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MANAGEMENT OF A TENNIS ATHLETE WITH LOW BACK PAIN: A CASE REPORT

STÉPHANIE GROSDENT

Department of Rehabilitation and Sports Sciences, University of Liege, Liege, Belgium and Spine Clinic, Liege University Hospital Center, Liege, Belgium

Low back pain (LBP) and low back injuries among both recreational and professional tennis players are common and can interfere with training, practice and competition. Whilst in most cases, LBP induces minor disability and is resolved within a few days/weeks, some athletes develop persistent symptoms. This case report describes the subjective assessment, physical examination and treatment of a female elite tennis player with a 4-month history of LBP.

The patient (17-year old) presented with unilateral right lumbar pain radiating to the upper right buttock and anterior thigh. This pain occurred as a result of a rapid change in weekly training load during a training camp. The initial examination revealed no red or yellow flags. Functional limitations were related to jumping, running forward and some tennis strokes (eg. serve). The physical assessment showed trunk and hip mobility restrictions, altered neural tissue sensitivity and impairments in lumbopelvic sensori-motor control.

The patient's rehabilitation program included a sport-specific bio-psycho-social approach. The early focus was on pain relief, increasing low back movement and early initiation of lumbopelvic sensori-motor control exercises. Afterward, a sport-specific optimal loading program for the low back was initiated that included movements of the trunk, neural mobilisations and progression of lumbopelvic sensori-motor control exercises from a stable supported position to an upright position. Sports specific tennis tasks were introduced and progressed. At the 6-week period the patient was returning to competition without pain and any low back functional limitation.