

Sinding-Larsen Johansson Condition

The aim of this leaflet is to answer some of the questions that you or your child may have about Sinding-Larsen Johansson Condition and its treatment. You will also have the opportunity to discuss further concerns with us in clinic.

What is Sinding-Larsen Johansson Condition?

This condition causes knee pain in children and typically presents before or around the teenage years (ages 10-15). It tends to affect boys more than girls and is more common in children who are physically very active.

What are the symptoms of Sinding-Larsen Johansson Condition?

The main symptom is pain at the front of the knee. It is usually most sore at the bottom of the kneecap and is made worse after activity, particularly squatting, running and jumping. There can be some associated swelling of the knee. It can affect one or both knees.

What is the cause?

The kneecap (patella) is connected by a strong tendon to:

- The strong muscles of the thigh (quadriceps) above it.
- The shin bone (tibia) below it.

During activity the tendon pulls on the bony kneecap and this repetitive stress can lead to irritation and inflammation of the growing bone-tendon connection, normally at the bottom of the kneecap.

How is it diagnosed?

This condition is usually diagnosed from the history, the symptoms and a clinical examination. In some cases, an X-ray may have been requested which can show signs of the condition, but it is not usually required to make a diagnosis.

What is the natural progression of this condition?

As a child grows, their bones go through different stages of development. Children generally grow out of this condition as the bones mature.

In mild cases, the symptoms may resolve after a few weeks of rest. In more severe cases the symptoms can last intermittently for a few years.

How is it treated?

This condition is worsened by repetitive exercises causing repeated irritation so a period of rest from activities causing worsening of symptoms is recommended.

In severe episodes the pain can be eased by simple painkillers such as ibuprofen, rest and ice packs. Long term treatment with painkillers is not recommended.

Your child may also be referred to a physiotherapist for assessment and treatment. The physiotherapist may suggest a series of exercises to stretch and strengthen the tendon.

Surgery is very rarely needed.

Contacting us

Nina Doherty, Clinical Nurse Specialist 0118 322 8746 or bleep 232

Further information

http://kidshealth.org/teen/diseases_conditions/bones/slj_syndrome.html

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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