ValleyHealth
Rehabilitation

Red Flags

Red flags are signs and symptoms that are calling out for attention. Pain is not normal. Many of these conditions can be prevented, or treated in a short time with limited time “off the field”, but they will NOT improve “on their own”. Putting off diagnosis and treatment will not only prolong the time it takes to heal and return to maximum performance, but often it can lead to even worse injuries, some requiring surgery or prolonged rest.

All of these conditions can be diagnosed and treated by a Physical Therapist. To start PT request a prescription to PT from your physician then call and make an appointment.

Here are some common athletic related injuries and diagnoses. *All information has been taken from APTA (American Physical Therapy Association) website.
https://www.moveforwardpt.com/SymptomsConditions.aspx

There are synopses of each condition with links to further information from the webpage specific to that condition.

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Achilles Tendinopathy

An Achilles tendon injury (tendinopathy) is one of the most common causes of pain felt behind the heel and up the back of the ankle when walking or running. While Achilles tendinopathy affects both active and inactive individuals, it is most common in active individuals; 24% of athletes develop the condition. Males experience 89% of all Achilles tendon injuries, and an estimated 50% of runners will experience Achilles pain in their running careers. In all individuals, Achilles tendinopathy can result in a limited ability to walk, climb stairs, or participate in recreational activities.

How Does it Feel?

With Achilles tendinopathy, you may experience:

- Tenderness in the heel or higher up in the Achilles tendon
- Tightness in the ankle
- Tightness in the calf
- Swelling in the back of the ankle
- Pain in the back of the heel
- Pain and stiffness with walking, worst with the first several steps

Biceps Tendonitis

Biceps tendinitis is a common cause of shoulder pain, often developing in people who perform repetitive, overhead movements (swimmers, weight lifters). Biceps tendinitis develops over time, with pain located at the front of the shoulder, and usually worsens with continued activity. When treating biceps tendinitis, physical therapists work to determine the exact source of the pain by assessing the entire shoulder, and typically prescribe a program of activity modification, stretching, and strengthening to resolve pain and return individuals to their desired activities.

How Does it Feel?

With biceps tendinitis, you may experience:

- Sharp pain in the front of your shoulder when you reach overhead
- Tenderness to touch at the front of your shoulder
- Pain that may radiate toward the neck or down the front of the arm
- Dull, achy pain at the front of the shoulder, especially following activity
- Weakness felt around the shoulder joint, usually experienced when lifting or carrying objects or reaching overhead
- A sensation of "catching" or "clicking" in the front of the shoulder with movement
- Pain when throwing a ball
- Difficulty with daily activities, such as reaching behind your back to tuck in your shirt, or putting dishes away in an overhead cabinet

Iliotibial Band Syndrome (ITBS)

Signs and symptoms with ITBS, you may experience:

- Stabbing or stinging pain along the outside of the knee
- A feeling of the ITB “snapping” over the knee as it bends and straightens
- Swelling near the outside of your knee
- Occasionally, tightness and pain at the outside of the hip
- Continuous pain following activity, particularly with walking, climbing, or descending stairs, or moving from a sitting to standing position

Pain is usually most intense when either the knee is in a slightly bent position, right before or right after the foot strikes the ground. This is the point where the ITB rubs the most over the femur.

Athletes that are affected the most: runners, cycle sports, rowers, or any endurance sport requiring repetitive knee flexion. It can also surface in people that start a new sport or training routine without proper preparation.

Osgood Schlatter’s Disease

Osgood-Schlatter disease occurs when there is irritation to the top, front portion of the shinbone (tibia) where the tendon attached to the kneecap (patella) meets the shinbone. It occurs when there is an increased amount of stress placed upon the bones where the tendons attach. This is most often the result of increased activity levels by an adolescent athlete.

How Does it Feel?

With Osgood-Schlatter, you may experience:

- Gradually worsening pain below your knee, at the top of the shinbone.
- Pain that worsens with exercise.
- Swelling and tenderness at the top of the shin.
- A boney growth at the top of the shin.
- Loss of strength in the quadriceps muscle (connecting the hip to the knee).
- Increased tightness in the quadriceps muscle.
- Loss of knee motion.
- Discomfort with daily activities that use your knee, like kneeling, squatting, or walking up and down stairs.

** Best treated early! If left untreated it can result in an avulsion fracture of the tibial tubercle.

Pes Planus and Pronation (Flat Feet)

Flat feet can be a benign condition that you are born with that never causes any pain, or it can lead to foot, ankle, and knee pain, shin splints, and or stress fractures. Runners or athletes in sports requiring a lot of running often develop other injuries related to improper footwear/ support. A physical therapist is uniquely qualified to recommend specialty shoes or the need for custom made orthotics to prevent injury and provide the proper support for your foot.

How does it feel?

