

# LOWER EXTREMITIES: Case Presentation

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www.jprad.com



**FOOT LEVELERS** 



# Welcome

- New to the team
- Xrays
  - To give best care and solutions>>biomechanical evaluation
  - 'Typical' imaging protocols and guidelines=medical model
  - No one gives biomechanical eval and fingerprint exam
  - AP and lateral radiographs
- Personal Experience
  - Injured athlete>>>>chiropractic and Foot Levelers= increased recovery time
  - Learned early that meds don't work
- My Background
- My lectures: young to mature athlete





• Lower Extremity

• Lumbar Spine

Cervical Spine



# Outline

- Toes to the Hip:
  - Foot/toes
  - Ankle
  - Knee
  - Hip/Pelvis
- Patient positioning
- Case studies: Congenital anomalies, degenerative changes, and injuries



# Dysfunction

- Start at the base
- Increased stress above and below= chronic pain; increase likelihood of injuries or poor recovery from injuries
  - Poor recovery time





# Check It Out

www.footlevelers.com
Under 'Resource Center'

Research articles of the extremities and spine



## **Before We Get Started**

• MRI

• CT

• US

• Xray



## MR of Extremities

- Criteria:
  - Extremities- trauma of soft tissue and bone
    - Bone contusion/ stress fracture
    - Ligament/tendon, labrum, meniscus, musculature, vasculature, etc
  - Subacute to chronic head/brain trauma; neurological pathology; mass



## MR of Extremities

Contrast

-Arthrography: joint capsule

 Most common joints: knee with prior meniscectomy; labral tear of hip; shoulder.



## **Example of Arthrography of Knee**





# Foot







#### • DP

#### Medial Oblique

Lateral



# DORSOPLANTAR FOOT (DP)

- **FFD** 40-2
- CR 3rd MT base
- Tilt 10° cephalad



# DORSOPLANTAR FOOT



**Structures Visualized** 

- Cuboid
- •Calcaneus
- •Talus
- Navicular
- •1st-3rd Cuneiform
- 1st-5th metatarsals
- phalangeal bones



## DORSOPLANTAR FOOT - Labeled





# MEDIAL OBLIQUE FOOT

- **FFD** 40-2
- CR 3rd MT base
- Tube tilt 10 ° cephalad





# MEDIAL OBLIQUE FOOT

**Structures Visualized** 

- •Calcaneus
- Talus
- Navicular
- Cuboid
- 1st-3rd Cuneiforms
- Metatarsals and sesamoids
- Phalanges



# MEDIAL OBLIQUE FOOT -Labeled





# LATERAL FOOT

• **FFD** 40"

• CR navicular

• Tube tilt none





# LATERAL FOOT



Structures Visualized •Calcaneus •Talus •Navicular •Cuboid •Metatarsals



# LATERAL FOOT - Labeled







• Foot and ankle pain

Congenital anomalies known



# **DP** Radiograph





www.consultant360.com

# Diagnosis

 Brachydactyly- congenital shortened toes/fingers Or Brachymetatarsia (shortened metatarsals)



#### Treatment

## Conservative treatment

- **Foot Levelers**
- Maintain function





• Wrestling barefoot

Foot pain







Donated by Dr. L. Nicholson

# Magnified









- Fracture of 4<sup>th</sup> proximal phalanx
- Bipartite sesamoid, normal variant
  - Check for symptoms: Avascular necrosis; Inflammation
  - If pain, tendon tears; Altered biomechanics of foot
- Mild valgus deformity at the 1<sup>st</sup> MTP jt



## Treatment

Conservative

• Foot Levelers

- Improve biomechanics and recovery time



# The Big Point of the Story

- Trauma (Acute or Chronic)
  - Increase recovery and restore function= Foot Levelers





• Dull, achey foot pain for several weeks







## **Another Stress Fracture**







# Diagnosis

• 2<sup>nd</sup> metatarsal Aka March fracture

- Osteopenia, disuse
- Lateral (fibular deviation of sesamoid bones).

Degenerative changes of intertarsal and tarsometatarsal joints.



