

Unmasking Rib Pain

Differentiation and management of atraumatic rib pain

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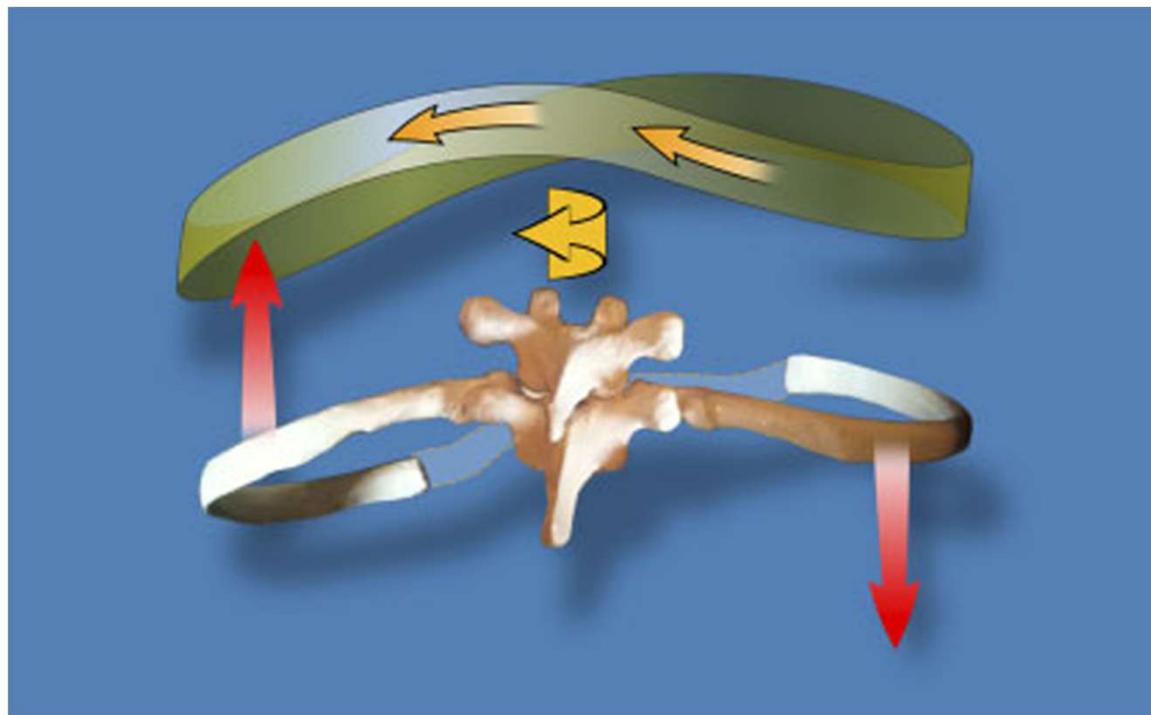
Why rib pain?

- Ribs are essential for functional integrity of the thorax
- Currently there is a lack of research into thoracic and particularly rib pain
- Musculoskeletal chest wall pain accounts for 44.6% (Verdon et al., 2007) and 46.6% (Bösner et al., 2010) of patients presenting to GP with chest pain
- Many different conditions and masqueraders that can present with thoracic pain

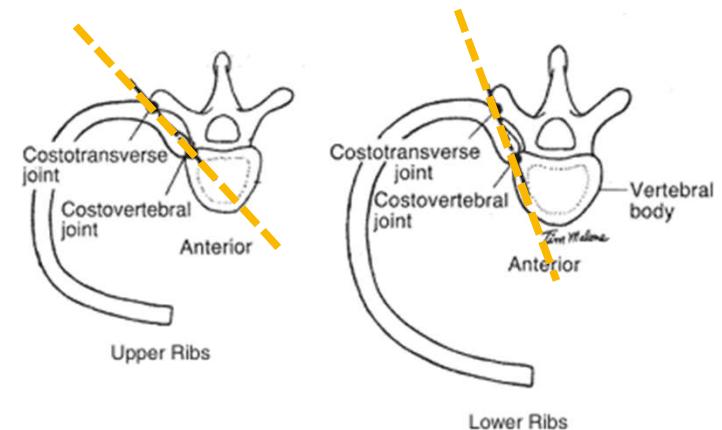
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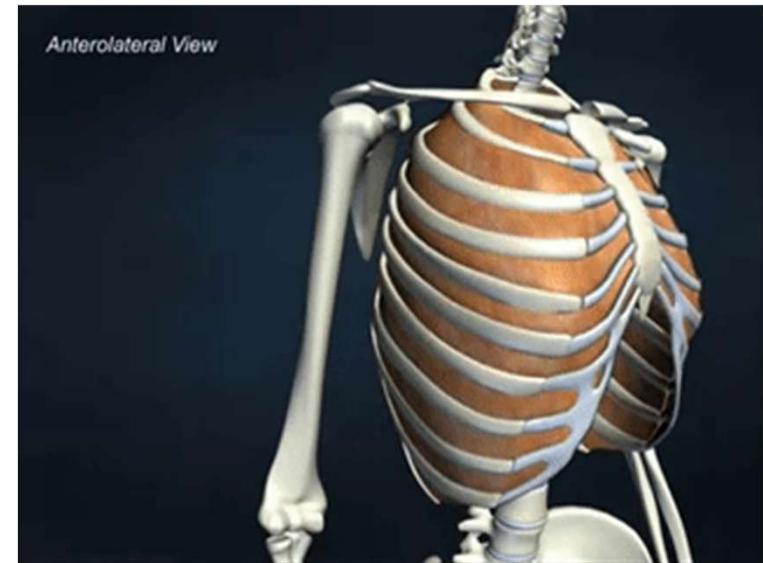
Biomechanics



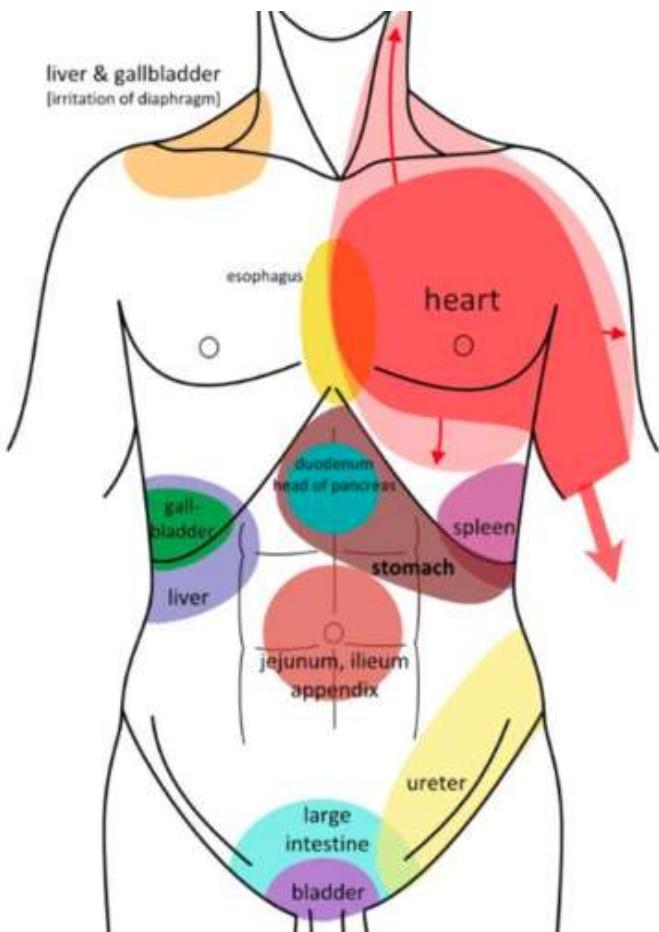
Asymmetrical rib motion during right vertebral rotation. The ipsilateral rib posteriorly rotates, while the contralateral rib anteriorly rotates. (Lee, 2015)



