

Sports Medicine

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This is what I do.....







Sports Medicine Is:

- Caring for people of all ages and all levels of activity and expertise
- Returning people to sport, work, or lifestyle as quickly and as safely as possible after injury or illness
- Promoting fitness and wellness, and encouraging illness and injury prevention



Universal Sports Medicine Principles

- Restore function
- Maximize function
- Preserve function





What types of patients we see

- 10 year old with knee pain
- 15 year old runner with shin pain
- 21 year old college student playing intramural soccer with hamstring pain
- 39 year old retired minor league baseball player with shoulder pain
- 40 year old weekend warrior with foot pain
- 45 year old surfer and architect with elbow pain
- 50 year old construction worker with knee pain
- 60 year old female who competes in dragon boat races with hip pain
- 73 year old grandmother who wants to keep up with her grand children





Services Provided

- Health promotion
- Disease and injury prevention
- Musculoskeletal evaluation
- Treatment planning
- Return to play decision making
- Exercise prescription



My Journey

- Completed Undergraduate with a BS in Heath Science
- Worked 5 years as a Certified Athletic Trainer
- Attended Medical School
- Residency at ChristianaCare in Family Medicine
- Fellowship at South Bend
- Career





Case: Knee Pain

- While covering a college basketball game, an 18 year-old female injured her knee
- Running, then planted her foot and pivoted to change direction
- She fell, feeling a "pop", though was able to hobble off the court





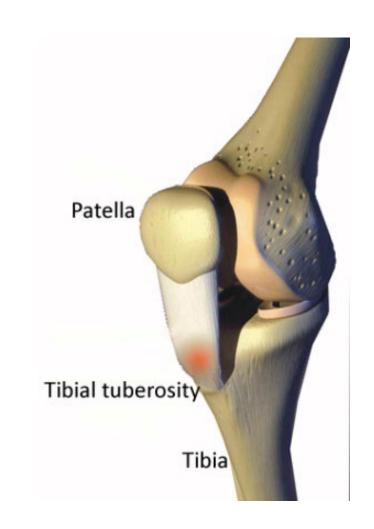


Anatomy

- Anterior
 - Patella
 - Patella Tendon
- Posterior
 - Gastrocnemius
 - Popliteal vessels



- Medial collateral ligament
- Medial meniscus
- Lateral
 - Lateral collateral ligament
 - Lateral meniscus

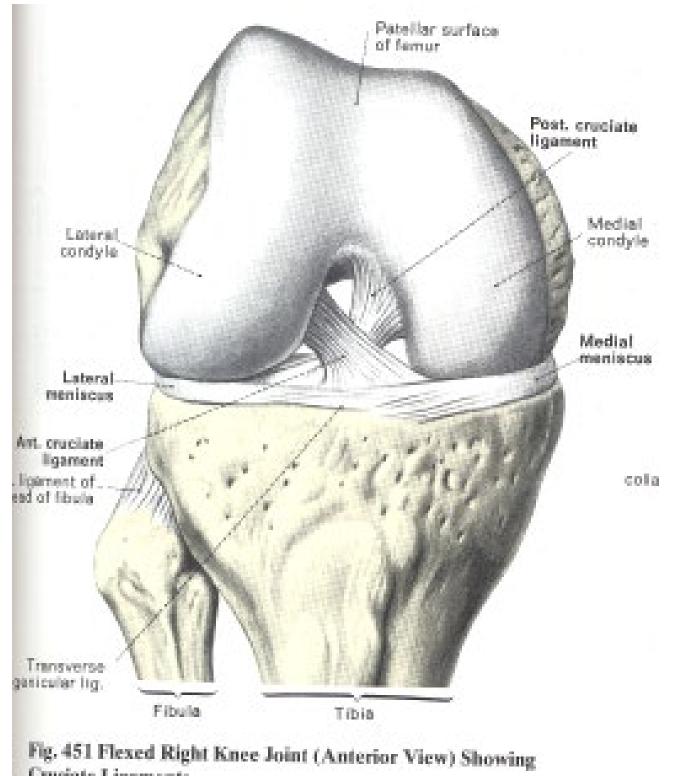






Anatomy

- Ligaments
 - Anterior cruciate ligament
 - Posterior cruciate ligament
 - Medial collateral ligament
 - Lateral collateral ligament
- Cartilage
 - Menisci
 - Articular



