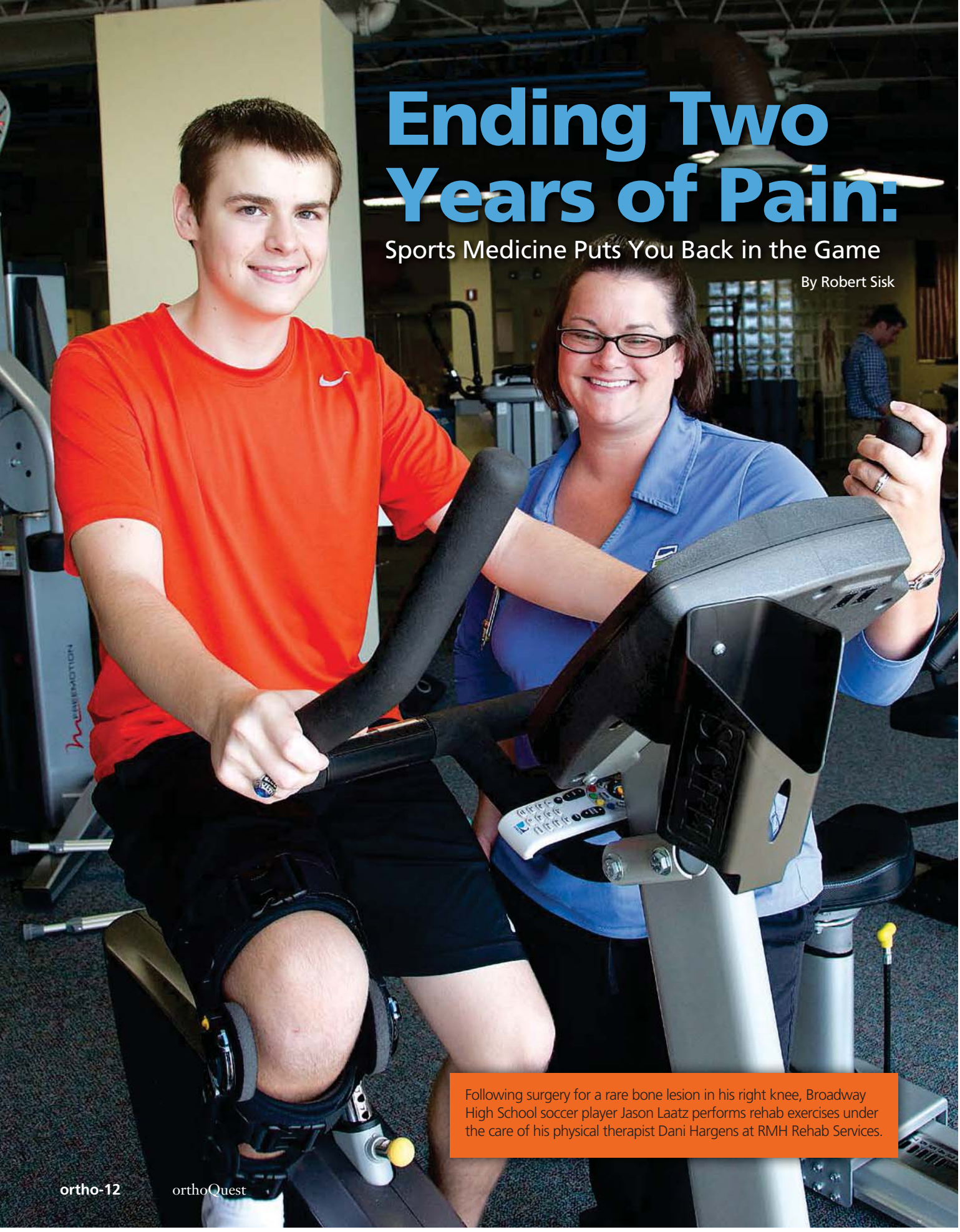
Ending Two Years of Pain:

Sports Medicine Puts You Back in the Game

By Robert Sisk



Following surgery for a rare bone lesion in his right knee, Broadway High School soccer player Jason Laatz performs rehab exercises under the care of his physical therapist Dani Hargens at RMH Rehab Services.

Jason Laatz, 16, loved to play soccer, earning a spot on the Broadway High School boys' soccer junior varsity squad as an eighth grader. During a match two years ago, a common leg injury—a stress fracture—pointed doctors to an uncommon problem that had only begun to reveal itself.

Jason says an X-ray showed a stress fracture two inches below his knee had caused his pain, but a shadow on his knee caused additional concern.

Doctors ordered an MRI to explore the possible cause of the shadow. They found a defect called an osteochondritis dissecans (OCD) lesion.

"The MRI showed that he had an OCD lesion that hadn't healed," Kristeen Laatz, Jason's mother, says. "In time, the stress fracture healed, but the lesion hadn't."

For the next two years, Jason received non-invasive treatment for the lesion, hoping it would heal on its own over time.

