

# Dr John Best

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**Dr John Best**  
**Sport & Exercise Medicine Physician**

# Case 1

## Adolescent Shoulder Pain



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# History

- 15yo female swimmer
- Loves sport
- State level – butterfly, freestyle, breaststroke
- 3 months bilateral shoulder pain, R>L
- Insidious onset, worsened post training camp
- Reduced training capacity; night pain
- National titles in 6 weeks
- Unhappy – patient, family, coach



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# More history

- Little change after 1 week rest from swimming
- Developed night pain 6 weeks ago; oral anti-inflammatory help
- Has seen two physiotherapists and is non-compliant
- Mother has history of patello-femoral instability
- Requests cortisone injection (which helped her friend)



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# Diagnosis

????????????



# Diagnosis

A Subacromial bursitis

B Rotator cuff tendinopathy / long head biceps

C GHJoint instability causing some of the above

D Labral tear

E A/C Joint inflammation

# Diagnosis

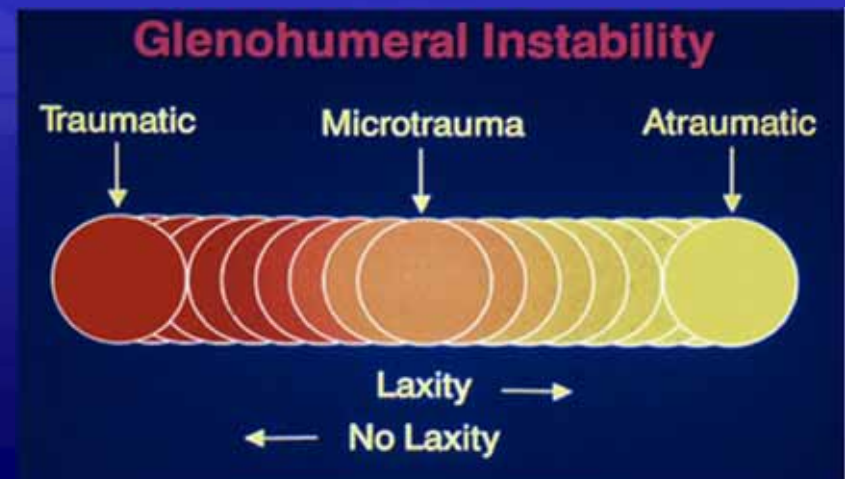
A Subacromial bursitis

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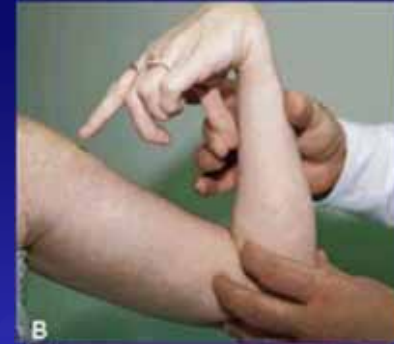
D Labral tear

E A/C Joint inflammation



# Examination Findings

- Beighton score 4/9
- Extreme ROM both shoulders
- Inferior sulcus signs
- Poor posture – anterior HH positioning; cervical protraction; scapular dyskinesis
- Weak positive anterior instability signs
- Mild bursal and LHB impingement signs
- Normal rotator cuff strength and neurology



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# Investigations?

- A None
- B X-rays with special views
- C Ultrasound
- D MRI (+/- Arthrography)



# Investigations

- Plain X-ray
  - Morphology
  - Acromial spur
  - Calcific tendonitis
- MRI – arthrography
  - Capsular volume
  - Labral changes
  - Rotator cuff; articular cartilage



# Management - Panel

- Non- surgical
- Surgical



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# Non-operative treatment MDI (Saccomanno et al 2013)



- Unload the shoulders
  - Pain free; no post activity pain; breaststroke, kicking OK
- Commence supervised rehab
  - 3-6 months; 90% pain reduction and improved function
- Education & time frames for review – ‘4-6 weekly’
- Recommend ‘safe’ sports
  - Non-contact; avoid ABER loading; ? running
- Swimming? – symptom free; scapular control, trial with flippers 20-30 mins

