

More than just growing pains-Apophyseal Injuries

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Disclosures

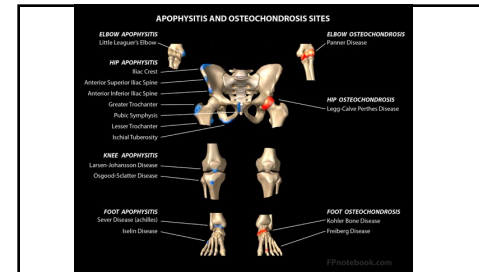
- I have no financial disclosures
- I will not talk about any off label use of medications or medical devices

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What is an apophyseal injury

- Growth center
- Attachment site of muscle or tendon
- may sites through out the body
- Fuse at different rates
- Can become avulsed or have chronic, repetitive injuries
- Injuries do not often cause long lasting problems (not a site of long bone growth)
- More common in periods of growth
- Physeal plate is the weak spot in the kinetic chain

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Lower extremity Apophysis locations

Apophysis Location	Muscular/Tendon Attachment	Name of Apophysis
Iliac Crest ^{1,2}	Transverse Oblique Insertion	Iliac Crest Apophysis
Anterior Inferior Iliac Spine ¹	Rectus Femoris Origin	
Anterior Superior Iliac Spine ^{1,2}	Sartorius Origin	
Iliac Tuberosity ^{1,2,3}	Hamstring Origin	
Lesser Trochanter-Femur ¹	Psoas Insertion	
Greater Trochanter ^{1,2}	Gluteus Medius Insertion	
Proximal Patella ²	Quadriceps Tendon	
Distal Patella ^{1,2}	Patellar Tendon	Sinding Larsen-Johansson Syndrome
Tibial Tuberosity ^{1,2,3,4}	Patellar Tendon	Osgood-Schlatter Disease
Calcaneus ^{1,2}	Achilles tendon insertion	Sever Disease
5 th Metatarsal ^{1,2}	Peroneal Insertion	Ishlin Disease

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5th Metatarsal apophysitis-Ishlin's

- Peroneal tendon insertion on 5th metatarsal
- Onset: Ages 8-13
- Diagnosis: pain over 5th metatarsal, +/- swelling, pain with resisted movement (P/D/E/I)
- Treatment: hard sole shoes, activity modification, ice
- DDx: 5th metatarsal fracture, peroneal tendonitis



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Calcaneal Apophysitis-Sever's

- Achilles tendon inserting on the calcaneus
- Onset: around age 9 in Girls, 11 in boys
- Diagnosis: pain over the posterior calcaneus, sometimes swelling
- Treatment: Shoe modification-no cleats except at games, heel cups or heel lift in shoes, Ice after activity, Achilles stretching
- Differential diagnosis: osteomyelitis or infection, tumor or Achilles tendonitis (less common)



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Sinding Larsen Johansson's

- Patellar insertion on the inferior patella
- Onset: 10-13
- Diagnosis: Pain over inferior pole of patella
- Treatment: Activity modification, Ice after activity, Posterior chain strengthening and stretching, patellar strap?
- Differential diagnosis: OSD, OCD, patellar sleeve fracture, patellar tendonitis, osteomyelitis or infection, tumor (less common)



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Osgood Schlatter

- Patellar Tendon attachment to the Tibial Tubercle
- Onset: F 8-13, M 10-15
- Diagnosis: pain over anterior knee, some with swelling, worse with activity
- Treatment: activity modification, protective pad for activities with direct trauma, posterior chain strengthening, ice after activity
- DDX: SLJ, Tibial Plateau Avulsion Fracture, OCD, Bursitis, Hoffa's disease, infection



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Medial epicondyle-Little League Elbow

- Medial epicondyle of elbow
- Attachment: pronator teres, Ulnar collateral ligament and common flexor tendon
- Symptoms: pain over the medial epicondyle, minimal swelling, pain with resisted flexion, pain with valgus stress
- Treatment: rest, slow return to activity once pain free, PT often helpful
- Prevention: follow pitch counts, good warm up, avoid pitcher-catcher combo