## **Stress Fracture**

Not seen on xrays, unless callous formation

- Treatment: Conservative care/Rest; Foot Levelers
  - There are signs of altered biomechanics
  - Evaluate above the area




• Athlete twisted his/her foot







## Evaluation

 Alignment of 1<sup>st</sup> metatarsal to 1<sup>st</sup> cuneiform; and 2<sup>nd</sup> metatarsal to 2<sup>nd</sup> cuneiform



### Another patient

Patient fell off a horse.





www.feinbergnorthwestern.edu



# Normal vs Abnormal





# Normal vs Abnormal





# **Lisfranc** Dislocation

- MOI: Twisting with plantar flexion of forefoot or direct blow.
- Swelling and pain over region; unable or difficult to bear weight; dropped arch
- Disruption of the tarsal-metatarsal (TMT) joint with or without associated fracture.



# Lisfranc Fx/Dislocation

- Lisfranc ligament is a major stabilizer of the TMT joint, disruption causes midfoot instability
  - Origin: first cuneiform
  - Insertion: medial aspect of the base of the second metatarsal.



# X-ray of Lisfranc Joint

- Evaluation
  - Alignment of 1<sup>st</sup> metatarsal to 1<sup>st</sup> cuneiform; and 2<sup>nd</sup> metatarsal to 2<sup>nd</sup> cueiform

Weight bearing DP view, 10 cephalad tube tilt

• Widening of 1<sup>st</sup>-2<sup>nd</sup> metatarsal interspace

Lateral dislocation of the metatarsals
 Severe Lisfranc Injury

## **Treatment Lisfranc**

- Rest; boot>>>6-8 weeks or more
  - Laser, etc
  - Foot Levelers, once weightbearing
- Advanced Imaging
  - MRI- ligament and bone marrow edema
  - CT-fracture fragments or dislocation
- Surgical
  - Unstable- percutaneous wire fixation
  - If displaced, open reduction, internal fixation with screws.



# MRI of TMT ligament





www.radsource.us



• Heel pain



## Lateral Radiograph





www.paincare.org

# Diagnosis

 Enthesophyte or traction osteophyte formation at the calcaneal attachment site to the plantar aponeurosis/ fascia= Heel Spur.



# Lateral Radiograph





# Another Example





# Another Heel Spur

 Enthesophyte or traction osteophyte at the calcaneal attachment site to the Achilles Tendon.



# Heel Spur

 Cause: repetitive stress, obesity, altered biomechanics, hereditary, previous trauma, inflammatory arthritis, etc.

 Complication: Inflammation or tearing of the plantar fascia or Achilles Tendon>>>plantar fasciitis or Achilles Tendinitis



#### Treatment

• Minimize stress to region

Modalities

Foot Levelers



# Plantar fasciitis & Achilles Tendinitis

Advanced imaging: MR



#### Normal MR of Achilles & Plantar Fascia















www.aafp.org







## Normal Achilles

Posterior impingement





## Coalition

• Foot pain (2 different patients)















## **Normal Anterior Calcaneus**





# Types of Coalition

- Talocalcaneal
  - Talar beak sign due to impaired subtalar movement
  - Involves the middle facet
- Calcaneonavicular

- Anterior process of the calcaneus



### **Talocalcaneal Coalition**

- Talar beak
- Heel Spur
- Osteopenia





## Calcaneonavicular

- Bilateral
- Pes
   planus





## Complications

- Pain & Altered biomechanics
- Tarsal tunnel syndrome

   Posterior tibial nerve through the flexor retinaculum, inside portion of ankle
- Peroneal tendon spasm (peroneal brevis, longus and tertius tendons)- lateral tendons



#### **Posterior tibial nerve**

#### Tarsal Tunnel Syndrome (TTS)





## Complications

- Pes planus
  - Causing outward tilting of the calcaneus, impingement on posterior tibial nerve
- Secondary osteoarthritis


### Treatment

Difficult to treat; Surgical vs.
 Nonsurgical

- Cannot change the coalition

## Foot Levelers

- Stability and maintain arch
- Decrease impingement to nerve





3-D Scanner: Specific to your patient; Validates treatment



# Ankle





### Ankle Views

- AP
- Medial Oblique
  Optional: Lateral oblique
- Lateral



## **AP** View

• **FFD** 40"

 CR between the malleoli

• Tube tilt none





## **AP ANKLE**



#### **Structures Visualized**

- •Talar Dome
- •Navicular
- •Medial, Lateral and Posterior Malleoli
- •Tibial shaft
- •Fibular Shaft
- •Tibial Plafond



