



### **Case-Base Discussion – 9th November 2022 (Ref 270)**

The patient is a 31-year-old male trainee teacher. He is generally healthy with a good diet. He has rugby training and matches once a week, and he's a real 'gym bunny' in between!

He performed well at running at primary school, only switching to rugby at secondary school, when he became aware of a limp (at the age of 11). He had 8 MRIs around that time but nothing significant was reported.

Interestingly, Sue spoke with the patient's mother (who was keen for her son to get sorted), who reported that Cerebral Palsy may have been 'mentioned' after he was born but that this had never been diagnosed.

The patient's main concern was his limp, although it was apparent during the consultation that he struggled to put on his shoes and socks. He also reported back pain after approximately 10 minutes of running, and struggled to do a forward lunge, leading with his right leg.

On examination, his right lower extremity was turned in, he had a deep lumbar lordosis, and a tilted pelvis. Passive mobility on the affected right side was limited to circa 10 degrees internal and 70 degrees external rotation, with flexion of the knees limited to 80 degrees bilaterally. He demonstrated a straight-legged gait with a high degree of impact on heel strike.

It was agreed that further clinical tests were needed, including deep tendon reflexes and neurological exam, but that this patient should really be referred for a more up-to-date MRI of the hip/pelvis in conjunction with a brain scan, in order to rule out the possibility of CP (at birth or acquired) and/or any musculo-skeletal anomalies.

Thoughts on his management on a more practical level included Sorbothane inserts to help improve shock absorption, MET to release muscles around the hip and pelvis, and oscillation techniques. Laurie Hartman's hip HVT technique was also suggested (aka the "smacking bottom" technique!). It was also felt that a video of the patient playing rugby and running would be really useful.

Sue has seen this patient once so far and hopes to be able to provide an update as things progress.