

**A Primary Care
Perspective on the
Medical Aspects of
Exercise, Sports,
and Fitness**

**the
physician
and
Sportsmedicine**

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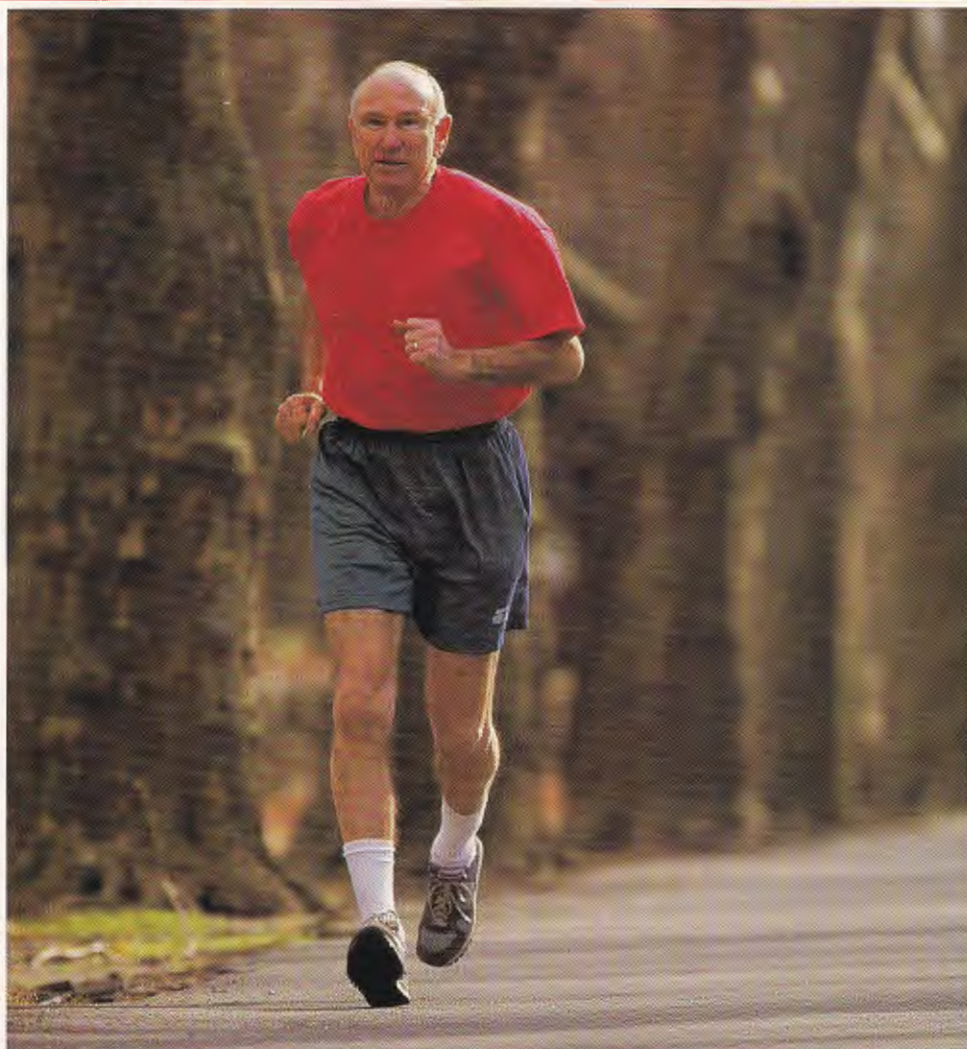
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Pearls Editor: Robert E. Sallis, MD

'Pearls' enables sports medicine professionals to share their practical tips for treating patients. We invite you to send your contributions to Pearls Editor, THE PHYSICIAN AND SPORTSMEDICINE, 4530 W 77th St, Minneapolis, MN 55435. Address electronic submissions to psmpearls@mcgraw-hill.com. Illustrations or photos are encouraged. Selected pearls will be published, accompanied by the author's name.



The ACL 'Fisted Knuckle' Sign

When taking a history for a suspected anterior cruciate ligament (ACL) injury, watch for the "fisted knuckle

Photo courtesy of Mary Lloyd Ireland, MD

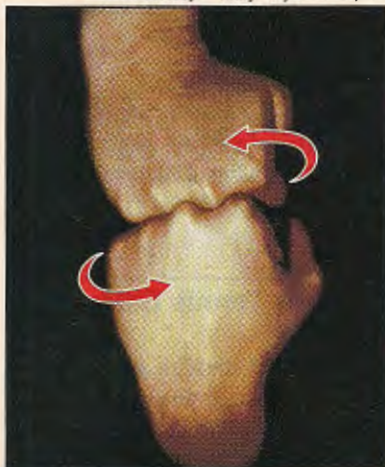


Figure 1. The 'fisted knuckle' sign.

Dr Sallis practices family medicine and sports medicine and is director of research at the Kaiser Permanente Medical Center in Fontana, California. He holds a certificate of added qualifications in sports medicine and is a member of the American College of Sports Medicine, a diplomate of the American Board of Family Practice, and an editorial board member of THE PHYSICIAN AND SPORTSMEDICINE.

sign." This sign is often used by patients who have ACL injuries to describe the motion during the injury. The patient will say he or she heard a pop, and then will twist both fists, knuckles together, in opposite directions (figure 1). The lower fist represents the tibia and the upper one the femur, and the motion represents anterior shifting or subluxation of the lateral tibial plateau. A patient may also demonstrate the injury with forward motion of the lower fist.

Mary Lloyd Ireland, MD
Lexington, Kentucky



Getting Into a Crunch

As a strength training coach, I tell clients to "lead with the abdominals" when they do an abdominal crunch. People often incorrectly begin motion with neck flexion, shoulder protraction, elbow flexion, and/or shoulder extension. Instead, clients or patients should begin with all body parts static, then contract the abdominal muscles first as they attempt to bring the chest directly toward the navel. Next they should pause in the contracted position, then return to the starting position.

The recommendation to lead

with the abdominals applies to abdominal crunches done on the floor, with ab rollers, and with weight machines that have handles at ear level, as well as sit-ups.

Michael Johnson
Westfield, New Jersey



A Lasting Impression

When preparing to give an injection, finding the exact area to inject and then losing sight of it when you cleanse the skin can be a problem. If you make an ink mark, it wipes off with the antiseptic!

I have found that making a circular impression with the tip of a ballpoint pen works very well and will last a few minutes, giving you time to do the prep and injection. Simply push the pen against the skin and twist a few times.

J. Wendell Duncan, MD
Augusta, Georgia



Confirming Neck Strain

In examining patients who have claimed severe whiplash injuries to the neck—usually following an auto accident—I have found that a good way to confirm or exclude the diagnosis is to watch the patient sit up from a supine position on the examining table. A patient who in fact has severe strains to flexor and extensor muscles of the neck will normally roll to one side and sit up sideways. The pain of the strained neck muscles will be aggravated without this protective maneuver. **FSM**

William A. Healy, Jr, MD
Huntington, New York