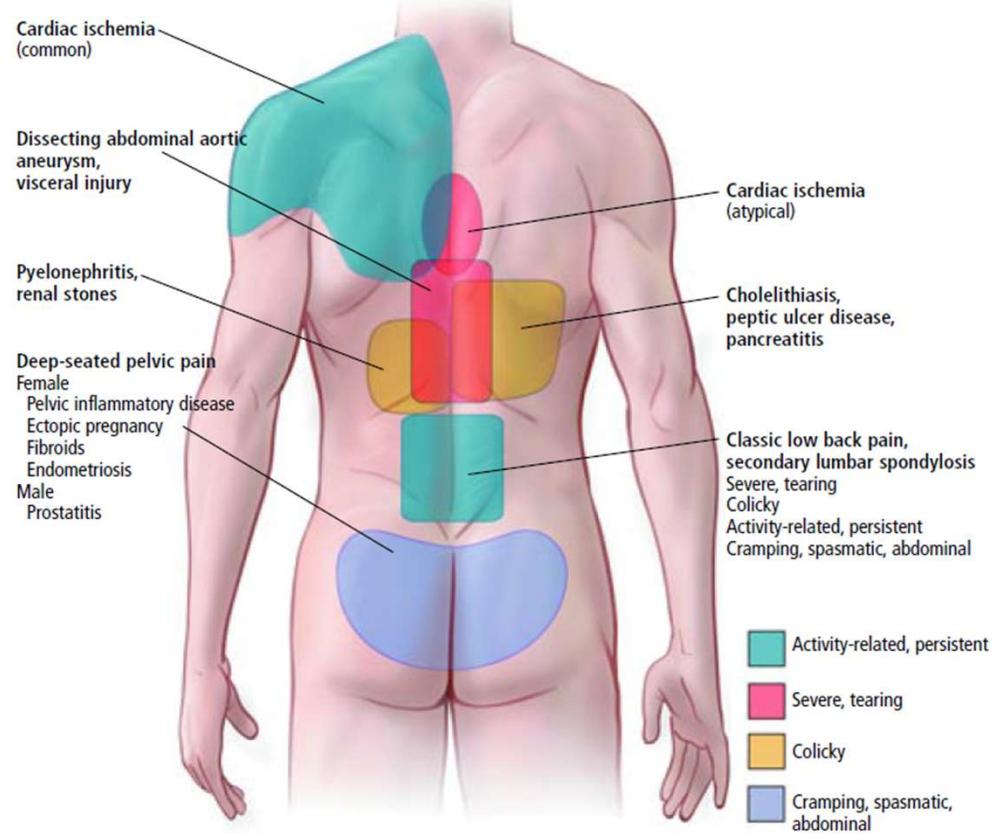
The ribs rotate along the line of the neck of the rib - which changes orientation from the upper to lower ribs (Levangie & Norkin, 2011)



Challenges in diagnosing rib pain



When back pain isn't just back pain



Differential Diagnosis

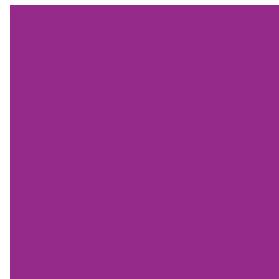


Musculoskeletal chest wall pain

At least 2 of the following:

- Stinging or stabbing pain
- Well localised
- Neither retrosternal nor oppressive
- Pain reproducible by palpation

(Bösner et al., 2010)
(Ronga et al., 2012)



Pain of cardiac origin

Deep, substernal pain that may radiate
Shortness of breath
Pain on exertion
Diaphoresis
Pallor
Nausea

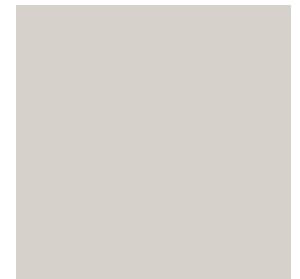
(Mott et al., 2021)
(Fruth, 2006)



Pain of pulmonary origin

Pleuritic chest pain
Associated with fatigue and/or dyspnoea
Asymmetrical lung expansion
Persistent cough
Changes on auscultation

(Tamariz et al., 2004)
(Grief & Loza, 2018)
(Currie et al., 2007)

