CASE 6

1. What are your key findings from the running analysis and do they relate to this patient’s symptoms and injury history?

Relation to patient’s symptoms and injury history:

* + - Cross-over gate with her right foot
    - Pelvic drop on both sides
    - Small knee window
    - Overstride? Video from sagittal plane needed

Not directly related to patient’s symptoms and injury history:

1. Is there a role for Gait re-training for this patient, based on your findings? (Yes or No) Yes and no, first priority is rulling out stress fracture, then lifestyle adjustment & load management, and see what this does with her symptoms. Keep possible shin stress fracture in mind, and when she keeps on loading likes she does, she might develop stress fracture. Ask how long her symptoms last after running and if she has night pain. Refer for MRI if suspicious.
2. What are your goals for gait re-training to reduce their symptoms and injury risk?
   * + No cross over gate
     + Widen his steps
     + Keep the pelvic alligned
3. How can you achieve this goal in this runner?
   * Internal cues?

Widen your steps, shorten your steps, keep your pelvic in the horizontal plane (mirror training)

* + External cues?

Tape to widen step length, Mirror so she can get feedback if she keeps her pelvic level.

Visual, Auditory or Kinaesthetic cues?

Pretend you have a tennisbal between your knees. Keep your knees as wide as when you are on a bicycle.

* + Mobility or Running Drills?

Increase endurance strength lateral posterior hip stabilizers

1. What are the potential barriers and how would you assess them?

Mental disorder, hard to get her to take a step back in her sporting activities. Referal to her doctor to get mental help. Yellow flags.