OSGOOD-SCHLATTER DISEASE

A Painful, But Temporary Condition...Usually

Osgood-Schlatter Disease is the most frequent cause of knee pain in children. Children should be encouraged to engage in an active lifestyle. During growth spurts, bones, muscles, tendons and other body structures are changing rapidly and physical activity can put additional stress on bones and muscles, thus increasing a child’s risk for Osgood-Schlatter Disease (OSD).

Please share this guide with your patients as a brief summary of what OSD is, how it can be treated and the potential long-term effects.

01 | Defining OSD
Osgood-Schlatter Disease is a disorder that causes painful inflammation of the lower front knee, where the large tendon attaches to the lower portion of the kneecap and to the tibia. Stress on the bone due to tendon pulling during physical activity, especially running, jumping and swift changes of direction, lead to OSD.

02 | Signs
The most common sign of OSD is a painful lump below the kneecap. Additionally, examine your child’s knee for swelling, and take note of any complaints of knee pain after physical exertion.

03 | Diagnosis & Treatment
If your child’s knee pain does not resolve within a short period of time, a doctor’s visit should be scheduled. The physician will examine the knee, including applying pressure to the area of the knee where the swelling and/or lump appears (tibial tubercle). If further evaluation is needed an x-ray may also be recommended.

Treatment focuses on pain reduction and usually includes the RICE method:

- **Ice**: Apply an ice pack 10-20 minutes, 3 or more times each day.
- **Compression**: Wrapping the injured or sore area with an elastic bandage will help decrease swelling.
- **Elevation**: Elevate the injured or sore area at or above heart level on pillows while applying ice.

The physician may also recommend stretching exercises and pain medication. In most cases, the condition resolves on its own, once the bones stop growing.

04 | When OSD Doesn’t Go Away
In rare instances, the condition does not resolve and continues into adulthood. These patients will have lingering pain and discomfort, along with the lump below the kneecap. Your medical provider may recommend additional treatment options, including surgical removal of the raised area of the tibial tuberosity along with any bone fragments.

In conclusion, keeping our children active is important! But if your child is complains of knee pain, check for symptoms of OSD and schedule an appointment with a doctor.

For additional information, please visit:
http://orthoinfo.aaos.org/topic.cfm?topic=a00411

References
http://kidshealth.org/parent/general/aches/osgood.html#
http://www.orthopediatrics.com/docs/Guides/osgood_schlatter.html

Did You Know? Athletic children ages 10-15 are most at risk