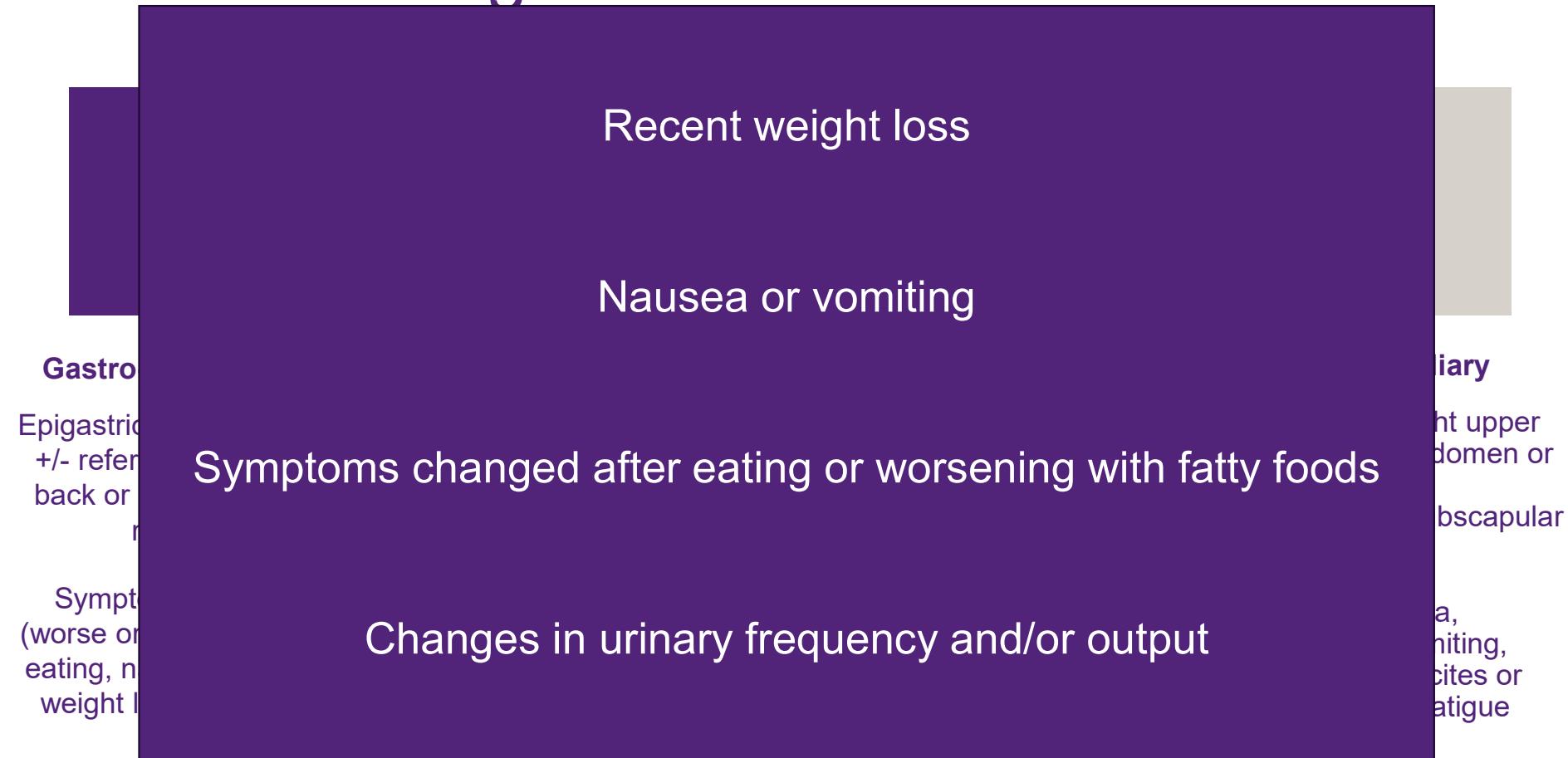


Malignancy/Infection

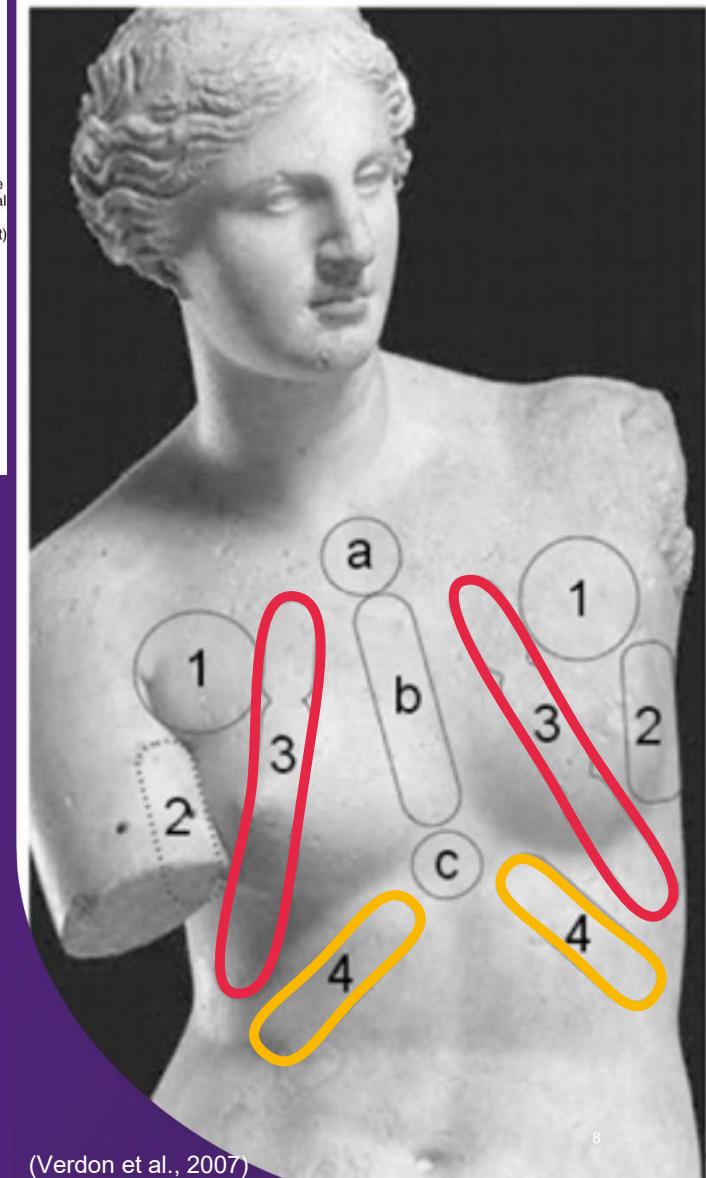
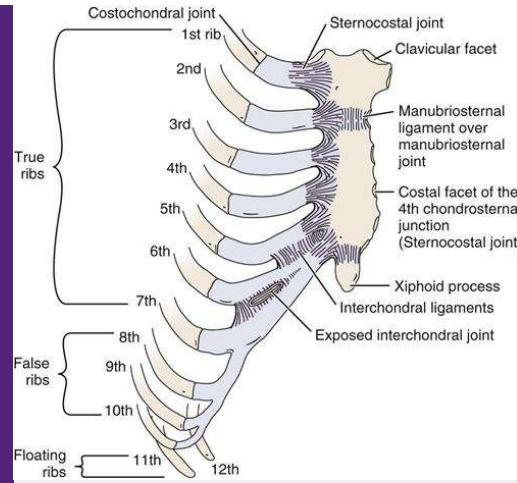
Progressively worsening symptoms
Recent surgery or needle use
History of cancer or immunosuppression
Recent weight loss

(Fruth, 2006)
(Finucane et al., 2020)

Differential Diagnosis



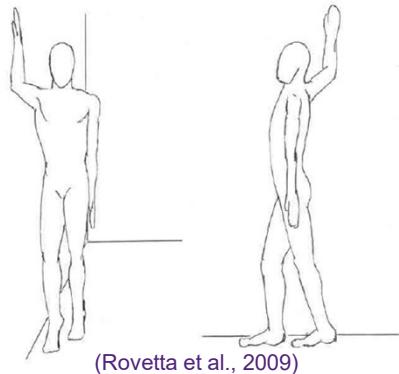
Anterior rib pain



Condition	Pain Quality	Aggravating factors
Costochondritis	Aching, sharp or pressure like pain	<ul style="list-style-type: none"> • Stretching • Sneezing • Coughing • Inspiration • Trunk flexion
Tietze's syndrome	Sharp and stabbing pain at onset, persisting as a dull aching pain	<ul style="list-style-type: none"> • Stretching • Sneezing • Coughing • Inspiration • Trunk flexion • Prone lying
Slipping rib syndrome	Sharp, stabbing pain sometimes associated with an audible click	<ul style="list-style-type: none"> • Trunk flexion • Twisting • Strong abdominal contraction

Anterior rib pain

Costochondritis



Crowing rooster manoeuvre



Examination

- Pain well localised by history and/or examination and reproduced on palpation (Ronga et al., 2012)
- Crowing rooster manoeuvre (Epstein et al., 1979)
- Horizontal adduction manoeuvre (Epstein et al., 1979)
- Exclusion of other causes of chest pain