Cruciate Ligaments





Sideline evaluation

- She had moderate pain and was not able to return to the game
- By the time she got home 20-30 minutes later, the knee had significantly swelled
- She rested the knee and apply ice



In the office the next day

- Time for a much more detailed history
 - Present injury
 - Previous history
- Full physical exam
 - Knee exam
 - Gait analysis

- Diagnostic testing
 - Imaging studies
 - Procedures





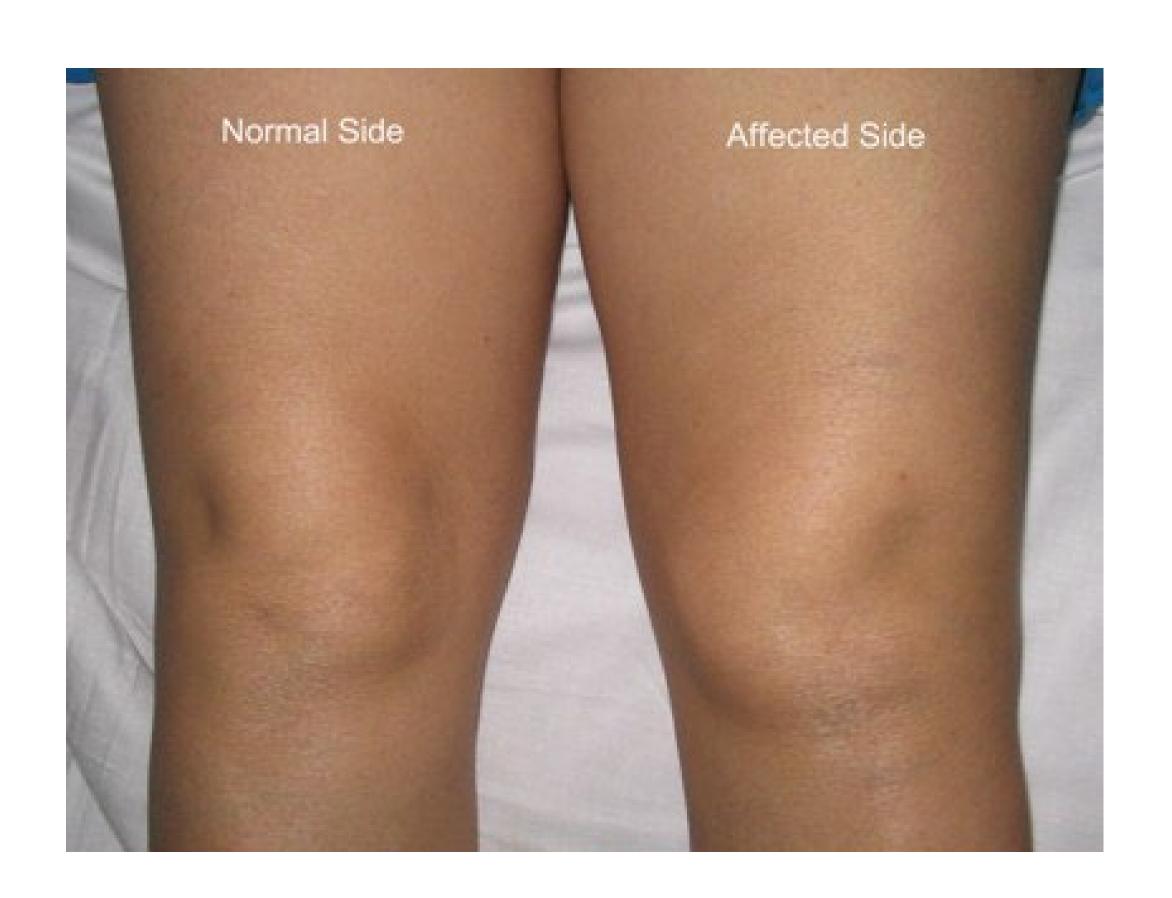
- Mechanism
 - Acute vs. chronic pain
- Unilateral vs. bilateral
- Swelling / effusion
- Worse with activity vs. prolonged sitting
 - Stairs
- Mechanical symptoms
 - Giving way
 - Locking / catching





