Sport Case Scenario

Moaath alamir
Assistant professor of orthopedic surgery
consultant of sport medicine & arthroscopy and upper extremity

maalamir@imamu.edu.sa
Twitter: @moaathalamir

Objectives

- How to approach a case.
- Taking history keys.
- Performing specific examination.
- Requesting specific investigation.
- Reaching a diagnosis
- What specific treatment to request.

Case Study 1

- A 23 year old male complains of pain in the right knee.

History

Acute injury history
- Mechanism of injury: twisting injury
- History key: Patient heard a pop in his knee
- can not bare weight on the knee and can’t continue to play
- swelling, bruising and subtle sign of effusion in the knee

Chronic injury history
- History of giving away

Level of activity or occupation
- Plays soccer very often

Examination

Positive findings

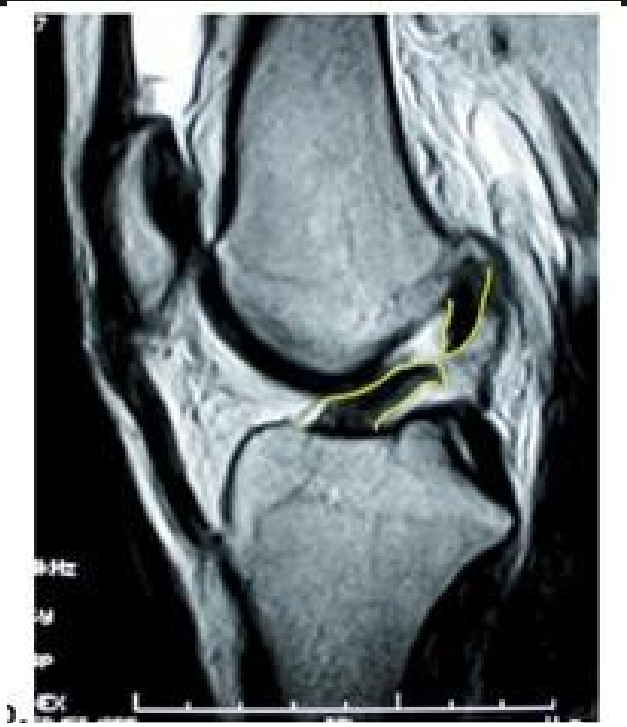
- No swelling & no tenderness
- ROM is full

Special tests

- Lachman Test was performed with a positive result
- Anterior drawer test positive
- Pivot shift test positive

Images

What is your finding?



Treatment

Operative

- ACL reconstruction if failed physiotherapy and still complaining or high level of activity life style

Case Study 2

- A 31 year old male complains of pain in the left knee for 4 weeks.

History

- Mechanism of injury: twisting injury after stepping in hole
- Painful with walking
- Patient is not able to fully flex knee