## **AP ANKLE - Labeled**





## MEDIAL OBLIQUE ANKLE

- **FFD** 40"
- CR between
   malleoli
- Tube tilt none





## MEDIAL OBLIQUE ANKLE



#### **Structures Visualized**

#### •Talar Dome

- •Medial, Lateral and Posterior Malleoli
- Tibial Plafond
- Navicular
- Calcaneus
- •Tibia and Fibula



## MEDIAL OBLIQUE ANKLE -Labeled





## LATERAL ANKLE

- **FFD** 40"
- CR medial malleolus

• Tube tilt none





## LATERAL ANKLE



#### **Structures Visualized**

- •Tibia
- •Fibula
- •Talus
- Calcaneus
- •Navicular
- Cuboid



## LATERAL ANKLE -Labeled







 Long distance runner with foot and ankle pain



## Lateral Ankle





## Findings

 Linear zone of sclerosis

 Soft tissue swelling, Kager's fat pad





### What's Next

Advanced imaging



## Stress Fracture of the Calcaneus

- Linear sclerosis or no xray findings
- MRI
  - Bone marrow edema, high T2 and STIR signal intensity





## **Normal MR of Calcaneus**







### Treatment

Rest>>>Non-weightbearing activity

• Chiropractic & FL (Foot Levelers)





#### Hx: 23 yom, soccer player twisted his ankle

#### Diagnosed with high ankle sprain.



## **AP and Lateral Ankle**





## **AP and Lateral Tib/Fib**





### **Masseoneuve** Fracture

- Fracture of the medial malleolus extending posteriorly & Fracture of proximal fibula
- Associated with disruption of interosseous membrane & tibiofibular syndesmosis; deltoid ligament (medial); joint widening



### Treatment

- Closed reduction (set/reduce) & cast
- Chiropractic & when weightbearing, Foot Levelers





# Hx: 32 yom playing tennis and felt a sharp pain in the back of the lower leg.



## Lateral View







## Findings

- Arteriosclerosis of the posterior and plantar vessels
- Indistinct Achilles tendon margins with soft tissue swelling
- Painful with dorsiflexion (mimicking high arch)



## Achilles tendon rupture

 S/S: Indentation of tendon, weakness or loss of motion

• MRI and/or diagnostic ultrasound



## Normal MRI vs abnormal



www.faoj.org



## **Rupture of Achilles Tendon**

• Tx: Conservative therapy or surgical

 Conservative: non-weight bearing with cast for 6 weeks; followed by short walking cast for 2 weeks

• Rehab for 6 months; heel lift



## **Achilles Tendon Injury**

- Conservative tx restores strength 49-84%
- Surgical tx restores strength 71-101%

- Conservative tx restores function 75-80%
- Surgical tx restores function 75-90%



## After Surgery

- They need your help!
- Reduced motion of ankle and foot, hypertonic musculature, weakness, etc.
- Scar tissue
- Altered biomechanics
  - Treatment: Foot Levelers, Soft tissue/myofascial, adjust, laser, kinesiotape, etc.



# Knee







- AP
- Tunnel
- Lateral
- •Tangential (Sunrise)





- CR
   patellar apex
- Tube tilt 5 ° cephalad
- Standing; or if PA, 15 degree cephalad tilt.




# AP KNEE



#### **Structures Visualized**

Patella

- •Femur
- Tibia
- •Fibula
- •Condyles of the Tibia and Femur
- Adductor tubercle
- •Joint Space



#### **AP KNEE - Labeled**





# LATERAL KNEE

- FFD
- CR

- 40" joint line
- Tube tilt none



 Knee flexion of 90-120 degrees



## LATERAL KNEE



#### **Structures Visualized**

- •Patella
- •Femur
- •Tibia
- •Fibula
- Infra & Supra Patellar Fat Pads



# LATERAL KNEE -Labeled





## **Tunnel View**

#### • FFD 31 (corrected 40-9)

- CR Joint line
- Tilt: 45 degree caudad
- Measure from midhamstring to anterior knee (not just through popliteal fossa)





# TUNNEL VIEW (KNEE)



Structures Visualized Intercondylar notch Femoral condyles Intercondyar eminences Tibia Fibula



## Sunrise/ Tangential View

- **FFD** 40"
- Film size 8x10

• CR PF joint

• Tilt varies





# TANGENTIAL (SUNRISE) VIEW



#### **Structures Visualized**

- •Medial and Lateral Patellofemoral Joint
- •Patella
- •Patellar facets
- Trochlear groove
- •Femoral Condyles