- Foot, ankle, or knee pain after running or increased daily activity
- *Children should not have foot pain, please consider getting them checked by a Physical therapist if they are reporting pain after activity

Pitcher’s elbow/ Golfer’s elbow/ Medial Apophysitis

Medial apophysitis, or golfer’s / pitcher's elbow, is a condition that occurs as a result of an injury or irritation to the inside of the elbow, commonly affecting young athletes. It often is classified as an "overuse syndrome" in baseball or softball players in the developmental stages of rapid growth (approximately 11 to 15 years of age). Pitcher’s elbow can be identified and effectively treated by a physical therapist.

This results in the athlete being unable to throw with speed and accuracy at their normal volume. Pitcher's elbow can start as soreness, but if not diagnosed and treated early on, can progress to more serious injuries, such as tearing of the ligaments or fracture of the bone(s) of the joint

How Does it Feel?

With pitcher's elbow, you may experience:

- Gradually worsening pain at the inside of your elbow when throwing a ball.
- Lingering soreness at the inside of your elbow following throwing activities.
- Swelling and tenderness around the inside area of the elbow area.
- Inability to throw the ball at your normal speed.
- Loss of grip strength.
- Loss of accuracy or distance when throwing.
- Muscle cramping in your forearm.
- Loss of motion of your elbow.
- Discomfort with daily activities that use your forearm muscles, like turning a doorknob or carrying a heavy object in front of you.

Shin Splints

Medial tibial stress syndrome (MTSS) is a condition that causes pain on the inside of the shin (the front part of the leg between the knee and ankle). MTSS is commonly referred to as shin splits due to the location of pain over the shinbone. MTSS is one of the most common athletic injuries. It affects both the muscle on the inside of the shin and the bone to which it attaches. MTSS may affect up to 35% of athletes who run and jump, such as distance runners, sprinters, basketball or tennis players, or gymnasts. Military personnel, dancers, and other active people can also develop MTSS. A physical therapist can help you recover from MTSS and teach you exercises and tactics to prevent re-injury.

How Does it Feel?

You may have MTSS if you feel pain in the middle or bottom third of the inside of the shin. The pain may be sharp when you touch the tender area, or occur as an ache during or after exercise. When MTSS is developing, the pain may be present during the beginning of exercise and less noticeable as exercise progresses. Over time, the condition can worsen and pain may be felt throughout any exercise regimen, and it also may continue after exercise. *Best treated early. If left untreated it can worsen and lead to stress fractures.

Shoulder Impingement (Swimmers, Throwers, Weight lifters, Racquet Sports)

Shoulder impingement syndrome occurs as the result of chronic and repetitive compression or "impingement" of the rotator-cuff tendons in the shoulder, causing pain and movement problems. It can also be caused by an injury to the shoulder. People who perform repetitive or overhead arm movements, such as manual laborers or athletes who raise their arms repeatedly overhead (i.e., weightlifters and baseball pitchers), are most at risk for developing a shoulder impingement. Poor posture can also contribute to its development. If left untreated, a shoulder impingement can lead to more serious conditions, such as a rotator cuff tear. Physical therapists can help decrease pain, and improve shoulder motion and strength in people with shoulder impingements.

How Does it Feel?

Individuals with shoulder impingement may experience:

- Restriction in shoulder motion with associated weakness in movement patterns, such as reaching overhead, behind the body, or out to the side.
- Pain in the shoulder when moving the arm overhead, out to the side, and beside the body.
- Pain and discomfort when attempting to sleep on the involved side.
- Pain with throwing motions and other dynamic movement patterns

Snapping Hip

Snapping hip syndrome refers to a snapping or popping sensation that occurs in the side, front/groin region, or back of the hip (i.e., the “sit bone”) when you forcefully lift, lower, or swing your leg. Snapping hip makes it more difficult to perform activities such as lifting, kicking, or twisting your leg, getting up from a chair, walking, running, or cycling.

Although the condition most often affects dancers and athletes, a snapping hip can occur in anyone performing forceful leg movements. Incidence may be higher in dancers, and athletes such as soccer players, weight lifters, and runners.

Snapping hip syndrome can occur when the hip muscles are excessively used and become fatigued, tight, and/or swollen. Athletic activities like track and field, soccer, weight lifting, horseback riding, cycling, gymnastics, and dance can trigger the condition. It also can occur during everyday activities that require repeated lifting or rotating of the leg outward.

How Does it Feel?

Snapping hip syndrome causes a snapping sensation and sound that can be felt in the front, the side, or the back of the hip. Often, the snapping can be pain free. If it causes pain, the pain usually ceases when the leg movement causing the snapping is stopped. The sensation is often experienced when an individual is required to use their hip to change positions. In athletes and dancers, the snapping can be accompanied by weakness and may diminish performance.

The snapping is most commonly felt when kicking the leg forward or to the side, when bringing the leg behind the body, when rising from a chair, or when rotating the body or the leg.

