MUSCULOSKELETAL: ASYMPTOMATIC PUBIC RAMUS STRESS RESPONSE IN A NCAA DIVISION I TRACK ATHLETE.

JM Horrigan, DC, DACBSP, SJ Tunnell, DC, DACBSP, D Velasquez, DC, CCSP, JJ Grasmeyer, DC, DACBSP, Jennifer M. Watters, DC, LAc. *Soft Tissue Center at DISC, Marina del Rey, CA*.

HISTORY: 20-year-old, right-hand dominant, Caucasian female, NCAA Division I 400m and 800m track athlete reported with a complaint of right hamstring pain at the ischial tuberosity. This onset occurred during a track meet at the 380m point of a 400m race. Mild pain preceded this injury by a few weeks.

PHYSICAL EXAMINATION: SLR elicited right is chial tuberosity pain at 70°. Further nerve traction did not increase the pain. There were no motor or sensory deficits and all DTRs were 2+ bilaterally. 3+ tenderness to palpation was found at the right is chial tuberosity and none on the left. There was no ecchymosis or edema.

DIFFERENTIAL DIAGNOSIS: partial osteotendinous hamstring tear at the ischial tuberosity, partial myotendinous hamstring tear.

TESTS AND RESULTS: Patient underwent an MRI of the right hip. MR did not reveal tearing of the hamstring tendon or muscle. Incidental finding of a marked bone stress response of the left pubic ramus was detected.

FINAL DIAGNOSIS: bone stress response of left pubic ramus; right grade I hamstring strain

TREATMENT: Patient received soft tissue mobilization to the right hip myofascial structures for the hamstring strain. The patient also received acupuncture for these injuries. The patient ceased running, weight training and any hip pelvis loading activity to allow the pubic ramus to heal. Hamstring pain resolved. Repeat MRI 8-weeks later revealed the bone edema had resolved. Further investigation into asymptomatic bone stress responses in track athletes should be considered.

Poster Presentation 2012 ACBSP Chiropractic Sports Sciences Symposium Portland, OR