Physical exam

- Tenderness along the lateral joint line
- A large effusion
- Positive lachman

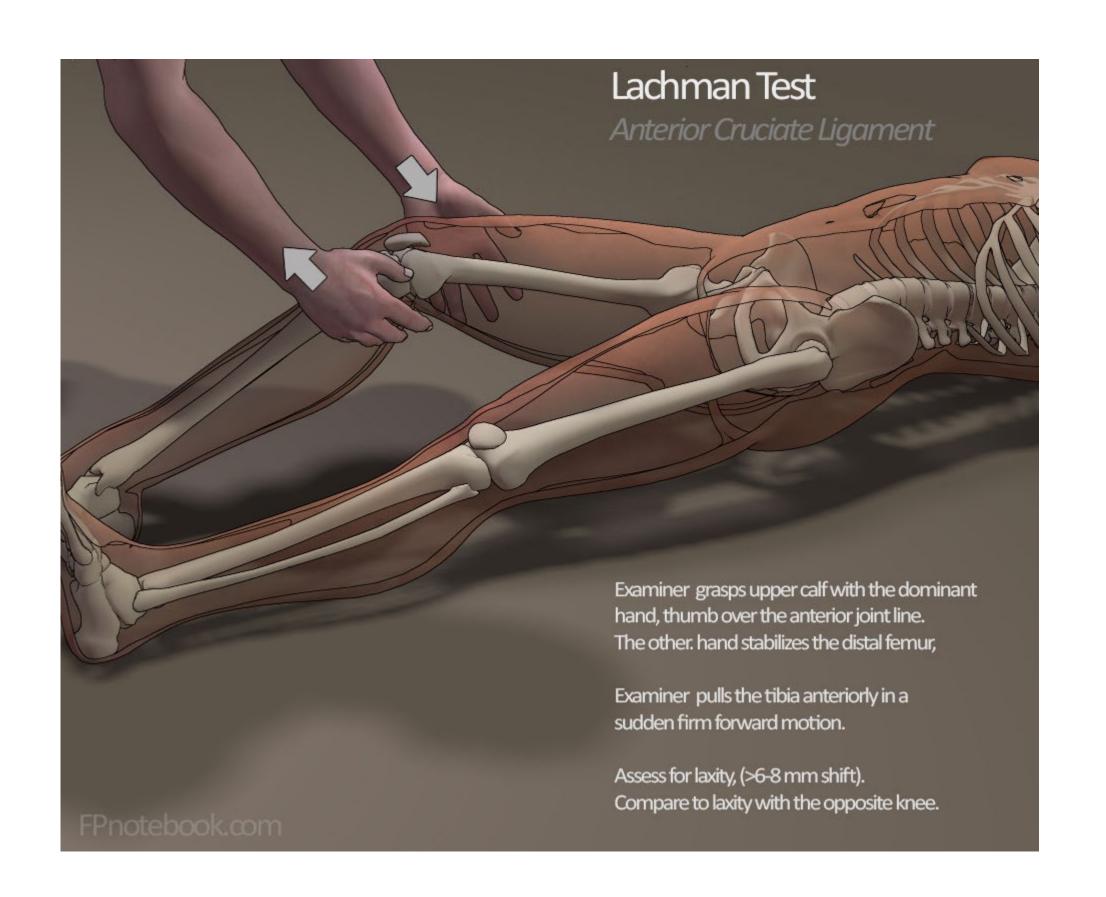






Lachman knee test

- Knee held in 25-30 degrees of flexion
- Stabilize the distal femur and pull forward on proximal tibia
- Assess for anterior translation of the tibia on the femur and a firm endpoint

