Background: We present the case of a 23 year old male collegiate basketball player with localized back pain. Prior to the incident, the athlete was wrestling with a friend and felt a "pop" in his lumbar region. After getting out of the shower he stated feeling another "pop" in the same region and instantly felt numb below the waist. He was transported to the emergency room for further evaluation. Differential Diagnosis: Fractured vertebrae, pinched nerve, bulging disc, herniated disc, muscle strain, acute transverse spinal myelitis, Schmorl's node Treatment: He was helped to his bedroom and upon advice from his athletic trainer and family doctor, emergency medical services and an advanced life support team were activated. Both teams determined that the patient needed to be transported to a more advanced facility than the one available. He was transported by helicopter to an advanced intensive care unit prepared to deal with spinal cord injuries. The neurosurgeon ordered a complete MRI and CT-Scan of the brain and spinal cord. The only observable deformity was an abnormality in the superior margin of the L1 vertebrae identified as a Schmorl's node. The athlete was hospitalized in the Intensive Care Unit and given morphine, Lortab, and codeine for pain until he was able to passively move the affected limbs, hold himself up, and walk independently. He was transported to a regular hospital floor shortly thereafter and remained until he was strong enough to ambulate on his own. He was discharged from the hospital after adequate progress had been made and he was given a prescription for spinal rehabilitation with the athletic training staff. He continued to progress and return to full activity without further incident. Uniqueness: Schmorl's Node is not a common injury associated with younger adults. It is a "v" shaped divot in one or more vertebrae allowing for disc material to migrate in and possibly irritate nerve(s). It is noticed more in older populations and in adults experiencing vertebral diseases. It can be due to chronic stress or acute stress to the spine common with athletic activity. Conclusions: Diagnosis of a Schmorl's node is not very common with neck or back injuries in younger athletic populations. Proper diagnosis and subsequent management can prevent future complications such as degeneration of the vertebrae and disc. Schmorl's node should be considered in patient’s presenting with odd mechanisms of injury that do not seem to make "sense." Word Count: 399