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Little League Elbow Imaging



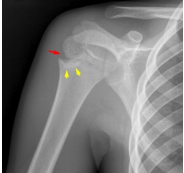
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Proximal Humerus-Little League Shoulder

- Onset 11-18 (can be up to 21)
- Symptoms: pain at the proximal humerus, worse with throwing overhand
- Imaging: x-ray may show widening at the growth plate
- Treatment: Absolute rest, slow return to throw, Physical therapy
- DDX: Fracture, bicep strain, rotator cuff tendinopathy
- Prevention: pitch counts, posterior chain strengthening

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Little League shoulder



Widening of the growth plate
Sclerosis and fragmentation of the adjoining bone

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To Image or Not to Image

- For classic cases, I often do not image
- If there is any concerning symptoms
 - Warmth, fevers, pain at night, significant swelling, no in the usual age range, significant injury
- If you are unsure of diagnosis

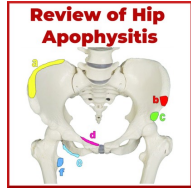
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Less Common Apophysitis

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Hip

- Multiple attachment sites
 - Iliac Crest- Abdominal muscles (A)
 - ASIS-Sartorius, Tensor Fasciae latae (B)
 - AHS- Rectus Femoris (C)
 - Ischial Tuberosity-Hamstring (E)
 - Lesser Trochanter- psoas (F)
 - Greater Trochanter- Gluteus Medius
 - Pubic Symphysis-rectus abdominus (D)



Review of Hip Apophysitis

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Hip Apophysitis

- Mechanism-running, kicking, dancing
- Onset: 12-18
- Exam: tenderness over the attachment site, usually minimal/no swelling
- Treatment: relative rest, NSAIDs
- DDX: Avulsion fracture, muscle strain

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Spine

- Spinous Process
- Symptoms- middle of the back pain, worse with extension, tender along the spinous process
- More common in extension based sports (gymnastics, dance), poor physical conditioning and exaggerated lordosis at baseline
- Attachment for Multifidus, interspinalis, erector spinae, rotatores
- DDX: spondylolysis, muscle strain

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Osteonecrosis at Growth Plate

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Freiberg's Disease

- Avascular necrosis of the 2nd metatarsal head
 - Rarely the little toe
- 5:1 female:male, age 13-18
- Symptoms: pain over metatarsal head, worse with walking
- Weightbearing x-rays: deformation, sclerosis flattening of metatarsal head
 - Can take 3-6 weeks for imaging to show abnormality
- MRI can be helpful early on
- Treatment: NSAIDs, walking boot, metatarsal pad
- Occasionally surgical treatment indicated for loose body or deformed metatarsal head



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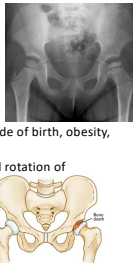
Kohler



- Avascular necrosis of navicular
- Age less than 10
- Symptoms: midfoot tenderness and swelling, antalgic gait
- X-ray shows flattening sclerosis and fragmentation of navicular
- Treatment: rest, ice and immobilization in boot for 6 weeks
- Can take 1-3 years to resolve

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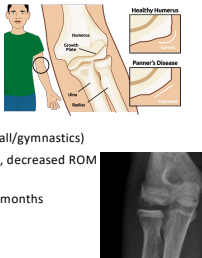
Legg-Calve-Perthes



- Avascular necrosis of the femoral head
- Incidence: 10.8:100000, ages 4-8
- 5:1 male:female
- Risk factors: short stature, hyperactivity, low latitude of birth, obesity, low birthweight and smoke exposure
- Symptoms: groin pain, referred knee pain, internal rotation of affected leg
- Imaging: pelvis x-ray with frog leg,
 - can confirm with MRI
- Treatment: rest, offloading joint

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Panner



- Capitellum of elbow
- Childrens under 10 years old
- 90% male
- Repetitive valgus or axial stress (baseball/gymnastics)
- Symptoms: lateral elbow pain, stiffness, decreased ROM
- Imaging: MRI
- Treatment: NSAIDS, rest, monitor for 6 months

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Reference

- Images
 - Radiopedia
 - Ortho Bullets

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