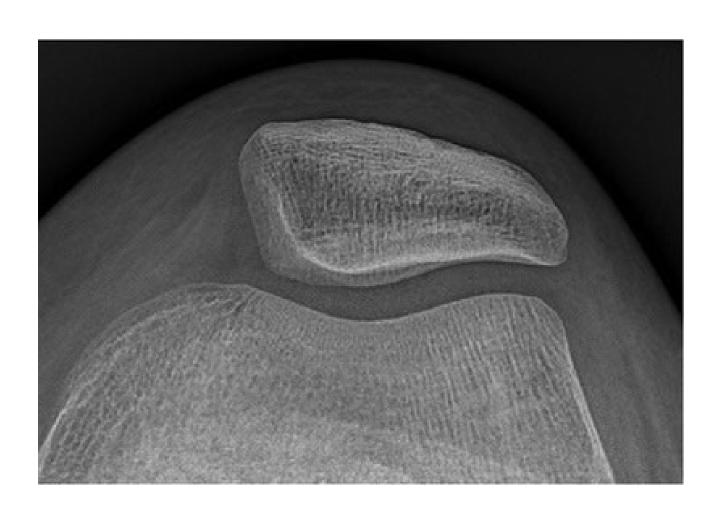




Imaging Studies







the plain films were negative for pathology





Differential Diagnosis

- Ligament sprain
- Meniscal tear
- Osteochondral defect
- Muscle strain
- Fracture
- Patella dislocation





Aspiration



• The acute hemarthrosis was aspirated





Differential Diagnosis

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- Meniscal tear
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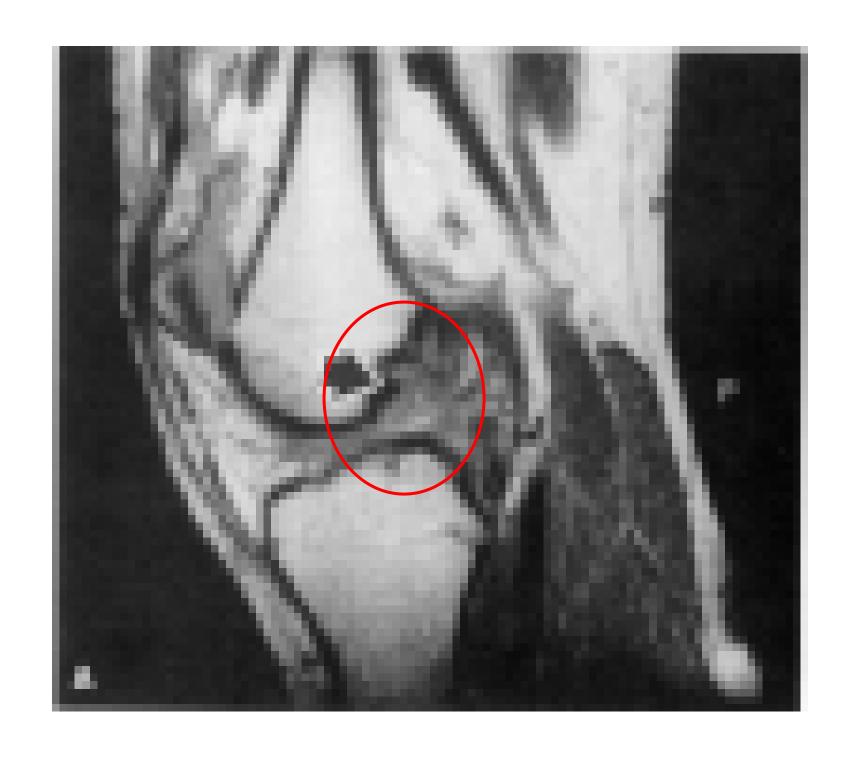
Plan and work-up

- Pt referred for an MRI
- Placed in a post-op hinge brace for immobilization
- Anti-inflammatory medication
- Compression wrap
- Ice





MRI









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Diagnosis and treatment

- Anterior Cruciate Ligament tear
- Treatment options
 - Surgical reconstruction
 - Physical therapy
 - Bracing





Surgery





Physical Therapy

- Strength training
 - Quadriceps hamstring ratio
- Flexibility
 - Quadriceps and hamstring
- Proprioception