Management

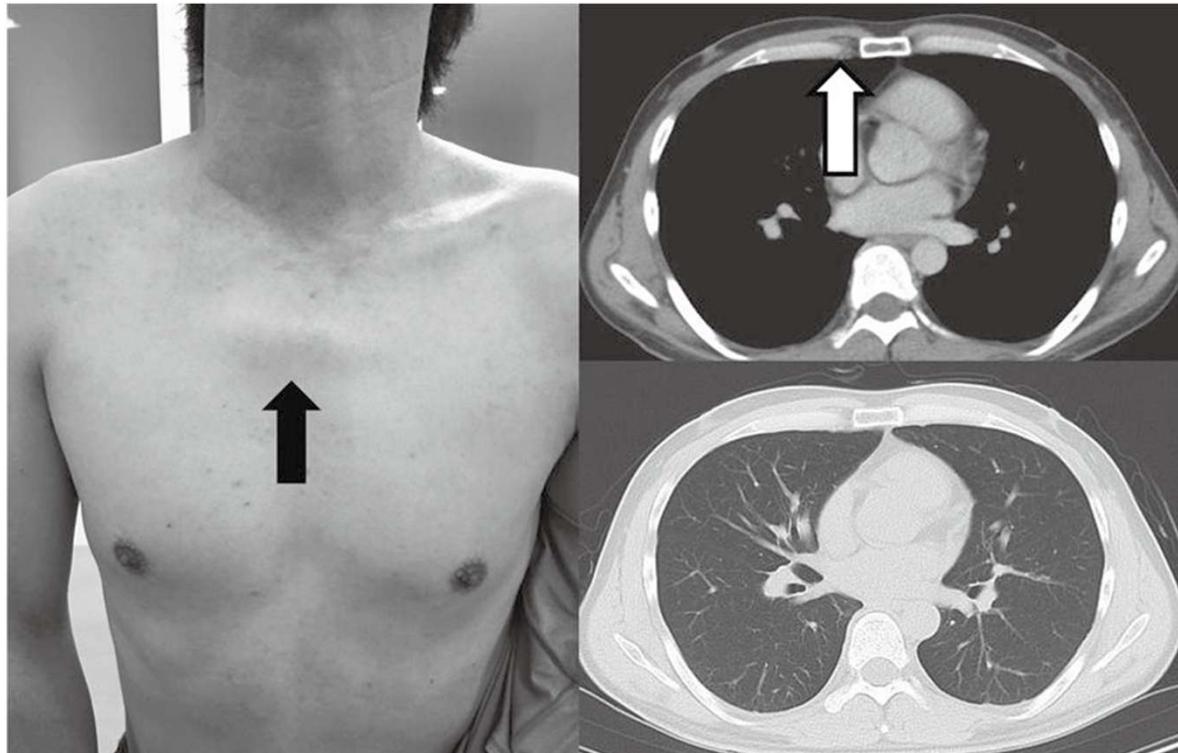
- No high-quality studies have examined the effectiveness of any treatment options for costochondritis (Mott et al., 2021)



Horizontal adduction manoeuvre

Anterior rib pain

Tietze's syndrome

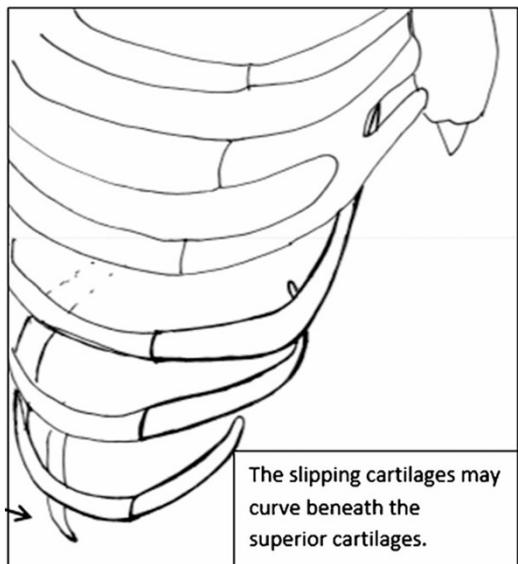


(Sawada et al., 2019)

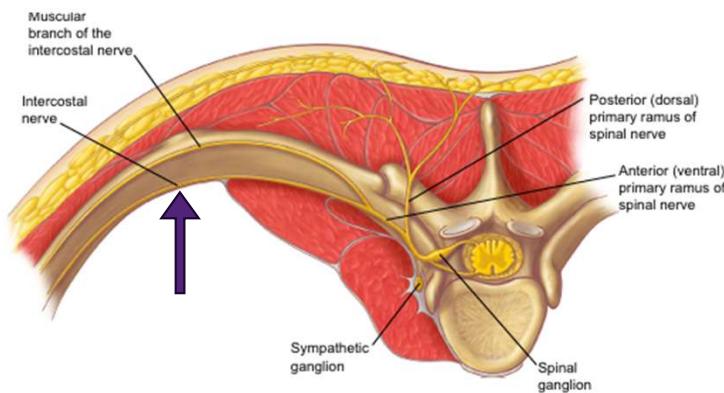
- Sharp and stabbing pain at onset, persisting as a dull aching pain (Ayloo et al., 2013)
- Typically involves the costochondral junction of ribs 2 and 3 (Mott et al., 2021)
- Key physical examination finding is tenderness and visible swelling of the costal cartilages (Calabro et al., 1980)
- CT imaging may be important to rule out other causes (Thongngarm et al., 2001) (Sik et al., 2009)

Anterior rib pain

Slipping rib syndrome



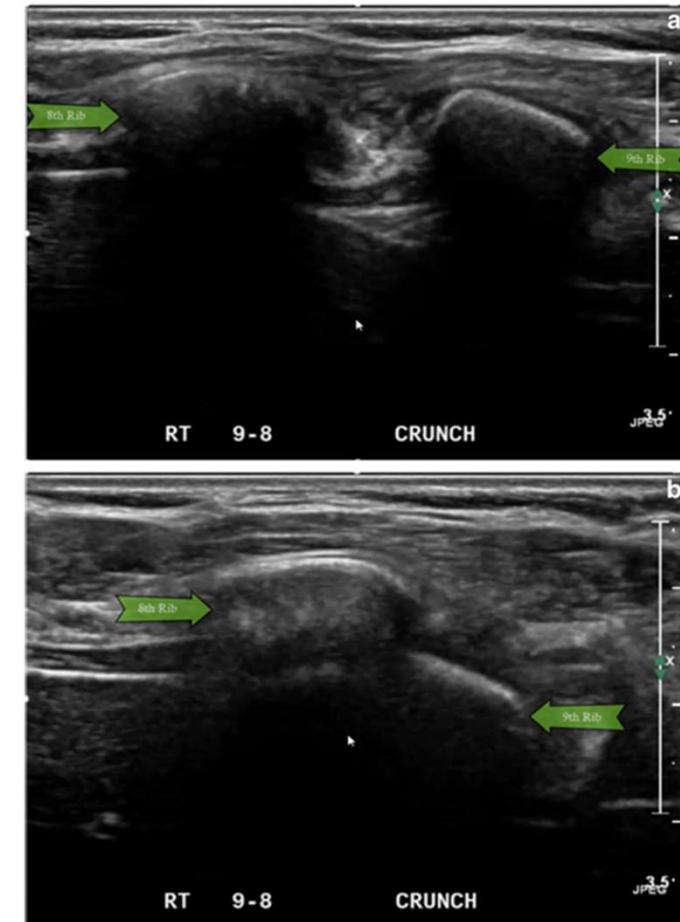
Slipping of the costal cartilages
(Van Tassel et al., 2019)



Underside view of the intercostal nerve which is vulnerable to irritation(Valli  res, 2007)



