

CASE STUDY FOR UCS ACTIVE MEMBER FOLLOWING SOFTBALL INJURY TO ANKLE

PATIENT NAME:

Jason, UCS Active Member

SPORT:

Football, gym

INJURY:

Severe ankle sprain

Jason sustained a severe ankle sprain to his right ankle whilst playing softball for his work during the summer in July 2008. He landed on his ankle and it turned inwards causing considerable pain and swelling to the ankle. He went to A & E the following day where an ankle sprain was diagnosed. After 3 weeks of treating his ankle himself with ice at home he contacted us for an assessment. When Jason came in to see us one evening, the only question that he wanted answering was whether he could now start running in the gym. He reported that his ankle was 90% from the injury and he was not complaining of much pain in the ankle. He was aware that his ankle was still swollen but he was not concerned about this. We took one look at his ankle and knew from the outset that he most certainly would not be running in the near future!! Not only was his ankle extremely swollen on the inside and the outside of the ankle but it had an unusual appearance. The joint and position of the ankle did not seem at all normal and on testing the strength and stability of the ankle ligaments, we advised him strongly to seek an orthopaedic opinion as he most certainly needed an MRI scan of the ankle. We felt that the ankle was extremely unstable and any amount of running on this would have made the situation far worse. Jason was initially quite shocked at this advice as was really just seeking an opinion on whether he was ready to start running.

We referred him to a reputable orthopaedic ankle surgeon, called Mr Simon Moyes, who we work very closely with here at Physio Fitness. He was seen two days later and sent immediately for an MRI Scan. As suspected, the MRI Scan showed that he had severely ruptured all the ligaments in the ankle on the inside and the outside and had sustained some bony damage to the ankle at the same time as injuring the ligaments. A bony fragment had been pulled off from the inside of the ankle during the trauma. Mr Moyes advised him that he needed surgery immediately to stabilise the ankle. Jason was obviously not expecting this news but he booked himself in for surgery.

PICTURE OF ANKLE:

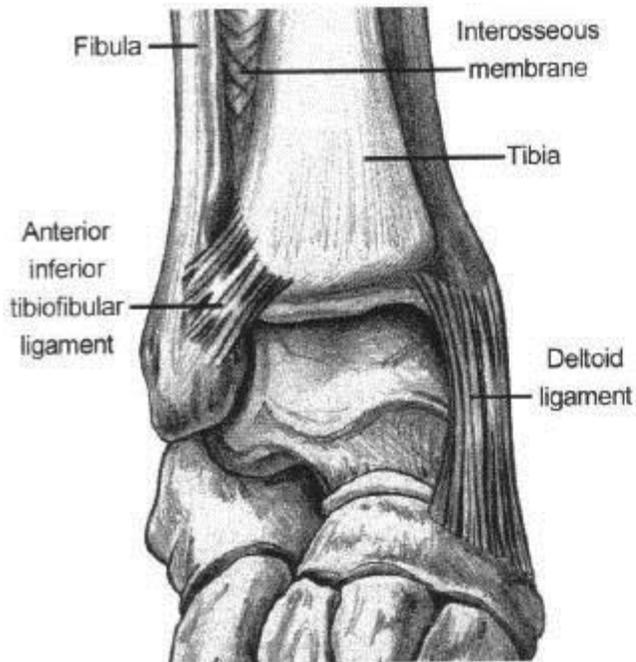


Figure 1. Anterior inferior tibiofibular syndesmosis.