• Boy fell off his bike and has knee pain



## **AP** and Sunrise View



#### NORMAL OR ABNORMAL?



www.wikiradiography.com



## **Bipartite** Patella

Normal variant, superolateral aspect of the patella

– Any other location of the patella= fracture

• Smooth margins

• MC bilateral



#### **Bipartite Patella**

• If symptomatic, MRI





• 15 yof with knee pain



#### **AP and PA Tunnel View**

Recumbent





#### Sunrise (patellofemoral) View





#### **Patellar** Fracture-Dislocation

• MOI- twisting; direct blow

- Advanced Imaging
  - Medial patellar retinaculum
  - Bone contusion/ bone marrow edema along medial patella and lateral femoral condyle



#### Treatment

- Surgical
- Chiropractic & Foot Levelers
  - Evaluate above and below the area
  - Biomechanics & Function





 15 year old female with chronic knee pain; active in sports



## **Tangential Radiograph**

What is wrong with the trochlea groove?





#### **Shallow** Trochlea Groove





www.radsource.us



# **Normal Patellofemoral Joint**





www.MRImaster.com

# Comparison







# **Congenital Shallow Trochlea**

- Complications
  - Early degenerative changes; chondromalacia
  - Lateral dislocations
  - Tear of the medial patellofemoral ligaments/retinaculum
  - Weakness or overactive Quadriceps



# Follow-up

- Treatment
  - Surgical: secondary and recurrent dislocations.
  - Conservative: Chiropractic & FL (Foot Levelers)>>altered biomechanics; and need to evaluate above and below area
- Xray/Clinical: May see lateral displacement or drift of the patella





Chronic knee pain



#### Lateral Radiograph

Lack of knee flexion, patient positioning









www.radiopaedia.org

## Patella Alta

- Congenital anomaly (if no disruption of patellar tendon)
  - Increased length of the patellar tendon
- Complication
  - Early degenerative changes; chronic pain and joint effusion
  - Possible dislocation of patella, not in the trochlear groove
  - Patellar tendinitis



- Insall Salvati Ratio= divide length of tendon (LT) by length of patella (LP)
  - with 30 degree
    knee flexion
- Greater than 1.2





#### Treatment

 Chiropractic & FL to provide stability and balance.





#### Hx: Twisted knee



#### **AP** and Lateral View



## Findings

 Radiolucency along the lateral aspect of the medial femoral condyle, near tunnel.



## **Coronal T2 Weighted**





#### **Osteochondral Dissecans**

- Age: 10-20
- Define: Necrosis of bone followed by reossification and healing
- Flap fragment with defect of the articular cartilage and fluid on MRI>>>unstable
   surgical


### OCD

- MOI: shearing and rotary forces
- Tx:
  - Intact cartilage: Walking with crutches, beneficial for the reconstitution of cartilage.
    - And Chiropractic and FL
  - Fragment/Defect in Cartilage: surgical
    - Joint locking





• 12 yom limping with knee pain







### Findings

- Soft tissue effusion of Hoffa's and suprapatellar bursa
- Thickening of the patellar tendon
- Fragmentation and displacement tibial tuberosity
- Knee positioning &/or HPT quads= patella alta.



### **Osgood-Schlatter's Disease**

Traction apophysitis: Overuse injury age 9-14.

- Repetitive strain from running, basketball, or other repetitive sports leads to <u>chronic</u> <u>avulsion of the apophysis of the tibial</u> <u>tubercle</u>.
  - Callous formation with prominent tender tibial tuberosity



#### **Osgood-Schlatter's**

- S/S: Tenderness; tight quads; patella alta
- 2-6 months of conservative treatment; eliminate stressful activity
  - No jumping, running
  - Evaluate above and below the knee
  - Foot Levelers, laser, etc.
- Severe cases= tendon tear repair, surgical excision of ossicle.



#### Treatment

Chiropractic & FL



### **Osgood-Schlatter's**







Chronic knee pain; previous trauma







#### Findings

- Post-traumatic calcification along the medial femoral condyle= Pellegrini Stieda syndrome
- Malunion of proximal fibula from previous fracture.