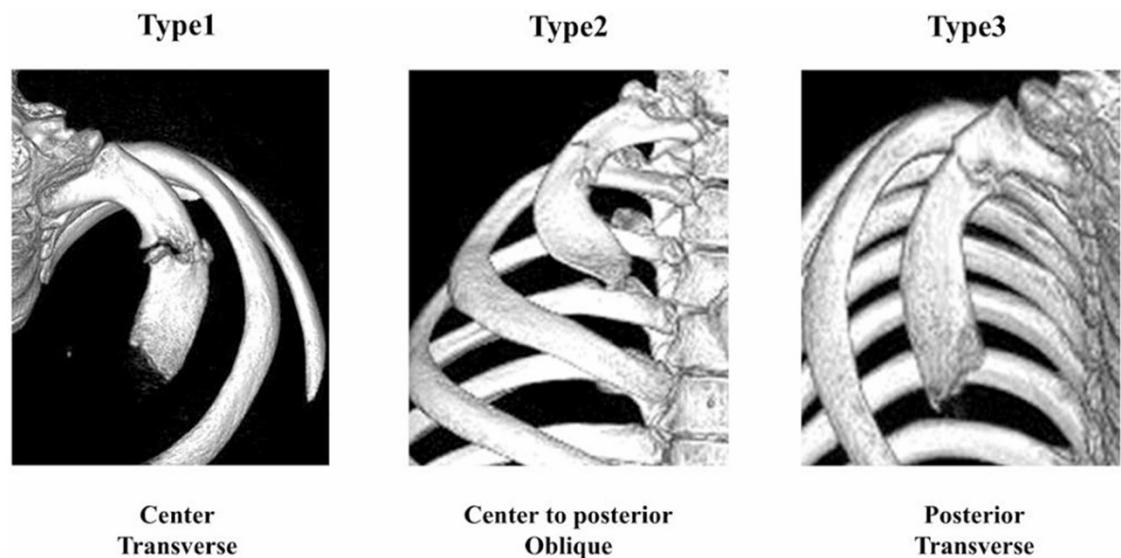
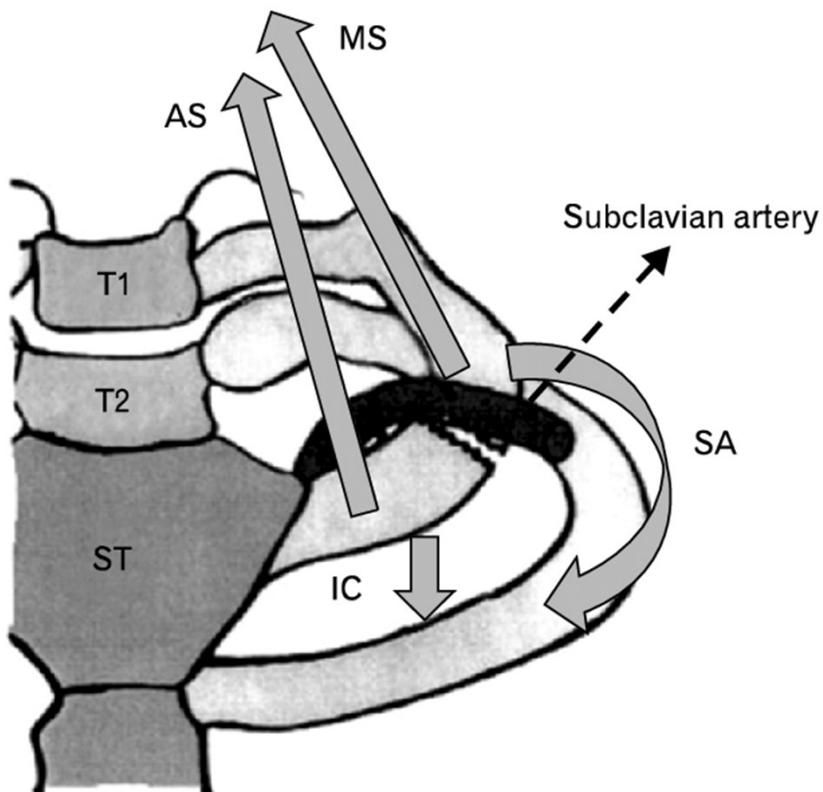
Hooking manoeuvre (McMahon, 2018)



9th rib motion in a patient with slipping rib syndrome viewed by dynamic ultrasound while performing abdominal crunch (Van Tassel et al., 2019)

Stress Fracture

First rib



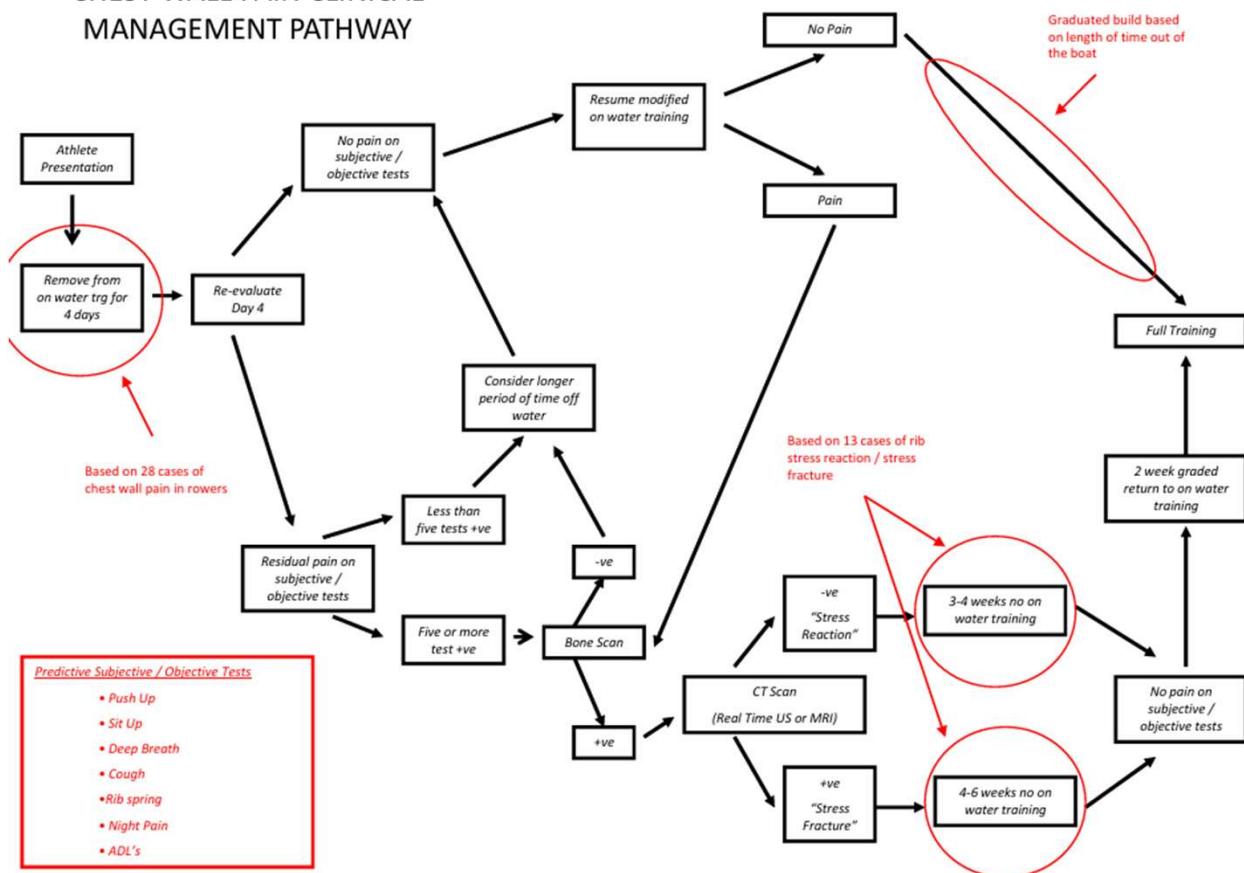
Observed patterns in first rib stress fracture in relation to the groove for the subclavian artery
 (Kawashima et al., 2020)