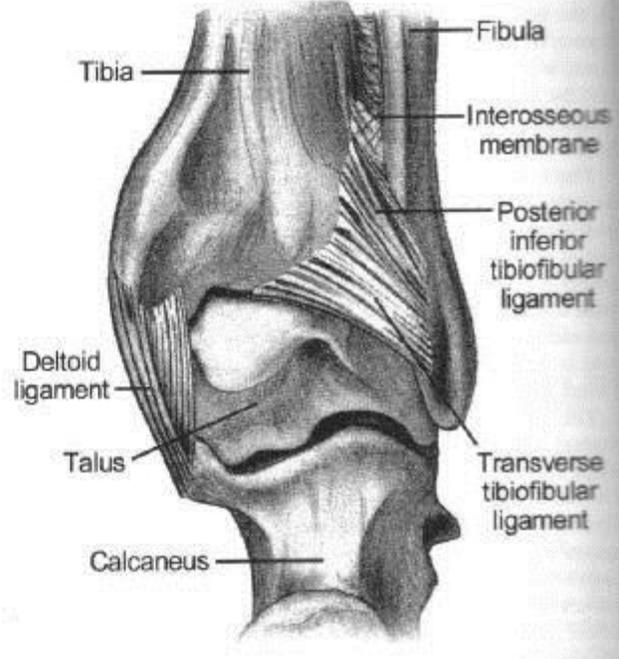


Figure 2. Posterior inferior tibiofibular syndesmosis.

Jason underwent major ankle surgery via an arthroscopic technique (key hole surgery) to reconstruct the ligaments on the inside and outside of the ankle as well as a procedure to correct the bony damage to the ankle. He was put in an aircast walking boot to enable him to weight bear on the ankle whilst it was fixed in the boot. He wore this for three weeks and then was reviewed by Mr Moyes who then gave him the go ahead to start some physiotherapy treatment for a further three weeks with us at Physio Fitness, UCS Active.

POST OPERATIVE STATE:

Jason's movement improved dramatically

When we reassessed Jason following the removal of the walking boot, he had considerable swelling around the ankle with very restricted movements in the ankle and forefoot. His muscles in the calf had wasted away considerably and his walking pattern was not at all good. Physiotherapy treatment consisted of some mobilisations (movements) to all the joints in the forefoot and ankle and a gentle non-weight bearing exercise programme. Over the following weeks, Jason's movement improved dramatically and he was walking well and had regained about 80% of his normal movement. We started to prescribe exercises to stretch out the tight calf muscles and

also to strengthen them as well as exercises to improve his balance which always gets affected after an injury and surgery.

Delighted with his progress

Jason went back for a review some 3 weeks later with Mr Moyes who was delighted with his progress. However, Jason still had considerable swelling around the ankle as well as some sweating around the operation sites. Mr Moyes advised him that he was to continue with the physiotherapy treatment and wait a while longer before any impact sports were started. There is a condition that occurs very rarely after surgery called Complex Regional Pain Syndrome or Sudeck's atrophy which we diagnosed as the cause of the persistent swelling. This is a condition where the nerves get affected and it can cause redness, sweating, swelling and sometimes pain around the surgical site or in the case of a fracture around the fracture site. We therefore had to add in some exercises to work on improving the nutrition and circulation of the nerves to influence this condition. This worked in a matter of a few sessions and the sweating has now gone and his swelling has reduced by 80%.

Jason is now doing extremely well with his rehabilitation programme which has consisted of calf raises, balance work, stretches, lunges, and he has just started running in the gym supervised by us. Jason has had his final review with Mr Moyes who was extremely happy with his progress. Mr Moyes said his ankle had healed fully and Jason was given the go ahead to start playing football again. We have been working on his ability to chop and change direction quickly as one would do when playing football, especially as he is a goal keeper and this position inevitably relies on rapid changes of direction and speed. Jason has played four games of football since and is very pleased with his ankle. He is not experiencing any pain and is back to playing at his normal pace. Jason has however decided that he won't be playing softball again!

Jason is delighted that he finally made the call to come and see us and that we effectively diagnosed his problem before he went running in the gym that would have made it significantly worse.

Well done to Jason for putting in the time with his exercises and we wish him all the best and a good season of football ahead.

If you know of anyone who would benefit from this kind of approach with our excellent on site facilities please do not hesitate to contact us on **07956 472468 / 020 7433 2127**.

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