### **Pellegrini** Stieda Syndrome

- Avulsion (chronic) of the medial collateral ligament
- Associated with ACL and meniscal tears
- Altered biomechanics, etc.
- MRI



#### **Example:** Medial meniscal Tear

 Tear PH & body of medial meniscus





#### Follow-up & Treatment

- Previous trauma with chronic tears
  - MRI if necessary
  - Orthopedic Surgeon

- Treatment
  - Evaluate above and below the knee
  - Chiropractic & FL>>>old injuries=altered biomechanics





#### Long jumper with knee pain and cannot extend the knee





www.feinberg.northwestern.edu



#### Findings

Soft tissue swelling

Cephalad migration of patella

Calcific densities: avulsion fragment



#### Avulsion of the Patellar Tendon

Rupture of the patellar tendon

• MRI

Orthopedic referral





#### **Tears of Patellar Tendon**





#### **Post Surgical Treatment**

• They need You! They are a mess!

Evaluate above and below the knee

Chiropractic & FL



## **Hip & Pelvis**



#### Hip & Pelvis Views

- AP Pelvis
- AP spot view of hip
- Lateral Frog-leg view of hip



# Radiographs of the Hip and Pelvis

- 3 Projections
  - AP view of the pelvis
    - Bilateral internal rotation of the femur 20 degrees
  - AP and lateral frog-leg spot views
    - AP- internally rotated femur 20 degrees.





www.raddaily.com



#### **AP** Pelvis

#### • **FFD** 40"

- CR top light
  at iliac crest
- Hips internally rotated 20°





### **AP PELVIS**



#### **Structures Visualized**

- •SI Joints
- •Hip Joints
- Pubic Symphysis
- •Greater and Lesser Trochanters
- Obturator Foramen
- •Femoral Heads



#### **AP PELVIS - Labeled**





#### **AP Spot View of the Hip**

- **FFD** 40"
- CR Femoral pulse
- Femur internally rotated 20°





### **AP SPOT HIP**



- **Structures Visualized**
- •Femoral Head
- •Femoral Neck
- •Greater and Lesser Trochanter
- •Femoral Shaft
- Kohler's Teardrop
- •Pubic Rami
- •Iliac Fossa



#### LATERAL FROG-LEG VIEW • FFD 40"

CR Femoral pulse





### FROG-LEG (HIP)



#### **Structures Visualized**

- •Femoral head
- •Femoral Neck
- •Hip Joint space
- Kohler's Teardrop
- •Pubic Rami
- Obturator Foramen
- •Femoral Shaft



#### Lines of Interest

• Iliofemoral, Klein's, and Shenton's line

• Iliopectineal line and ilioischial line











#### Line of Shenton and Klein









#### Ilioischial Line If abnormal, be concerned for <u>posterior column fracture</u> (the stronger of the two columns, extends posterior to acetabulum and includes sacrum, SI joints, and



#### **Iliopubic (Iliopectineal) Line**

If abnormal, be concerned for anterior column fracture (the weaker of the two columns, extends anterior to acetabulum and includes pubic rami, symphysis and anterior ilium)



#### Lines of Interest

 Trabecular pattern







Journal of Biomedical & Pharmaceutical Engineering 1:1 (2007) 45-51

#### Capsular fat pads- iliopsoas, gluteus, and obturator internus






### Foot Levelers

## You Might Expect Results This Dramatic In Weeks







rays courtesy of Terry R. Yochum, DC, DACBR, FACCR



Chronic groin pain



## AP Pelvis and Right Frogleg Lateral



### **Different Patient**





## Femoroacetabular Impingement

- FAI, cam type with secondary degenerative joint disease
  - Osseous bump at the lateral aspect of the head-neck junction of the femur



### Femoroacetabular Impingement

 Lateral osseous bump along the femoral headneck junction= cam

- "Pistol grip" deformity

- Osseous extension of the lateral aspect of the acetabulum resulting in <u>overcoverage</u> of the femoral head= pincer
- Previously diagnosed as degenerative joint disease or congenital dysplasia



### **Radiographic Findings**

### **Associations:**

- Os acetabuli
- Herniation pits along the lateral aspect of the femoral head-neck junction





### **Clinical Findings**

• Age: 20-40

- Pincer type is common of females

- Chief Complaint: groin pain with hip rotation in the sitting position or during/after sports; or trochanteric pain radiating to the lateral thigh.
  - Decreased range of motion: flexion and internal rotation



### **Complications of FAI**

 Decreased joint clearance between femoral neck and acetabulum

 Possible premature degeneration, and tears in the labrum and adjacent articular cartilage

Filigenzi F and Bredella M. MR imaging of Femoroacetabular Impingement. Applied Radiology, April 2008, 12-19.