Opposing forces of the scalenes and serratus anterior which contributes to the development of first rib stress fracture (Kim & Hong, 2017)

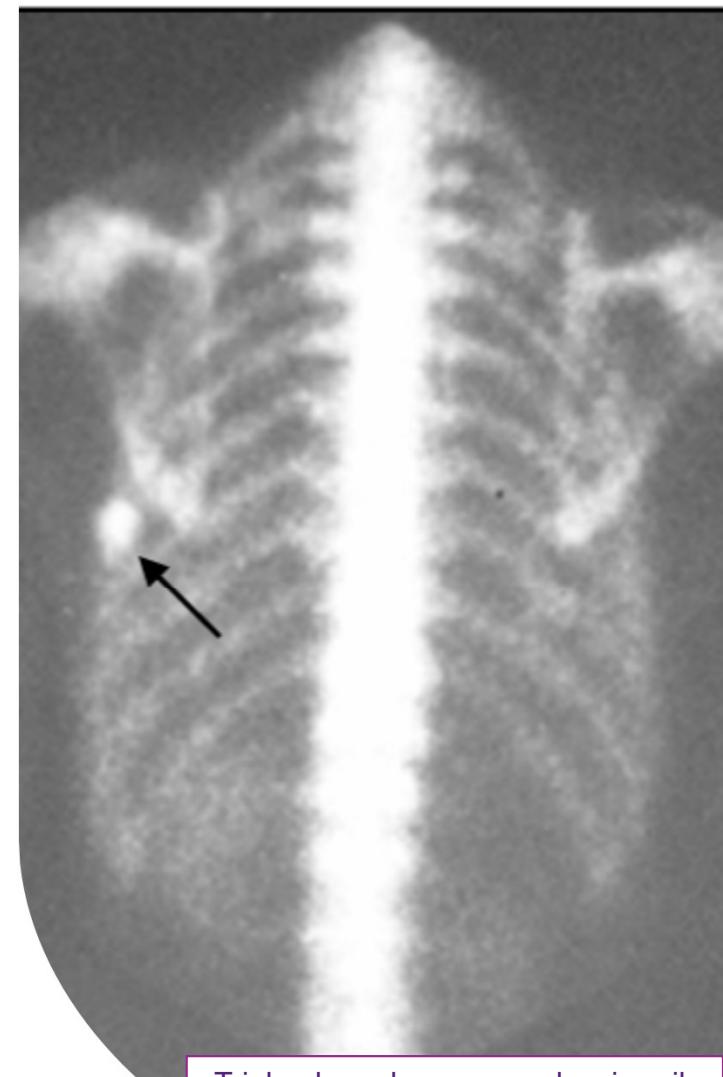
Stress fracture

Ribs 4-8

CHEST WALL PAIN CLINICAL MANAGEMENT PATHWAY



(Hooper et al., 2011)



Triple phase bone scan showing rib stress fracture
(Gregory et al., 2002)

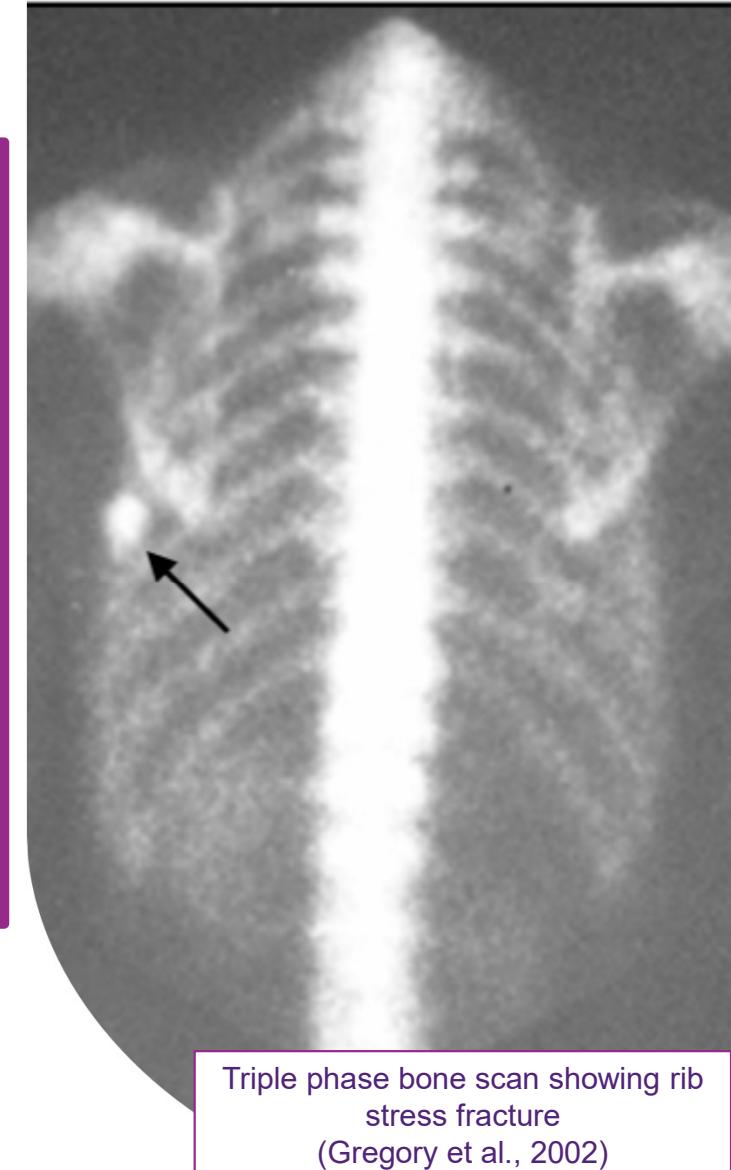
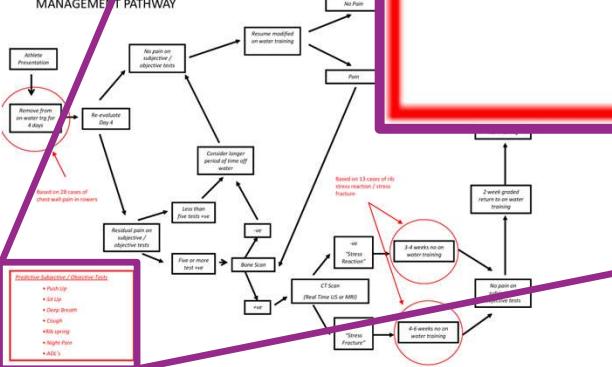
Stress fracture

