

Osgood Schlatter's Disease

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Definition- The apophysis is a growth center in a growing child. It serves as an attachment site on the bone for tendons. Osgood Schlatter's disease refers to inflammation of the tibial apophysis at the patella tendon insertion. A variant of Osgood Schlatter is **Sinding Larsson Johansson disease**. This is due to inflammation of the patellar apophysis at the patella tendon insertion.

Clinical symptoms- Young individuals typically present with knee pain. The pain is insidious in onset and worse with activity, especially running, jumping, and squatting. The condition is most pronounced during periods of rapid growth. It is not uncommon for both knees to be affected, and is much more common in males than females.

Physical exam- Children and adolescents with Osgood Schlatter's disease are often point tender on the tibial tubercle (front of the knee). The tibial tubercle may become very pronounced and the patellar tendon may be painful. Other associated findings include a high riding patella (knee cap) and hamstring/calf tightness.

Diagnostic test- In general, x-rays are not necessary to make the diagnosis of Osgood Schlatter's disease. X-rays should be obtained if there is a history of trauma, atypical symptoms, or pain unresponsive to conservative treatment.

Differential diagnosis-

- Patella tendonitis
- Tibial stress fracture
- Infection or tumor



Treatment- Conservative treatment includes relative rest (limiting activities which cause pain), ice (especially after activity), and anti-inflammatory medicines (motrin or naproxen). Stretching the hamstrings, calf muscles, and quadriceps is very important. Physical therapy may be required to help with stretching and strengthening. Counterforce straps "patella straps" may help unload the stress at the apophysis. If pain continues despite these measures, a period of complete rest may be necessary.

Outcomes- With adequate rest and rehabilitation, most children are able to return to sports and activities with little to no pain. The condition typically resolves when growth slows/stops. Occasionally pain into adulthood can persist and be bothersome.

Dr. Locke's clinical care team

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