- Key history of locking & clicking

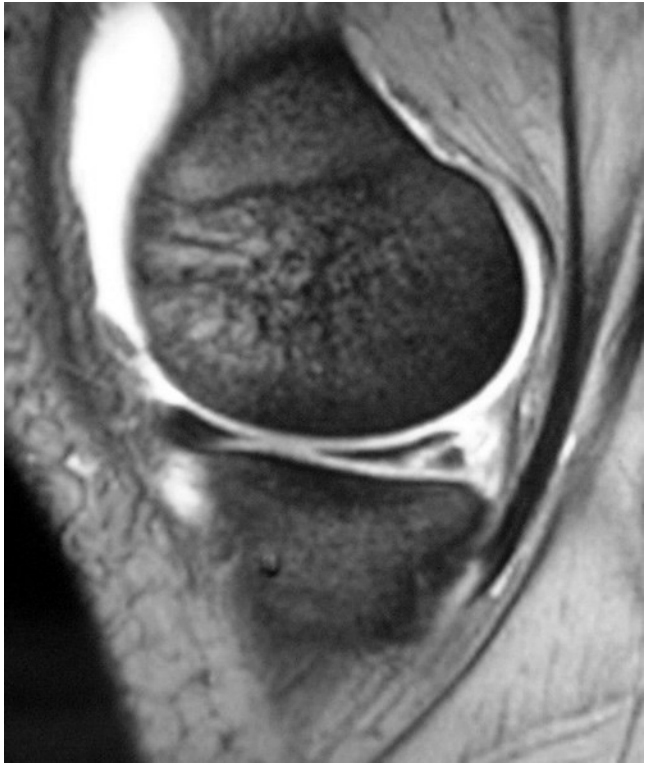
Exam

Local exam
- No swelling
- Joint line tenderness medialy
- ROM limited flexion

Special tests:
- Mcmurry’s test positive
- Lachman Test was negative
- Anterior drawer test negative
- Pivot shift test negative

Images

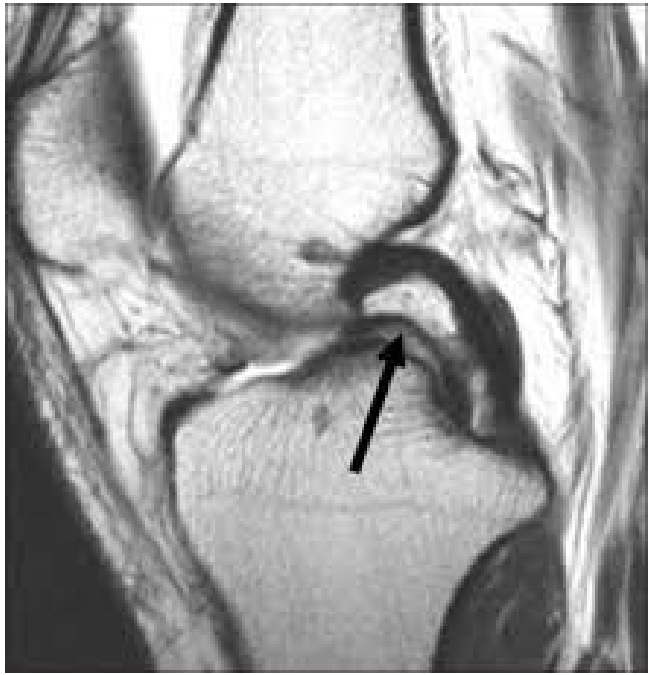
What is your finding?



Treatment

- Physical therapy for strengthening
- If failed then do diagnostic arthroscope
- meniscal repair v.s. meniscectomy
  depending on type of tear and zone location of tear

- What is the diagnosis?
- What is the sign called?
- What is the treatment?



Case Study 3

- A 29 year old male k/c of seizure presented in ER complains of left shoulder pain for 2 weeks.

History

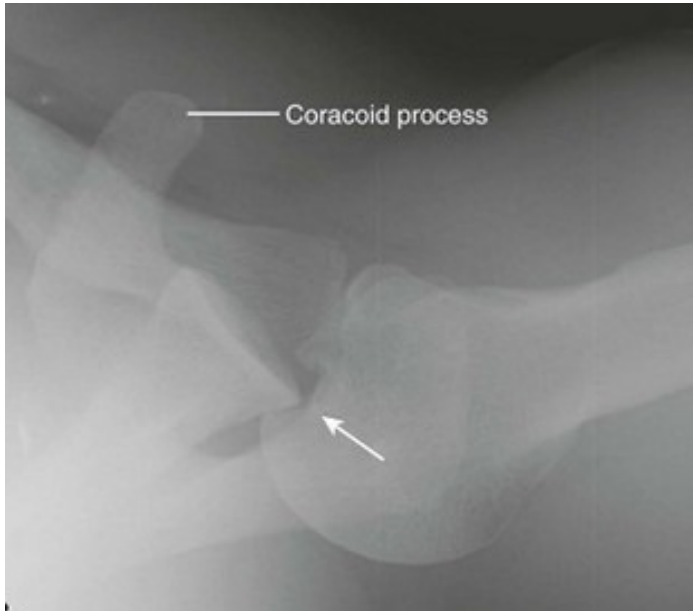
Mechanism of injury: proceeded by seizure and not compliant to medication
Treated only with sling in ER
Still painful
Still can’t move his shoulder after 2 weeks

