The patient was a 27-year-old man currently serving in the military who was evaluated by a physical therapist in a direct-access mode of care for a chief complaint of worsening left distal medial thigh pain. The symptoms began 3 weeks earlier after sustaining a direct blow to the left distal medial thigh during a hand-to-hand combat training exercise. The patient reported a 5-year history of intermittent discomfort in the left distal medial thigh region prior to this injury, but it did not affect his activity level. Following this injury, however, he had substantial difficulty performing routine lower extremity exercise activities, such as running and squatting.

Visual observation revealed a normal, nonantalgic gait. While range of motion of the left hip and knee was within normal limits, manual muscle testing of the left quadriceps and hip adductor musculature revealed weakness and pain in the distal medial thigh region. Palpation revealed an immobile, firm mass in the left distal medial thigh that was exquisitely tender to palpation.

Given the traumatic mechanism of injury, worsening symptoms, and the presence of a painful, firm mass in the left distal medial thigh region, the physical therapist ordered radiographs of the left femur (anterior-to-posterior and lateral views). The radiographs demonstrated a fracture at the base of an 8.5-cm osteochondroma located at the distal medial femur (FIGURE 1). Osteochondromas are relatively common, benign bone tumors comprising approximately 35% of all primary benign bone tumors.1

The patient was referred to an orthopaedic surgeon and subsequently underwent surgical resection of the osteochondroma (FIGURE 2). At 4 weeks following surgical resection, the patient successfully returned to full, unrestricted military training activities without pain or functional limitation.  J Orthop Sports Phys Ther 2014;44(6):457. doi:10.2519/jospt.2014.0407

Reference

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