinical presentation
  - Imaging
- Piriformis syndrome
  - Clinical presentation
  - Imaging



# Proximal hamstring pain/Apophyseal avulsion

- Clinical presentation



# Proximal hamstring pain/Apophyseal avulsion

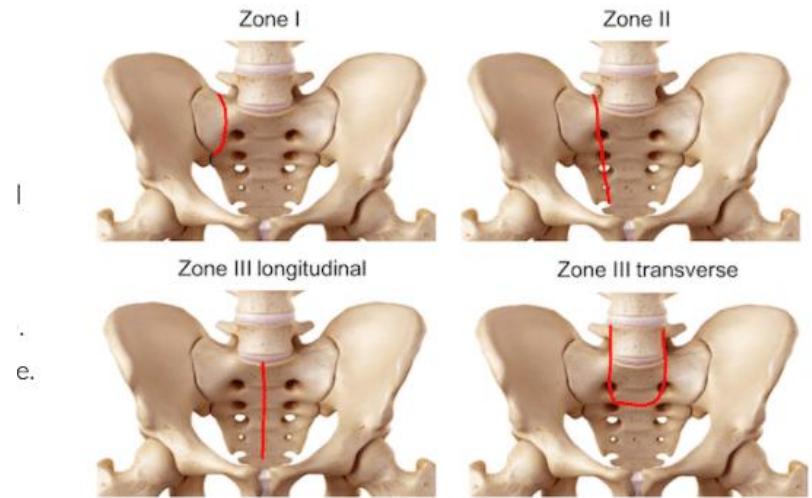


- Diagnostic imaging
  - Radiographs
  - Ultrasound
  - MRI



# Sacral stress reaction/Coccydynia pain

- Occurrence
- Clinical presentation



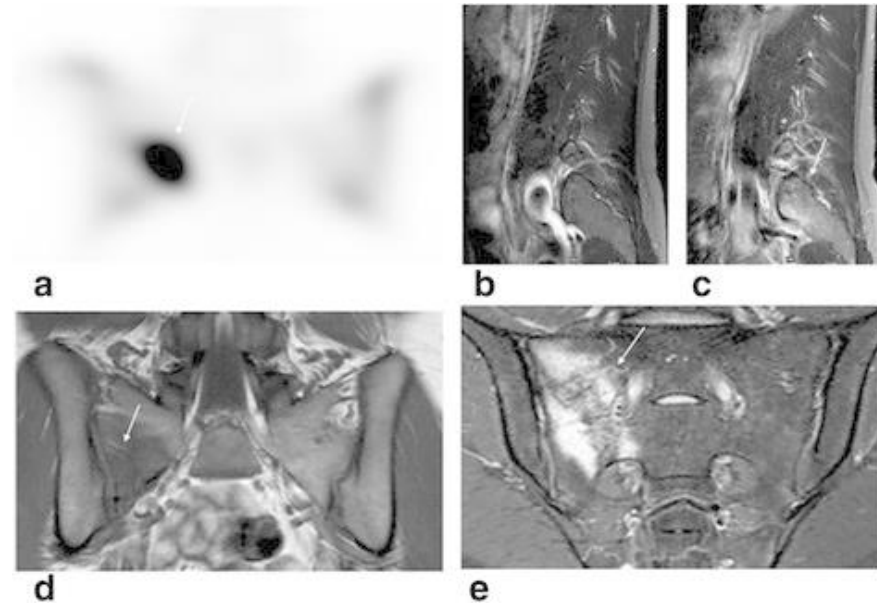
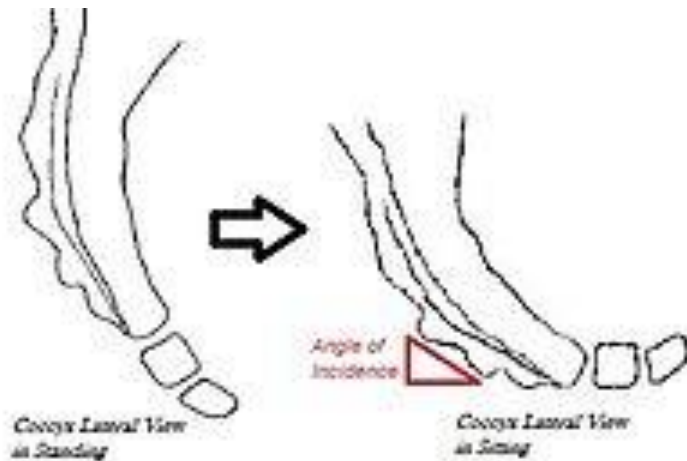
Sacral fractures are categorised in relation to the anatomical area where they occur





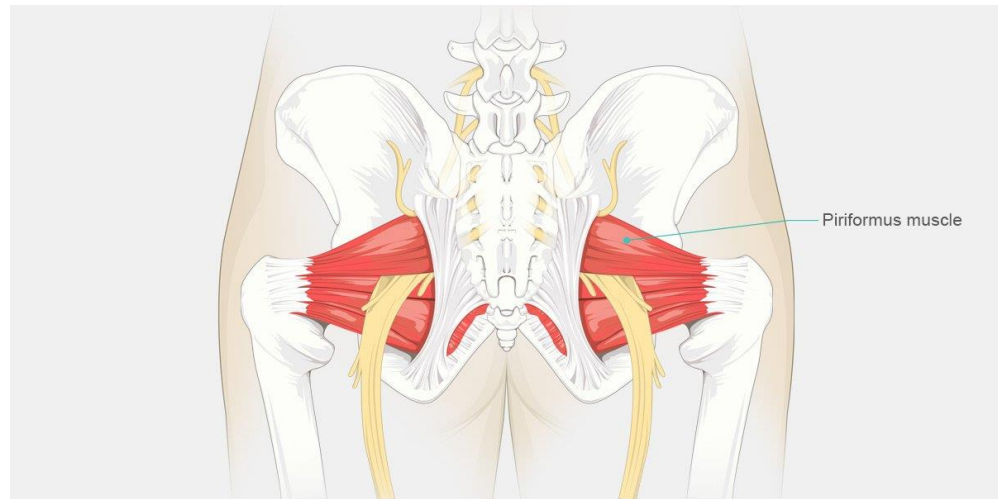
# Sacral stress reaction/Coccydynia pain

- Diagnostic imaging
- Treatment approach



# Piriformis Syndrome

- Does it exist?
- Concomitant pathology
- Clinical exam findings
- Imaging?



# Piriformis Syndrome

- Conservative treatment

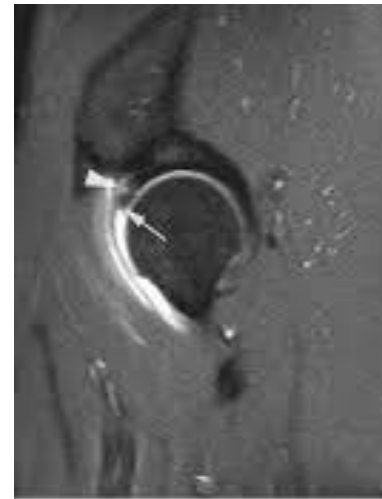


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# Hip labral pathology

- Internal vs. external hip pathology
- Clinical exam
- Diagnostic imaging and % of false positives



# Hip labral pathology

- Conservative vs. surgical interventions
- Prognosis