Tannast M, et al. Femoroacetabular **Impingment**: Radiographic Diagnosis-What The Radiologist Should Know. AJR:188;1540-1552, June 2007.



## Follow-up

• MRI with arthrography: evaluate for labral tears, and articular cartilage damage

- Orthopedic surgeon consultation
  - Osseous resection
  - Labral repair/refixation with suture anchors or labral debridement

Larson C and Giveans M. Arthroscopic Management of Femoroacetabular Impingement: Early Outcome Measures. J of Arthroscopic and Related Surgery, May 2008, 24 (5); 540-546.



### Treatment

Chiropractic & FL

### Altered biomechanics; Muscle imbalances

- Evaluate above and below region





#### Hx: 13 yom complains of knee pain











## Recumbent Bilateral Lateral Frog-leg View





### **Radiographic Findings**

 Medial migration of the right femoral epiphysis

- Decrease in femoral epiphyseal height
- Positive Klein's Line





### **Slipped Capital Femoral Epiphysis**

- Age: 10-17 yoa of boys; 8-15 yoa of girls
  - Left hip most commonly affected
- Causes
  - Overweight
  - New activity- strenuous exercise
  - Growth spurt
  - Trauma

Resnick D. Diagnosis of Bone and Joint Disorders, 4<sup>th</sup> ed. 2002; 2729-34.



## SCFE

### Complications

- Severe varus deformity and foreshortening
- Osteonecrosis
- DJD; ALTERED BIOMECHANICS

### **Follow-up**

- If surgical>>>post surgical chiropractic care & FL
- Orthopedic surgeon consultation
  - Pin the femoral epiphysis at the current location











# Hx: 18 yof athlete complains of hip pain; cross country runner



### **AP** Pelvis





### Coronal T1 & T2 Weighted





### **Stress Fracture**

Normal density with abnormal stress

Bone scan and MRI- positive

Non-weight bearing activity



### Treatment

- "Rest"
- Chiropractic
- Foot Levelers





# Hx: 33 yom suffers from hip pain after 30 mile run



## **AP** Pelvis





# Magnified



### What is next?

Advanced Imaging



### Coronal T1 & T2 Weighted





### **Stress Fracture**

Quality of bone is normal with abnormal stress.





 29 year old male with hip pain



## OLD LCP

- Flattened deformity of the femoral epiphysis (coxa plana)= mushroom cap
- Widened and shortened femoral neck
- Flattened acetabular margin
- Secondary osteoarthritis
- Intra-articular osseous bodies





Resnick D, MD. Diagnosis of Bone and Joint Disorders,4<sup>th</sup> ed. 2002

## 60 YOM: Old LCP





Resnick D, MD. Diagnosis of Bone and Joint Disorders,4<sup>th</sup> ed. 2002

### **AP** Pelvis





### **Radiographic Findings**

- Smaller epiphysis
  - Collapse/flattening of the left femoral epiphysis
- Multiple lucencies within the epiphysis and proximal metaphysis
- Widened femoral neck
- Medial joint space widening
- Smaller obturator foramen



ACR Learning File



## Legg-Calve-Perthes

- Age: 3-12 yoa; mc 4-8 yoa & male
- MC cause of LCP is idiopathic

#### **Clinical Associations**

- Limp and groin pain; pain may travel to the anteromedial aspect of the knee
- Prognosis is better at younger age of onset; less than 6 yoa.
- Bilateral 10%


LCP

#### Old LCP—early degenerative changes, eventually hip replacement

# -altered biomechanics above and below the hip;

-Chiropractic and Foot Levelers.

#### Follow-up for early LCP

- MRI bilateral hips- for early marrow changes
  - Anterosuperior portion of the femoral head



## Hip Dysplasia

#### **Treatment/Outcome in LCP**

- Surgery; Bracing to provide traction; Rest
- Foot Levelers age of 10-12.
- Reconstitution
  - Less than 50% involvement of the femoral epiphysis= better prognosis













Fracture of left femur



## Surgical hardware

Altered biomechanics/compensatory

• Pelvic unleveling/ altered femoral heights

 Degenerative changes of lumbar spine; Postural alterations



## Follow-up/Treatment

 Check hardware for loosening; healing of fracture

Chiropractic & Foot Levelers

 Improve recovery time



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#### THANK YOU

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