# Thank you



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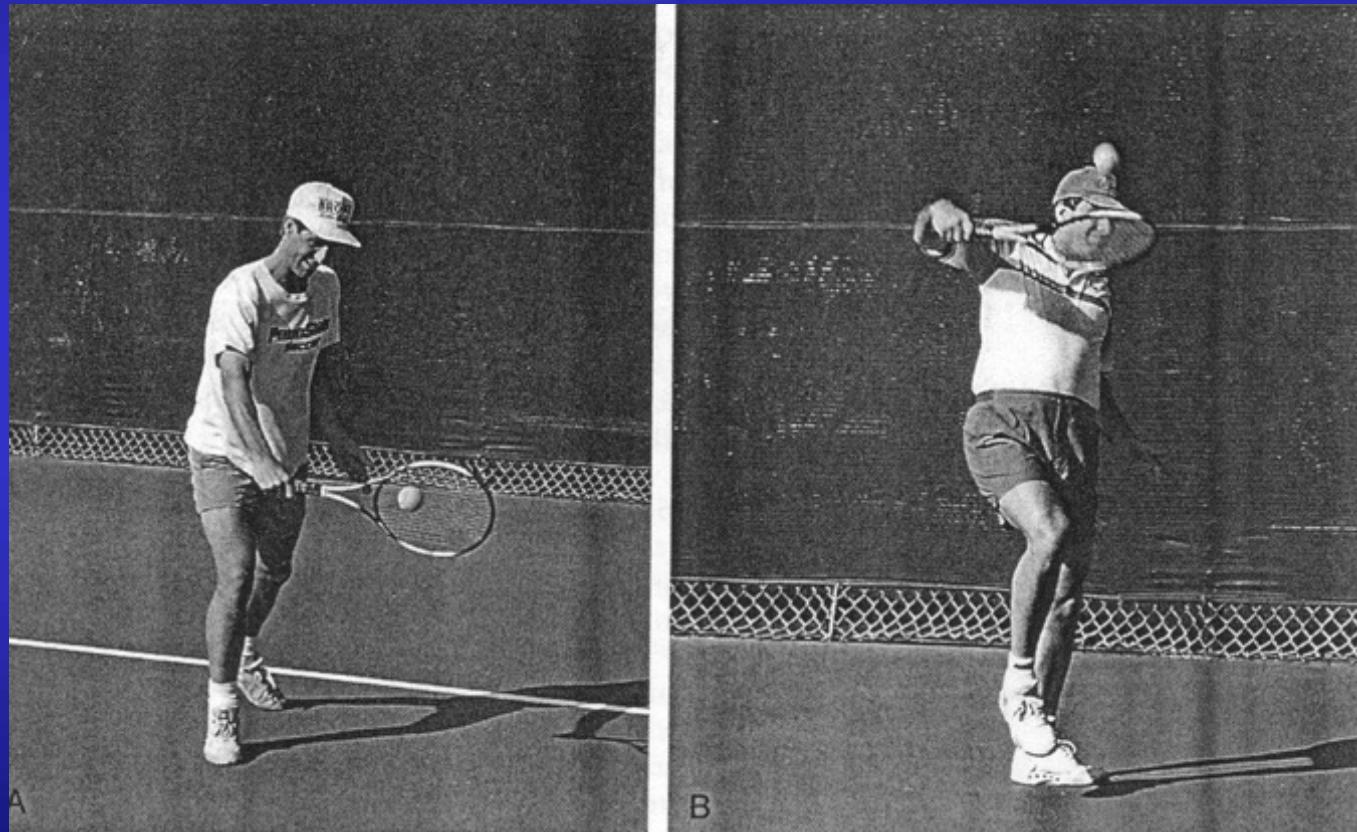
# Case 2

## Lateral Epicondylar Pain





# Biomechanics – Dr JG



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# History

- 55 yr male
- Right handed golfer
- Left sided symptoms
- 3 months insidious onset



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# Further history

- Points to lateral epicondyle
- Reports occasional night pain with stiffness most mornings
- Can't play golf or grip at the gym
- Short term relief with NSAIDs



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# Diagnosis?

??????



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# Differential Diagnosis?

A Lateral epicondylitis

B Posterolateral elbow impingement

C Elbow osteoarthritis with synovitis

D Posterior interosseous nerve entrapment

E Referred pain / neural cause



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# Likely Diagnosis?

**A Lateral epicondylitis**

B Posterolateral elbow impingement

C Elbow osteoarthritis with synovitis

D Posterior interosseous nerve entrapment

E Referred pain / neural cause



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# More history

- Onset related to increasing golf practice and overhead weights
- Ex-smoker
- Hypertensive
- Golf trip in 6 months



# Examination

- 3 degree lack of active extension; passive is full
- LE pain at end range, pain stretch forearm extensors (Mills test), weakened grip
- Tender LE with pain reproduced on mid and outer range WE and MFE (Maudsley's)
- Proximally – left shoulder slightly weak in ER, normal cervical motion, positive neural tension tests



# Investigations

A None

B X-rays

C Ultrasound

D MRI

E Bone Scan



# Management - Panel

- Load management
- Rehabilitation and sport
- Bracing
- Medications
  - Oral; injections
- Surgery





# Thank you



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