Ribs 4-8

Predictive Subjective / Objective Tests

- Push Up
- Sit Up
- Deep Breath
- Cough
- Rib spring
- Night Pain
- ADL's

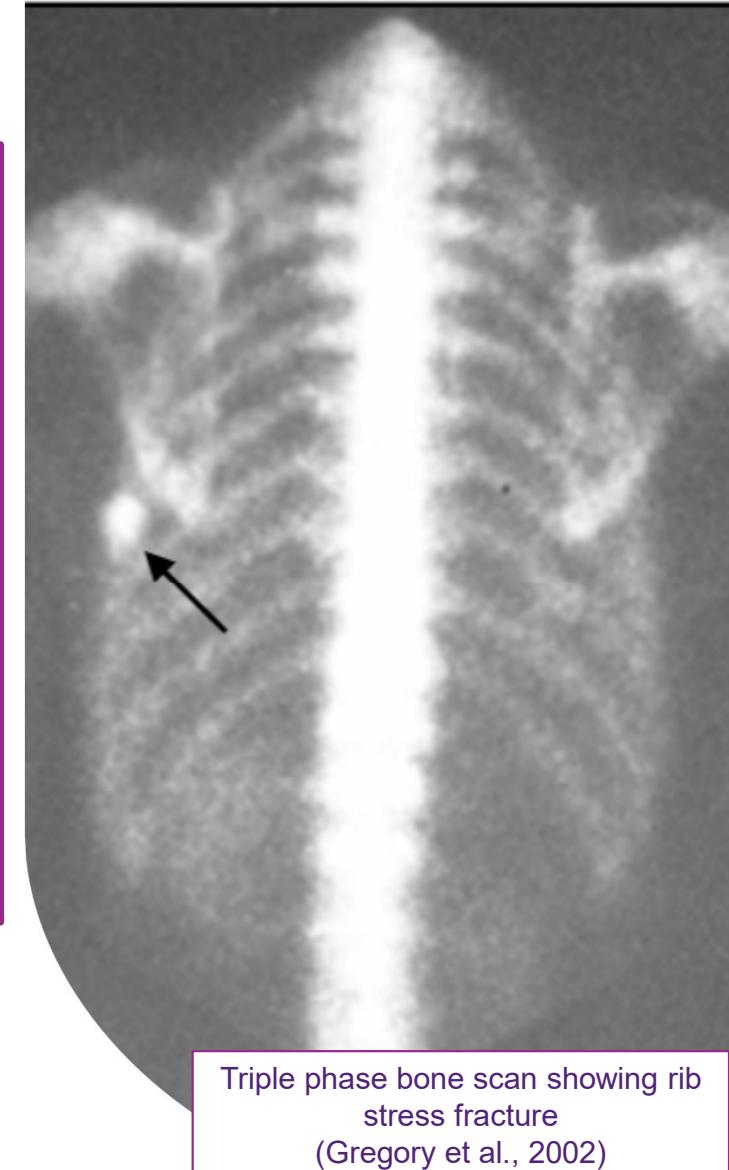
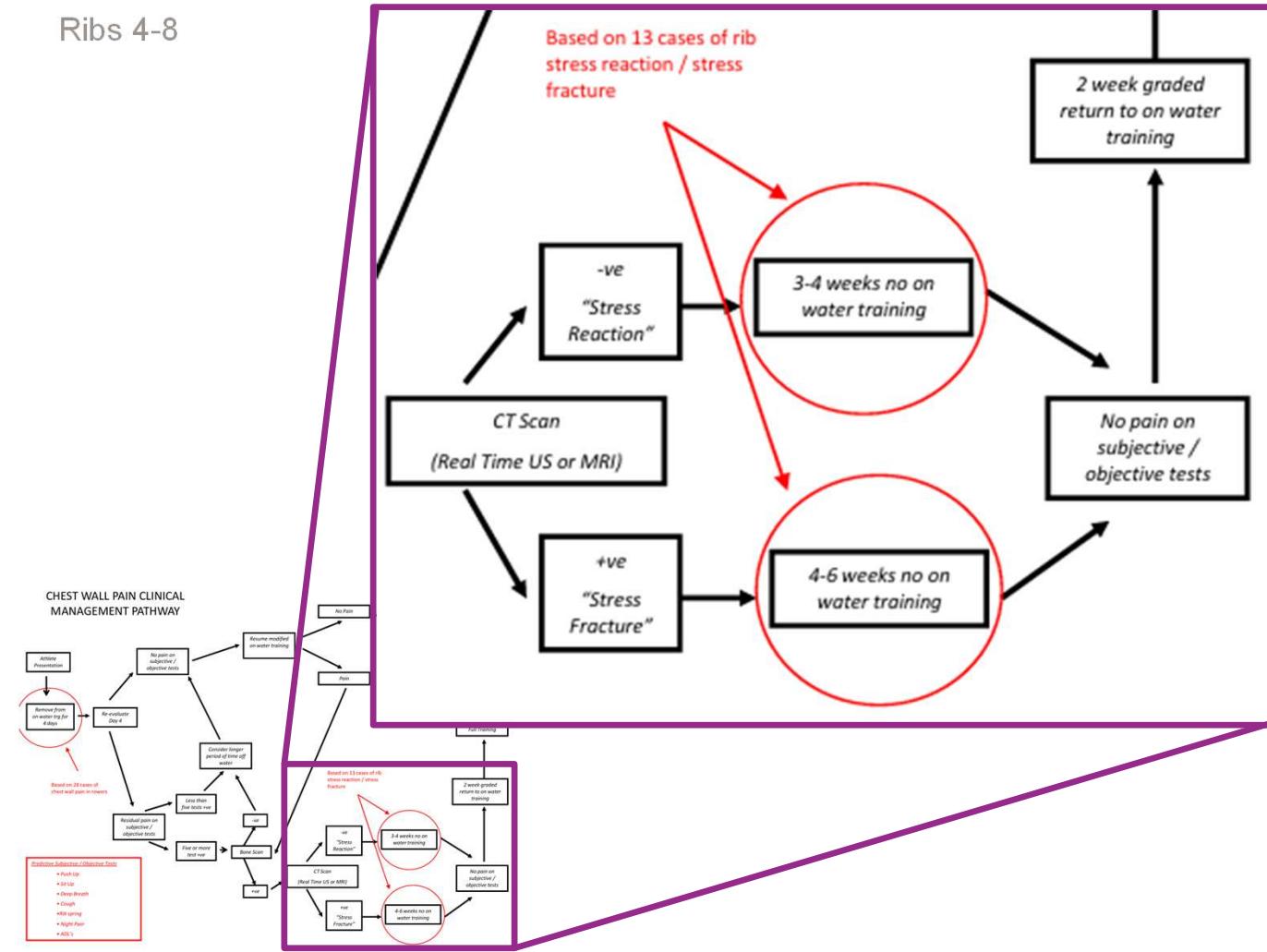
CHEST WALL PAIN CLINICAL MANAGEMENT PATHWAY



Triple phase bone scan showing rib stress fracture
(Gregory et al., 2002)