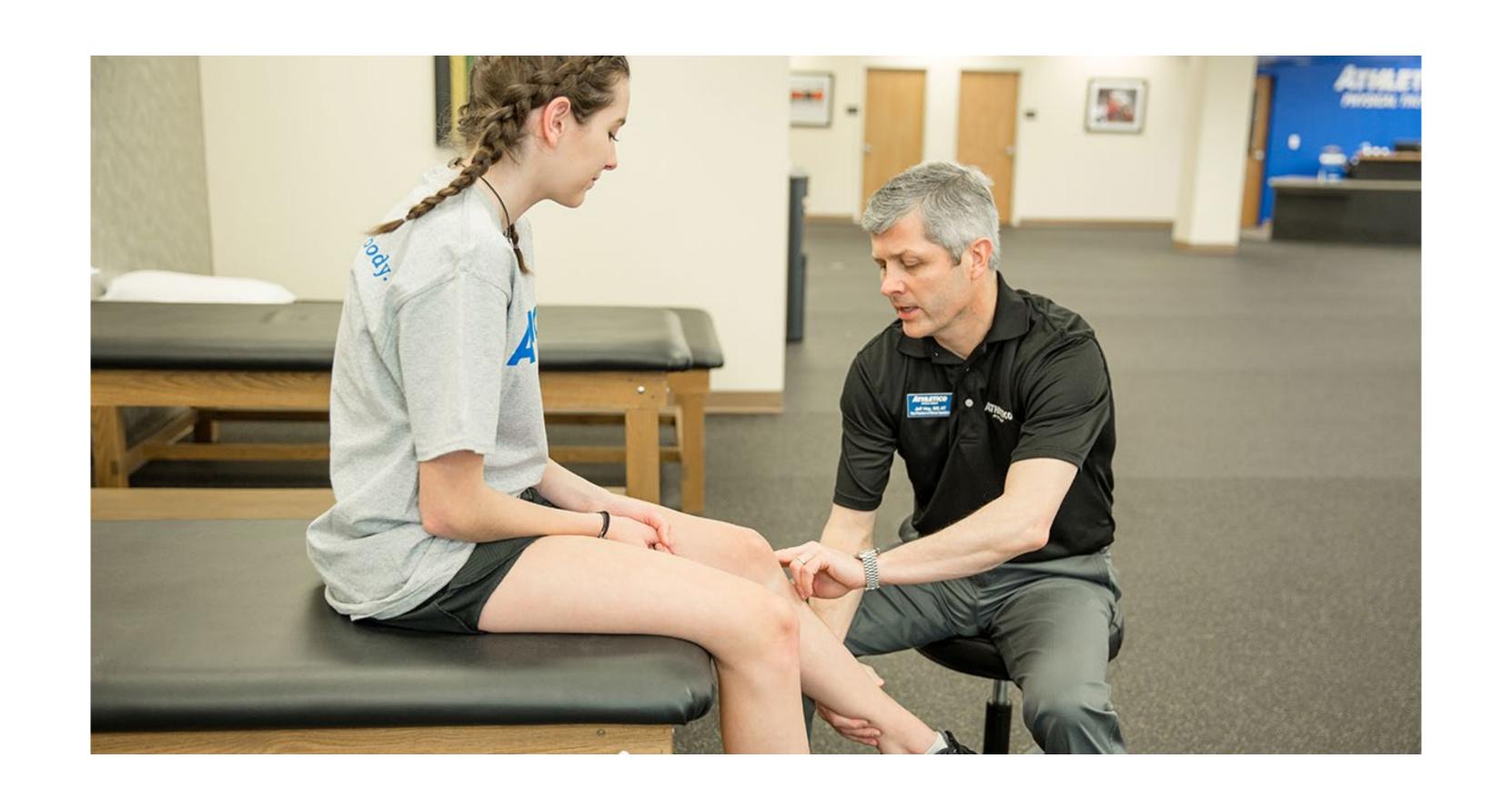
Bracing?

 No evidence that pain, range of motion, graft stability, or protection from subsequent injury were affected by brace use.





Physical therapy after Surgery





Sports Medicine Role after Surgery

- Return to play decisions
- Caring for the whole patient
 - Physical health
 - Mental health
- Nutrition
- Exercise prescription





Prognosis

Full return to sports







Prevention

- Proper training proprioception and neuromuscular training exercises
 - Decelerate in a more controlled fashion by taking smaller steps than one sudden step
 - Round off turns when pivoting, keeping legs inside body shape
 - Concentrate on core strength





Questions



