

**Patient
Information**

Osgood Schlatters Syndrome (OSS)

Introduction

This leaflet gives you information about Osgoods Schlatters Syndrome (OSS) and how it is best managed.

What is OSS?

- OSS is a childhood condition, which affects growing bones around the knee joint.
- OSS causes inflammation of the large muscle tendon (patellar tendon) that straightens the knee. This area is particularly affected by overloading the muscle during sports and usually does not follow any injury.
- OSS happens more often in boys than girls aged between 10 and 15 years, frequently following a rapid growth spurt.
- OSS may affect one or both knees and is a common cause of knee pain in teenagers and young adults.
- OSS is often associated with over-use in sport usually those sports involving jumping or rapid changes of direction such as football, gymnastics, basketball and mountain- biking

Symptoms of OSS

Typical symptoms are pain, swelling and tenderness (in front of and 5cm below the knee joint where there is a bony bump called the tibial tubercle). This is where the large thigh muscle attaches to the lower leg bone. When pain is severe it may cause limping.

Treatment

An operation is not necessary and the treatment is a combination of rest, pain relief and exercise.

Symptoms will generally take 1 to 2 years to go away but may continue until the person has finished growing.

Any activities that aggravate the pain and swelling need to be reduced to a level that the young person can tolerate.

Exercise may aggravate the pain but will not cause damage to the knee.

Reference No.

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Department

Emergency

Review due

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Applying a heat pack to the knee for 15 minutes before exercise or an ice pack for 20 minutes after exercise can minimize swelling.

Please ask for a copy of leaflet 'Ice and heat treatment at home GHPI0659'.

Pain relieving medication may reduce pain and swelling but you will need to discuss the options available with a pharmacist or your GP.

An X-ray is not always required but one may be taken of the knee to confirm the diagnosis.

The school should be informed and asked to make allowances for the condition.

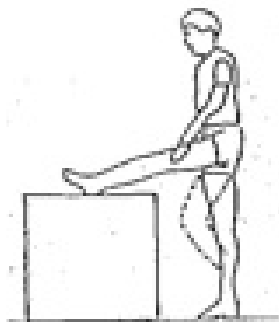
The use of specialist insoles (provided by podiatry) can also help in severe cases.

Stretches

The child should stretch their leg as shown in the images below and hold for 30 seconds. This should be done 3 times a day.



Quadriceps (front of leg) Hamstring (back of leg)



Hamstring (back of leg)

Long-term outcome

A balance of rest and exercise are important in managing the condition. There are no long-term complications of OSS although the tibial tubercle (bony bump below the knee) may remain enlarged after symptoms have disappeared.

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Contact information

For self-referral to podiatry or physiotherapy, please use the details below.

Gloucestershire Podiatry Service

Tel: 0300 421 8800

Website: www.ghc.nhs.uk/our-teams-and-services/podiatry

Therapy Department

Gloucestershire Royal Hospital

Tel: 0300 422 8527

Cheltenham General Hospital

Tel: 0300 422 3040

Monday to Friday, 9:00am to 4:00pm

Website: www.gloshospitals.nhs.uk/our-services/services-we-offer/physiotherapy/how-can-i-see-physiotherapist/

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Making a choice

Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

* Ask 3 Questions is based on Shepherd JL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling, 2011;84: 379-85