

L4-L5 Disc Herniation Coupled with Facet Joint Syndrome in a Collegiate Women's Tennis Player

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ABSTRACT

Case History A 21-year-old female collegiate tennis player was experiencing debilitating low back pain. The patient experienced pain in all directions of trunk movement. **Differential Diagnosis** Herniated disc, spondylitic defect, sciatic dysfunction. **Treatment** The patient first followed a conservative method of treatment involving rest, heat, ice, daily NSAID regimen, and a core exercise program. The patient later received a round of steroid injections. When pain continued to persist, the patient was referred to a spine specialist where she was diagnosed with a L4-L5 disc herniation with concurrent facet joint syndrome. **Uniqueness** The conflicting natures of the lumbar disc herniation and facet joint syndrome caused the patient to experience pain with flexion, extension, side-bending, and rotation. Conservative treatments proved to be ineffective overall as the exercises prescribed to treat the L4-L5 disc herniation caused more damage of the facet joints. In this case surgery was the only option to continue playing in athletics but was declined by the patient. **Conclusion** There are a prevalent amount of lumbar disc herniations in athletics and additionally athletic trainers are commonly aware of the presentation of facet joint syndrome. However, the odd pairing of these two injuries can leave athletic trainers doubtful of the athlete's true condition. In addition, the diagnosis of one injury can cause medical personnel to ignore other symptoms and cease the search for concurrent or alternate injury diagnoses. Athletic trainers need to be aware of cases where athletes have multiple syndromes with alternate presenting symptoms that can skew a diagnosis and lead to a chronic, incapacitating injury.