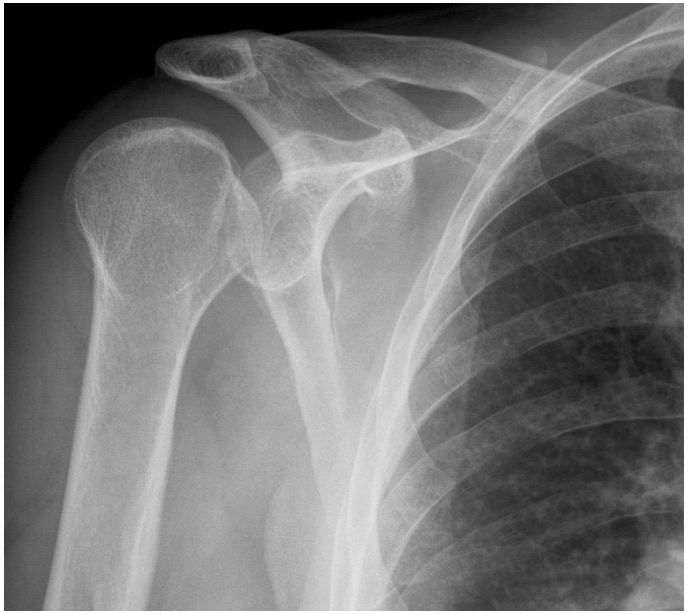
Exam

Asymmetry of shoulders

Shoulder is locked in internal rotation
ROM: limited external rotation

Images

- 



Treatment

Less than 2 weeks
- reduction
- sling
- Physical therapy

More than 2 weeks
- Operative

Don’t forget to control his epilepsy to prevent redislocation.

Case Study 4

- A 35 year old male presented in clinic complaining of left shoulder pain and instability.

History

History of recurrent dislocation
Treated with reductions and physiotherapy
Physiotherapy didn’t work with him

Exam

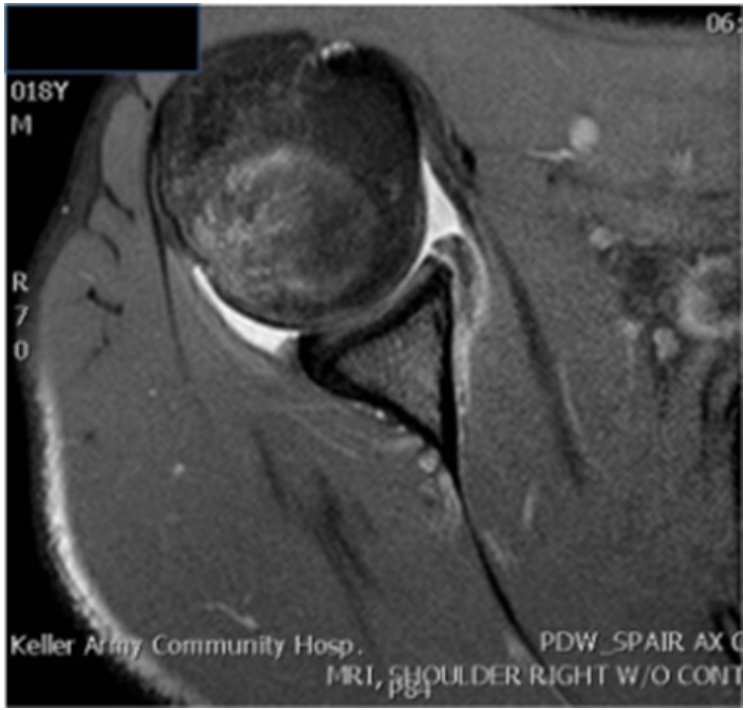
Symmetrical shoulders
ROM is good

Apprehension test is positive

Images

- What are the two findings in recurrent shoulder dislocation?

