Nondisplaced Sacral Fracture In A High School Football Player

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**Objective:** Discuss the presentation of a nondisplaced sacral fracture to raise awareness of this uncommon injury in a young patient. **Background:** A 17-year-old male football athlete reported to the athletic training facility complaining of unilateral hamstring pain with no known mechanism following a preseason football practice. Upon evaluation, the patient presented with an antalgic gait, pain just inferior to the gluteus maximus fold, and hamstrings’ weakness when performing active knee flexion and hip extension. The athlete did not report any point tenderness and the initial diagnosis was a high hamstrings’ strain. Following an unsuccessful ten-day rehabilitation program that focused on treating the hamstrings’ strain, the athlete was referred to a physician because of the atypical progress observed with the current injury. Diagnostic tests were ordered and an MRI revealed a nondisplaced fracture to the posteroinferior aspect of the medial right sacrum. **Differential Diagnosis:** Gluteus maximus strain, sacroiliac joint dysfunction, proximal hamstrings’ avulsion. **Treatment:** Initial treatment for the patient involved Cryotherapy and electrical stimulation. The athlete was instructed on proper hamstrings’ stretches and progressed to resistance exercises. However, once the athlete’s sacral fracture was diagnosed, his therapeutic exercises ceased and he began only receiving superficial heat and electrical stimulation for pain relief. After clearance from a physician, the athlete resumed and progressed through the previously mentioned exercises and the athletic training staff also incorporated light agility drills into the patient’s therapeutic program. By week five, the athlete’s pain had been diminished from 7/10 initially to a 3/10 and his hamstrings’ and gluteus maximus strength had improved to 5/5. During week six he was cleared by the school physician for contact practice and for participation in that week’s game. **Uniqueness:** Although the injury was to the athlete’s sacrum, the signs and symptoms presented were more consistent with a hamstrings’ strain. Sacral fractures are more common in the elderly populations but can still occur when abnormal stress is placed upon healthy, mineralized bone in a young patient. This injury illustrates the importance of referral when an injury does not recover along its expected course. Once the athlete was referred and advanced imaging was performed, the diagnosis was changed to be consistent with diagnostic results. If a sacral fracture is undiagnosed and a patient continues his or her activity, the fracture can progress to more severe stages and possibly cause neurological deficits. **Conclusion:** If an injury does not present in a fashion that is typical for the initial diagnosis, then further evaluation should occur. This case stressed the importance of constant evaluation while following up with injured patients. **Key Words:** Nondisplaced Sacral Fracture, idiopathic