"Some days it was OK; some days the pain was just unbearable," Jason says. "The pain got bad. I'd have to take some ibuprofen and lie down. Other days I walked around fine."

Taking a Surgical Approach

After two years of living with pain and the hope that the lesion would heal on its own, Jason went to Dr. Thomas Weber, a sports medicine physician with RMH Orthopedics and Sport Medicine, to see if he could take his treatment to the next step. Since the lesion had shown no signs of improvement, Dr. Weber recommended surgery.

"We had done about all we could do non-operatively," says Dr. Weber, who specializes in nonsurgical sports medicine. "Jason's knee wasn't healing and it was affecting his lifestyle. At that point, I went to my surgical partners at RMH."

Chad Muxlow, DO, an orthopedic surgeon who specializes in arthroscopy and sports medicine, had just joined the RMH team. (Arthroscopy is a type of minimally invasive surgery used to visualize, diagnose and treat problems inside a joint.) Orthopedic sports medicine surgeons treat injuries of the musculoskeletal system such as muscle, ligament, tendon, bone and joint problems. Sports medicine doctors also advise on managing and preventing injuries.

When Dr. Muxlow received Laatz's case in June, he had been performing surgeries at RMH part-time on the weekends while still living in Richmond, where he was completing a fellowship in sports medicine.

"I had just joined the Medical Staff when they asked me if I'd look at Jason's case," Dr. Muxlow says. "My other partners in the orthopedics group reviewed the case but preferred to defer to a sports medicine surgeon to perform this procedure."

An OCD lesion is a defect in the bone behind the cartilage in the knee, he explains. It is rare, affecting about 15 to 30 people per 100,000 in the general population. Its cause is unknown, but it affects people mostly in early adolescence.

Orthopedic surgeon Chad Muxlow, DO, joined the staff of RMH Orthopedics and Sports Medicine in 2013. He is fellowship-trained in sports medicine.

The knee joint is made up of bone, cartilage and ligaments. A lesion forms when there is a lack of blood flow to a small part of the bone. The bone becomes weak and separates from the rest of the bone with its cartilage cap.

"There's part of the bone behind the cartilage in the knee that basically dies and becomes painful because it's on the weight-bearing surface of the knee," Dr. Muxlow says. "Some of these lesions never bother people, while others are very painful. In Jason's case it was painful and needed further intervention beyond conservative treatment."

Members of the sports medicine team at RMH Orthopedics and Sports Medicine include, from left, nonsurgical sports medicine physician Thomas Weber, MD, physician assistant Seth Caldwell, PA-C, and Chad Muxlow, DO.

Dr. Muxlow explains that when the cartilage behind the knee is still attached to the bone, many times a lesion will heal by itself. Jason had been resting his knee to encourage healing and was unable to participate in physical activities.

"A couple times, I tried running to see how it felt," Jason says. "It would feel OK while I was running, but afterwards it didn't feel so good and was achy and sore."

A Short Surgery and Hopes of a Full Recovery

Jason had never undergone surgery and was anxious about what was going to happen when he was put under anesthesia. Dr. Muxlow allayed Jason's and his mother's fears.

"I was nervous," Jason says. "I had to get an IV put in me and I wasn't thrilled about that. After that, I felt OK. Dr. Muxlow was very nice and made me feel a lot better. I asked really random questions just to put my mind at ease."

Dr. Muxlow mapped out the treatment plan. If the cartilage of Jason's knee was not too damaged, he would drill several small holes into the bone to promote blood flow. The blood flow would stimulate the bone and cartilage to heal. If the bone and cartilage were greatly damaged, he would have to remove the damaged bone and replace it with a bone graft.

"You could barely tell where the lesion was, you could just see a shadow," Dr. Muxlow recalls. "When I felt the cartilage with an arthroscopic probe, I could feel a slight soft spot. The cartilage was fine and wasn't loose. I decided to move forward with the least invasive procedure, which was arthroscopic drilling."

The surgery took less than an hour and Jason slept in his own bed that night.

"Everyone was really nice and very attentive to him before and after the surgery," Kristeen says. "They answered all the questions—and Jason had plenty. Everything was fine."

As a mom, Kristeen was most impressed with Dr. Muxlow's thoughtfulness and compassion for her son.

"He gave me his personal cell number and said if I had any questions, to please call him," Kristeen says. "That was very nice; he made me feel a lot more at ease and comfortable."

Jason, who will be a junior this fall, hopes to be able to walk without the aid of crutches before the school year begins at the end of August. He has been attending physical therapy three days a week with Dani Hargens, PT, at RMH Rehab Services.

"I have good and bad days," he says. "The pain can spike up some, but other days it's like a normal day. I think I'm about 80 percent right now."

Jason says he doesn't know if he'll try to play soccer again after his knee heals, but he looks forward to being able to run again.

"I want to recover and see how my knee feels before I think about playing again," he says. "I'm looking forward to finishing the rehab and getting back to a life without pain." ■