- What do you see?



Treatment

- Bankart repair

Case Study 5

- A 55 year old lady presented in clinic complaining of right shoulder pain.

History

No Hx of trauma.
Pain at night .
Can’t raise her hand above head and get worse with time.
The other shoulder is less severe.

Treated with physiotherapy but failed.

Exam

Symmetrical shoulders
Atrophy of shoulder muscles
Tenderness at GT

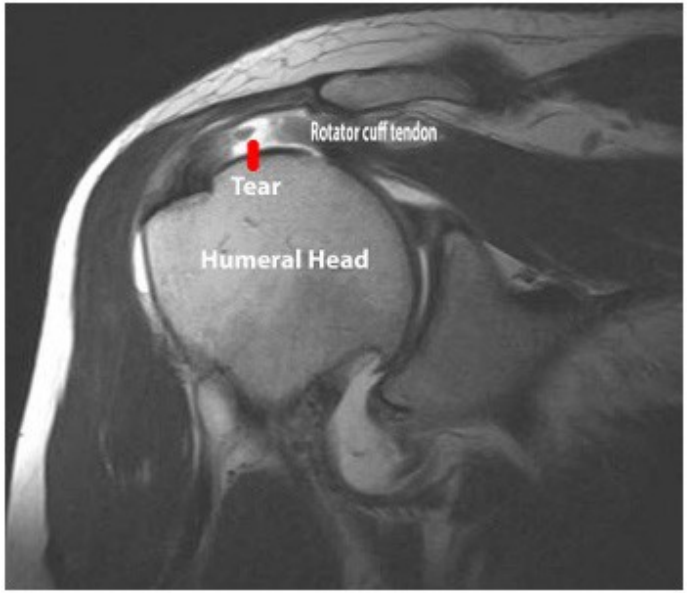
ROM: limited abduction

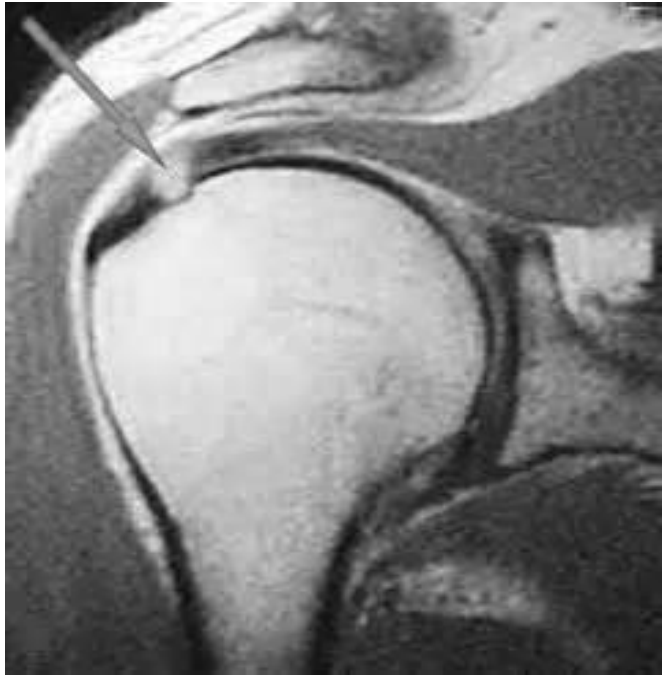
Week abduction & external rotation

Neer’s test positive
Hawkin’s test positive

Images

- What do you see?





Treatment

- Since physiotherapy had failed and the patient has complete tear of rotator cuff muscles.
- Arthroscopic rotator cuff repair is recommended

Thank You & Good Luck