Often, walking and running in a straight line are snap free and pain free, although in some people, these activities are limited by the pain of the structure that is snapping

Spondylolysis and Spondylolesthesis

Spondylolysis and Spondylolesthesis (spon-dee-low-lye-sis) is a stress fracture of a section of the lumbar spine, most frequently the fifth vertebrae. The injury can occur on the left, the right, or both sides of the vertebrae. **Spondylolysis occurs in up to 11.5% of the general population in the United States, and is most frequently seen in young males.** Spondylolysis is a common cause of low back pain experienced in late childhood and adolescence. Highly active teens, both boys and girls who engage in activities that require lifting heavy loads, repeated backward bending of the back, or twisting of the trunk, are most at risk for spondylolysis, including athletes participating in activities like football, hockey, gymnastics, or dance. **Only a small percentage of cases of spondylolysis require surgery, and 85% to 90% of young patients recover in 3 to 6 months with proper treatment.**

Spondylolisthesis (spon-dee-low-lis-thee-sis) describes the forward slippage of a vertebrae over the vertebrae beneath it. Because the mechanism of injury, age of the patient, symptoms, and treatment are similar for both conditions, spondylolysis and spondylolesthesis are often described together.

Early detection and proper diagnosis of these conditions is important because return to sport or an active lifestyle can occur within 3 to 6 months with early diagnosis. With prolonged symptoms and a delayed diagnosis, healing may take up to a year.

- Spondylolysis and spondylolisthesis need to be ruled out in a young athlete who is experiencing low back pain for more than a few weeks. Active young athletes who participate in sports, such as football, hockey, gymnastics, and dance are at the greatest risk of developing the conditions, especially while growing.

Signs and Symptoms

Spondylolysis may be present if you are experiencing:

- Low back pain with or without buttock or leg pain (If leg pain is present, it radiates into the thigh, but generally not below the knee.)
- Muscle spasms in your low back, buttocks, and thighs
- Difficulty or pain with walking or prolonged standing
- Symptoms that are relieved by sitting, slouching, or bending forward
- Pain with sports or manual labor
- Pain with bending backwards, twisting the spine, or with throwing
- Decreased flexibility of the leg muscles

Tennis Elbow/ Lateral Epicondylitis

Most people who get tennis elbow *don't* play tennis! In fact, less than 5% of all cases of tennis elbow occur in people who play tennis. Tennis elbow can happen to anyone who repeatedly uses their elbow, wrist, and hand for their job, sport, or hobby. Tennis elbow is a painful condition caused by overuse of the "extensor" muscles in your arm and forearm, particularly where the tendons attach to rounded projections of bone (epicondyles) on the outside or lateral aspect of the elbow. The muscles you use to grip, twist, and carry objects with your hand all attach to the "lateral epicondyle" at the elbow. That is why a movement of the wrist or hand can actually cause pain in the elbow.

Signs and Symptoms

Symptoms of tennis elbow can occur suddenly as a result of excessive use of the wrist and hand for activities that require force, such as lifting, twisting, or pulling. Forceful activities—like pulling strongly on a lawn mower starter cord—can injure the extensor muscle fibers and lead to a sudden onset of tennis elbow.

More commonly, though, symptoms of tennis elbow develop gradually over a period of weeks or months as a result of repeated or forceful use of the wrist, hand, and elbow. If you work as a grocery store cashier, you might have symptoms of tennis elbow as a result of repetitive (and often too forceful) typing—combined with continuous lifting of grocery bags.

Your symptoms may include:

- Pain that radiates into your forearm and wrist
- Difficulty doing common tasks, such as turning a doorknob or holding a coffee cup
- Difficulty with gripping activities
- Increased pain when you use your wrist and hand for lifting objects, opening a jar, or gripping something tightly, such as a knife and fork
- Stiffness in the elbow
- Weakness in the forearm, wrist, or hand

Turf Toe

Turf toe injury is an injury to the main joint of the big toe. The formal medical name for the condition is metatarsophalangeal (MTP) joint sprain. This injury occurs when the big toe is forced into extreme positions of hyperextension (where the toe moves back toward the top of the foot past its normal range of motion). It occurs primarily in athletic environments, particularly in football, such as when an athlete pushes off to sprint or is tackled with the front of the foot fixed and jammed into the ground, causing the toe to get stuck or caught in a hyperextended position. In most circumstances, a turf toe injury does not require surgery and can be treated effectively by a physical therapist.

How Does it Feel?

The most common symptoms associated with a turf toe injury are:

- Localized pain at the MTP joint (big knuckle of big toe)
- Feeling a "pop" at or around the MTP joint at the time of the injury
- Swelling
- Bruising
- Tenderness to touch
- Cramping in the arch of the foot
- In more severe injuries, a disfiguring of the MTP joint (as in a dislocation)