Stress fracture

Ribs 4-8

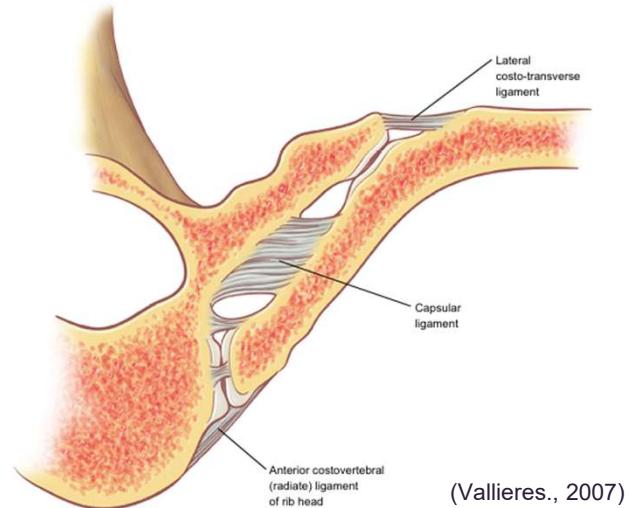


Posterior rib pain

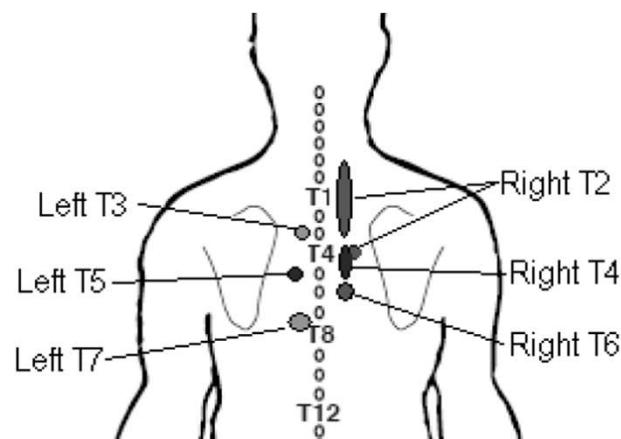
Pain locations are unreliable in diagnosis (Young et al., 2008)

Costotransverse joint restrictions present with a contralateral restriction pattern (Lee., 2003)

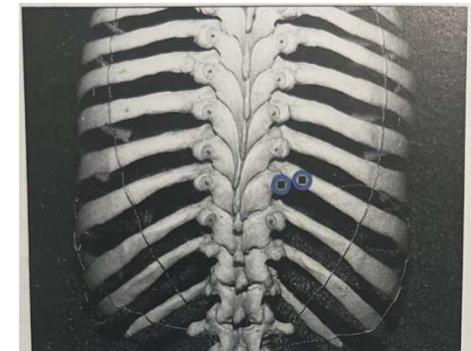
Manual examination of rib mobility has moderate intra-rater reliability and fair inter-rater reliability (Cibulka et al., 2023)



(Vallieres., 2007)

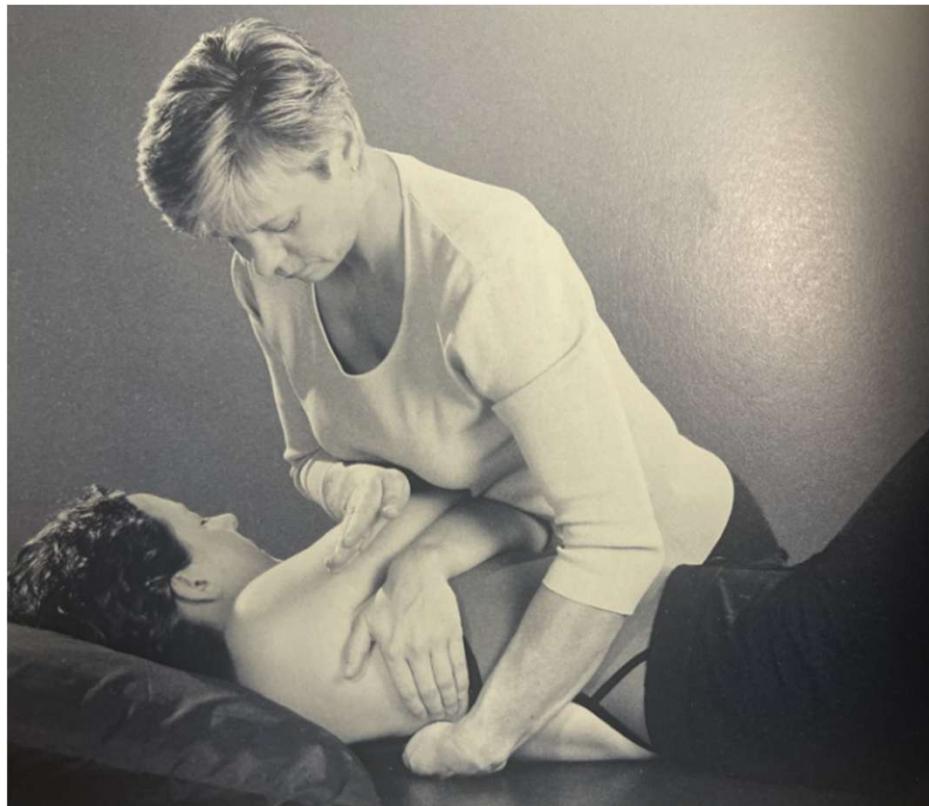


Composite diagram of costotransverse joint pain patterns (Young et al., 2008)



Movement testing of the 9th rib - ask the patient to perform thoracic flexion and evaluate relative motion between rib and transverse process (Lee., 2003)

Management of posterior rib pain



AP manipulation of left 6th rib (Lee., 2003)

Address dysfunction in the lumbopelvic stabilizing system

Isolate a contraction of the local thoracic segment stabilisers

Practice for precision and integrate with breathing

Add global muscle system

Proposed motor control training program
(Lee., 2003)

Summary

Condition	Location	Interview findings	Key Examination findings
Costochondritis	• Usually unilateral 2 nd – 5 th costochondral junction	• Aching, sharp or pressure like pain • Aggravated by movements that stress the costal cartilages	• Local tenderness • Crowing rooster manoeuvre • Horizontal adduction manoeuvre
Tietze's syndrome	• Unilateral 2 nd or 3 rd costochondral junction	• Sharp and stabbing at onset, with persisting dull aching pain • Aggravated by movements that stress the costal cartilages	• Fusiform or bulbous swelling at the costal cartilage • Local tenderness • Imaging - CT
Slipping rib syndrome	• Lower rib cage	• Sharp, stabbing pain sometimes associated with a click or pop • Aggravated by strong abdominal contraction	• Local tenderness • Hooking manoeuvre • Intercostal nerve block
First rib stress fracture	• Posterior shoulder and scapula region, may report deep in axilla, clavicle or neck	• Dull aching pain, may have progression to sharp pain • Weightlifting or throwing sports	• Local tenderness • Pain with overhead activity • Imaging – Bone scan, CT, MRI
Lower rib stress fracture	• Pain along the medial border of the scapula, radiating laterally around the chest wall	• Dull aching pain, may have progression to sharp pain • Rowing or swinging sports (golf, tennis)	• Local tenderness and rib spring • Functional tests include deep breathing, push ups, sit ups, coughing • Imaging – Bone scan, CT, MRI
Costovertebral or costotransverse joint dysfunction	• Well localized and level specific to joint dysfunction	• Dull aching pain, less commonly described as sharp or burning pain • Aggravated by deep breathing, coughing, thoracic movements	• Manual examination of CV/CT joints may demonstrate pain or hypomobility • Contralateral restriction pattern for CTJ dysfunction

Concluding remarks

Thoracic pain should be treated with a high level of suspicion, with care to exclude non-musculoskeletal conditions

Some signs and tests have been described in the examination of rib pain, however there is no validated data to guide their use

Important to be aware of biomechanics and symptom patterns from an examination perspective

Limited data to guide treatment, high emphasis on clinical reasoning to address impairments



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