

Osgood-Schlatter's condition

The aim of this leaflet is to answer some of the questions that you or your child may have about Osgood-Schlatter's condition. You will also have an opportunity to discuss any further concerns with us in clinic.

What is Osgood-Schlatter's condition?

It is a condition characterised by pain and /or a tender lump at the front of the shin bone, just below the kneecap. It is fairly common, affecting approximately 1 in 5 adolescents. It occurs most often in those who participate in sports that involve running and jumping, such as football, rugby, athletics and gymnastics. It often presents during rapid periods of growth such as puberty and always resolves once the child's bones stop growing.

Signs and symptoms

The pain varies from person to person. Some have only mild pain while performing certain activities, especially running and jumping. For others, the pain is nearly constant and debilitating. It usually occurs in just one knee, but sometimes it develops in both knees. The discomfort can last from weeks to months and may recur until your child has stopped growing.

Why does it happen?

The area that becomes painful is where the tendon of the large thigh muscles insert onto the bone at this point. This area of bone is known as an apophysis (growth plate under tension). During activities that involve a lot of running, jumping and bending, the thigh muscles (quadriceps) pull on this growth area causing it to become inflamed. This repeated stress can cause the tendon to pull away from the shinbone a bit, resulting in the pain and swelling associated with Osgood-Schlatter's condition.

How is it diagnosed?

Osgood Schlatter's condition is usually diagnosed after talking a history and examining the knee – X-rays and / or scans (MRI) are sometimes used to rule out any other problems with the knee joint itself.

Treatment

Treatment is always non-operative and involves a number of strategies:

1. Avoiding activities that aggravate the pain.
2. Education and reassurance that the pain experienced is not serious and that the condition will improve once the person has stopped growing.
3. Simple anti-inflammatories (ibuprofen) and simple painkillers (paracetamol).
4. Ice packs when the area is inflamed.
5. Physiotherapy and exercises to stretch out tight muscles and tendons.
6. Sometimes, we will use crutches or a walking plaster to allow a period of rest.

Will there be any lasting effects?

In the vast majority of patients this condition is self-limiting and gets better when they finish growing.

Often patients are left with a painless bump on the front of the shin but this rarely causes any problem with knee function.

Contact us

If you require any further advice please contact:

Nina Doherty, Clinical Nurse Specialist 0118 322 8746 or 0118 322 5111, bleep 232.

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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