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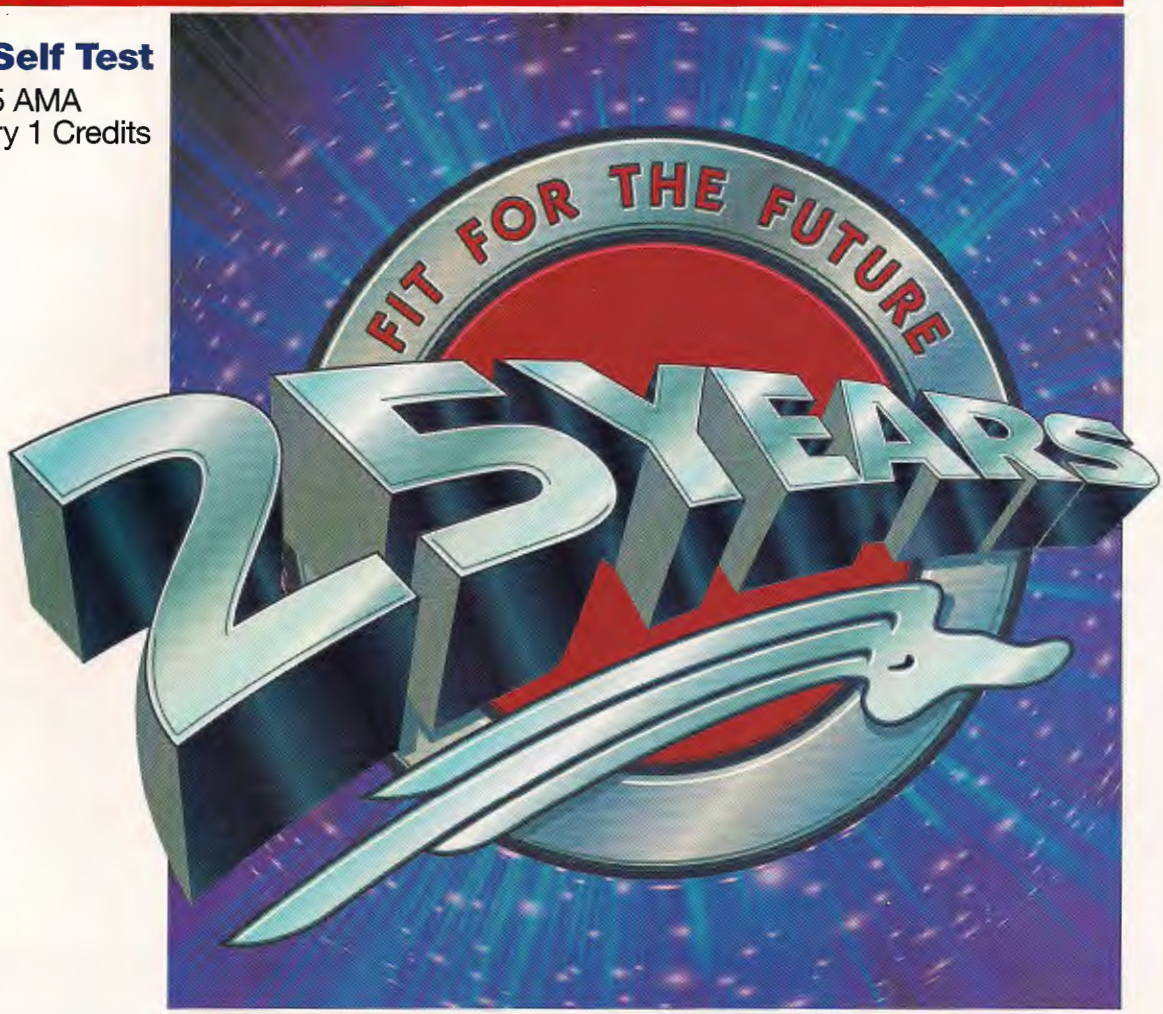

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PEARLS

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.

POP Goes the ACL

Acronyms that can be used to help remember the mechanisms for noncontact anterior cruciate ligament injuries are "POP" (Planted foot, Out-of-control, Pivot) and "VROOM" (Valgus, Rotation, Out Of control Movement/Muscle dyssynchrony).

Mary Lloyd Ireland, MD
Lexington, Kentucky

Sorting Out Shoulder Injuries

Posterior dislocations of the shoulder can be confused with rotator cuff tears. A clinical clue to a rotator cuff tear is that the patient usually won't be able to abduct the arm but external rotation will still be possible. With posterior dislocation, the patient can't do either. If this is the case, get an axillary radiographic view of the shoulder to confirm the diagnosis. As dramatic as a posterior dislocation sounds, it is often missed and may go on to be a chronic "frozen shoulder."

Jerry W. Hizon, MD
Temecula, California

Shut Out Shin Splints

To identify active patients who are prone to shin splints, have the patient sit on an examination table with legs extended. Hold the foot and ankle in a neutral position (0° of dorsiflexion and plantar flexion), and attempt to manually plantar flex the foot against the patient's resistance (figure 1). The patient's inability to resist the force indicates weakness of the anterior tibial muscle group and a predisposition to shin splints.

Illustration: © 1998. Terry Boles

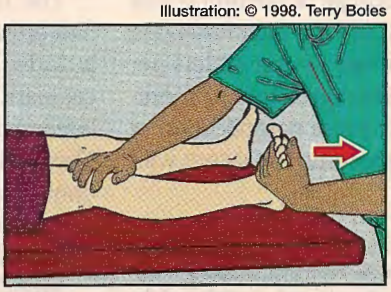

Figure 1. A patient's inability to resist plantar-flexion force can reveal anterior tibial muscle group weakness and a predisposition to shin splints.

For active patients who have or are prone to shin splints, a way to help prevent or treat them is to walk on the heels with the feet and toes elevated as high off the floor as possible for 2 to 5 minutes twice daily. This strengthens and improves the endurance of the patient's anterior tibial muscle group.

Kent E. Timm, PhD, PT, ATC
Saginaw, Michigan

Accurate Foot Radiographs

When assessing foot problems, I do all my radiographs with the foot bearing full weight. That gives the best reproduction of the alignment of the foot during walking.

James C. Wang, DPM
Santa Monica, California

Scaphoid Screening

If a scaphoid fracture is suspected, one of the newer diagnostic options is a screening or limited MRI. The protocol generally involves a limited coronal section using T-1, T-2, and fat-saturated T-2 sequences. It's a quick screen, and because of the limited number of images, the cost at $300 to $400 is about the same as a bone scan. While this type of MRI does not adequately address other potential causes of pain, it is useful for answering whether there is a scaphoid fracture or not. PSM

Wade A. Lillegard, MD
Duluth, Minnesota
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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 qualification 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.