High level sport practice has many consequences on athletes’ health. Many studies report an unusual large number of AlS cases amongst footballers. AlS is characterised by muscles atrophy, may involve depression and anxiety. To date, it has no cure, and does not allow recovery. The only care for it consists in limiting the use of articulations and its maintenance but there is no way to strengthen it. This diagnosis prevents physical activity and upset the athlete’s whole way of life.

This communication tries, in the absence of data from empirical studies based on a sample allowing to statistically apprehend this trouble’s prevalence, to consider the case of a particular ex-professional female soccer player at the international level. She was born in 1954 and diagnosed with spinal onset in 2011, age of 57.

We studied and will present her emotional state following the announcement of the diagnosis, as well as the effect of ending sport practice. To evaluate emotions we used Rosenberg Self Esteem Scale and The Profile of Mood Scale in French version Self esteem is weak and emotional profil looks like iceberg profil, expected psychological profil of an elite athlete.

The data suggests that medical and psychological care enhances psychological well being. Finding new goals can help diminish depression.

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**P072-e**

**Instrumental assessment of tears of the anterior cruciate ligament**

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The purpose of this study is to realize a review of the bibliography on the instrumental assessment (IA) of tears of the anterior cruciate ligament (ACL). Manual assessment « Gold Standard » is usually realized by the Lachman test and the Pivot-Shift (PS). However, a number of tears of the LCA (25% for S Besch) are not diagnosed by these tests. For this reason, instrumental measurement are developed. This review listed three types of IA: instrumental Lachman, instrumental Pivot-Shift and studies of rotations. For instrumental Lachman, three devices are used in medical practice: KT-1000, Rolimeter and GNRB with globally same results compare to manual Lachman [1]. We point out a particular interest of the GNRB because it is not “operator-dependent” and allows assessment of partial tear [3]. For instrumental Pivot-Shift devices (IPS), they only record the PS started by the examiner. IPS have the same limitations than the manual PS (difficulty of realization of the PS with long learning curve). Assessment of the rotations is developing since few years with different machines. However, rotations’ abnormalities are not still clearly correlated with LCA tear and remain in 2013 essentially used for experimental studies.

In practice, “Gold Standard” for assessment of LCA tears remains the manual Lachman and the manual Pivot-Shift. In problematic cases, help of instrumental Lachman allows to improve diagnostic efficiency. Rolimeter is interesting because its low size and its moderate cost. The GNRB is probably the most interesting device because it avoids the problem of “operator dependency” and also improve the assessment of ACL partial tears.

**References**


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**P073-e**

**A case of low back pain due to lumbosacral transitional vertebra in a professional triathlete**

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**Keywords:** Lumbosacral transitional vertebra; LSTV; Triathlete; Bertolli

**Introduction.** A lumbosacral transitional vertebra (LSTV) is a common congenital anomaly, first described by Bertolli in 1917. It is characterized by an anomalous enlargement of the transverse process of the most caudal lumbar vertebra, which can articulate or fuse with the sacrum or ilium. Castellvi radiographically classified seven types. The exact role of a transitional vertebra in low back pain is unclear. Literature suggests that having a transitional vertebra does not necessitate symptoms and that the appearance of symptoms implies the presence of specific pathology.

**Observation.** We describe the case of a 32-year-old male professional triathlete who presented with deteriorating right-sided lumbo-sacral pain not responding to conservative therapy since more than a year. A LSTV and arthritis of the pseudojoint between L5 and the adjacent sacral ala were visualized by skeletal scintigraphy and MRI. Fluoroscopically guided corticosteroid injection into the pseudarticulation eliminated the discomfort completely.

**Discussion.** A similar case has never been described but we suggest that due to the high intensity of sports associated with professional triathlon and change in the biomechanical characteristics that comes with an LSTV, the professional triathlete is more susceptible to develop symptoms. On the other hand a triathlete could be protected by the diversity of sports associated with triathlon. Literature also indicates that not every type of LSTV has the same prevalence and severity of developing symptoms.

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