Dear Editors,

THORACIC BACK PAIN IN ROWERS AND BUTTERFLY SWIMMERS — Costo Vertebral Subluxation

Thoracic back pain accounts for 19% of the injuries that I have seen in international rowers, male and female. I have also come across similar presenting symptoms while coaching swimmers who specialise in butterfly. The injury usually occurs when the rower is recovering the arms between strokes and catches rough water, a buoy or other object unexpectedly. The athlete complains of pain close to the thoracic spine at or about the level of the 6th and 7th ribs but the pain may radiate laterally or even right around to the anterior chest wall. Deep inspiration, coughing or sneezing is often painful.

Pain may be increased by side flexion of the thoracic spine, rotation away from or into the painful side and sometimes flexion of the thoracic spine. Palpation of the thoracic spine may reveal the level of the trouble and palpation over the angle of the ribs will produce discomfort either at the site of palpation or lateral to it.

Treatment by manipulation is usually successful. The athlete lies prone with the arms elevated above the head and the head turned away from the painful side. The manipulators hands are crossed with one pisiform placed over the tender rib and the other pisiform on the corresponding rib on the other side. A force is then applied through the pisiforms to the ribs in a downwards, forwards and lateral direction. An audible and palpable click is usually an indication that the technique has been successful. The pain is either abolished immediately or settles rapidly in the following 48 hours. Ultrasound in the following 48 hours may further reduce the pain. If manipulation is too painful, mobilisations will help but normally take more time to achieve a similar result.

Therapeutic and preventative exercises in the form of ballistic rotational stretches away from the painful side and diagonal stretches away from the painful side while side flexed away from the painful side, may help reduce the frequency and severity of further episodes. (Ballistic stretching is not normally recommended for soft tissue structures but this type of stretching is required in order to click a joint back into position). Elevation of the arms above the head at the same time as hyperextending the spine may also help.

Yours faithfully,

P. L. THOMAS
The Surgery
Loddon Hall Road
Twyford
Reading RG10 9JA

Dear Editors,

EYE INJURIES IN SQUASH

The December issue of the BJSM published yet another article outlining the serious nature of eye injuries sustained in racquet sports. We have the facts but where do we go from here? Having played international squash for 12 years and being fully conversant with the preventive role of medicine I feel I can appreciate both the doctors’ and the players’ concerns.

Unfortunately there is no form of eye protection which does not hinder a player’s performance. (A medical colleague of mine lost an eye playing squash has tried most of them.) There are two basic types, those which use a protective lens similar to most occupational safety glasses and those which increase the anatomical margins of the orbit but do not have lenses. The latter aim to deflect the majority of blows from balls and racquets and do not have the problems associated with perspiration when lenses are used. By their very nature these also have the effect of reducing slightly the field of vision.

As a player I have considered the risks involved to my eyesight and do not feel the risks outweigh the advantages that would be gained by my opponents. Most squash players, who are very competitive by nature, feel the same way. I would however accept the use of eye protection if both parties were to wear them since this would undoubtedly reduce the overall incidence of eye injuries. I therefore feel that the final decision must lie with the governing body who, following expert advice, must decide whether the frequency and degree of injuries necessitate...