E-Poster

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The Role of Physical Medicine in the Management of Osgood-Schlatter Disease: A Case Report

Topic: Health Conditions (Nervous System, Musculoskeletal System, Cardiopulmonary System)

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BACKGROUND

Osgood-Schlatter disease (OSD) is a common osteochondrosis affecting adolescents, characterized by traction apophysitis of the tibial tubercle at the insertion site of the patellar tendon. This condition typically arises during periods of rapid growth, particularly in physically active individuals, due to repetitive stress on the developing skeleton. While the disease is generally self-limiting, it can lead to significant functional impairment, including reduced range of motion, muscle weakness, and activity limitations. Early and targeted interventions through physical medicine and rehabilitation are crucial to mitigate symptoms, prevent long-term complications, and promote functional recovery.

CASE DESCRIPTION

A 14-year-old male patient presented with left knee pain and stiffness, particularly during flexion, following increased physical activity. Clinical examination revealed tenderness and swelling at the tibial tubercle, with limited range of motion (ROM) in the left knee. Passive and active flexion was painful, with a Visual Analog Scale (VAS) pain score of 7/10. Imaging confirmed the diagnosis of OSD, showing fragmentation of the tibial tubercle. The rehabilitation program focused on pain relief, stretching, strengthening, and gradual mobilization to restore function. Activity modification was also recommended to reduce knee stress.

After six weeks of structured rehabilitation, the patient reported significant pain reduction (VAS score: 2/10) and improved knee flexion ROM. Swelling at the tibial tubercle subsided, and the patient was able to resume light physical activities without discomfort.

DISCUSSION

Osgood-Schlatter disease is a self-limiting condition, but without proper management, it can lead to chronic pain and functional limitations. Physical medicine interventions, including stretching, strengthening, and activity modification, play a crucial role in alleviating symptoms and promoting recovery. Early rehabilitation helps prevent complications such as persistent stiffness or tendon avulsion.

CONCLUSION

Physical medicine is vital in the management of OSD, particularly in adolescents with functional limitations such as knee stiffness. A tailored rehabilitation program focusing on pain relief, ROM improvement, and gradual return to activity ensures optimal recovery and prevents long-term sequelae.

Statement of Disclosures

None

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