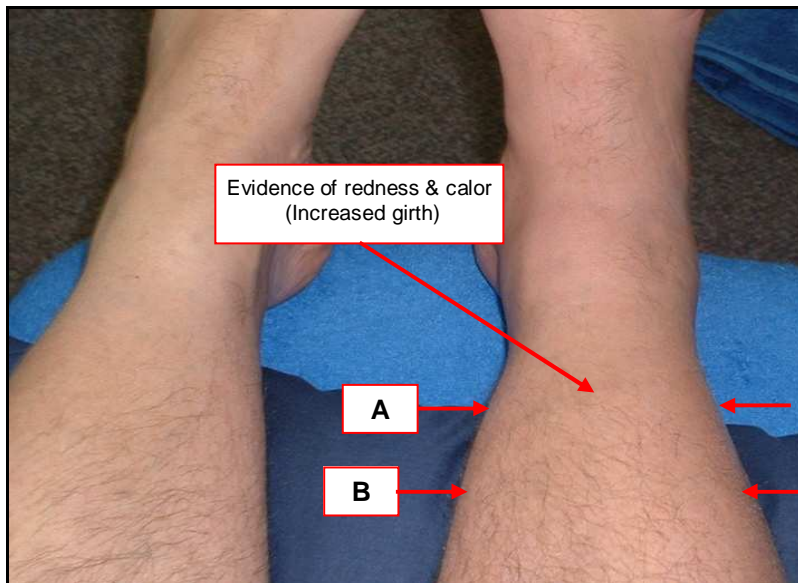




Name of Patient:	Male
Age:	32 years old
Sport:	Competitive cycle racing – road and mountain biking
Level of Activity:	Daily training when fully race fit (200 / 250 mile per week)
Condition:	Continual swelling and ankle pain, following a fracture to the Right fibula bone.

Persistent Ankle swelling – following a fracture of [®] fibula



History:

The patient broke his right fibula whilst mountain biking. Following 10 weeks in plaster, the patient received the 'all clear' from the hospital. However, for several months later the patient continued to suffer persistent swelling and pain.

Initial Examination:

Condition presented on the 1st visit was considered to be chronic, with **acute** episodes. Evidence of redness and calor can be seen in the photo. The patient was in a chronic inflammatory cycle which needed to be broken.

Considerable swelling and pitted oedema found around ankle and extending up into the lower leg. The [®] lower leg girth was considerably larger than the left, due to swelling. Measurements were taken at points **A** and **B**.

The patient was standing and walking for long periods of the day. This was considered to be the primary contributing factor / cause of the persistent swelling and pain. The tissue was persistently overstressed, provoking an inflammatory reaction.

Restrictions in dorsi-flexion and plantar-flexion were recorded and bench marked for comparative purposes.

Agreed Treatment Plan & Aims:

Short term:

- Patient education
- Reduce & monitor pain levels
- Reduce inflammation & swelling
- Reduce activity level
- Improve EOM / ROM - flexibility
- Introduce home Rehab Plan
- Measure and monitor progress

Long term:

- Regain full EOM / ROM all directions
- Regain full strength - endurance & power
- Regain proprioception
- Regain cardio respiratory fitness
- Measure and monitor progress

Actual Treatment Administered:

Clinic treatment:

- Patient education
- PRICE when acute - Clinical Guidelines published by (ACPSM, 1999).
- Bench mark - comparisons made with left *versus* right ankle / leg.
- ROM measurements, Girth, and Pain VAS scale measurements taken
- Electrotherapy - interferential & ultrasound.
- Manual techniques
- Home Rehab Plan - updated following each visit

Home treatment:

- Rest and elevate ankle above heart level
- Reduce (activity) time spent standing and walking
- Hydro-therapy using local swimming pool
- Carry out contrast bathing to reduce swelling.
- Carry out Rehab exercises – with progressive build up

	LUNG TEST		PLANTAR FLEXION		GIRTH MEASUREMENTS	
	Right	Left	Right	Left	Right	Left
17.02	35mm	150mm	130 deg.	145 deg.	A = 27cm B = 34mm	A = 25cm B = 31cm

	LUNG TEST		PLANTAR FLEXION		GIRTH MEASUREMENTS	
	Right	Left	Right	Left	Right	Left
01.03	80mm	160mm	140 deg.	150 deg.	A = 25.5mm B = 33cm	A = 25mm B = 32cm



Name of Patient:	Female
Age:	70 years old
Sport / Occupation:	Recreational walker
Level of Activity:	2 x weekly walks
Condition:	Lateral ligament sprain of Right Ankle – presenting Sub- Acute

Ankle Sprain – lateral ligaments, presenting sub-acute



History:

The patient fell over a curb and twisted her right ankle. The patient consulted the Sports Therapist approx three weeks later; because little improvement had occurred. The patient had previously visited her GP and was advised to rest.

Initial Examination:

Condition presented at 1st visit was considered to sub-acute.

OTTAWA rules were applied, with negative result.

There was no evidence of redness, heat or calor. However, there was considerable swelling evidence of pitted oedema with discolouration.

Dorsi-flexion was restricted; right ankle = **6°**, left ankle = **10°**.

Plantar-flexion was almost normal, right ankle = **55°**, compared with left ankle = **60°**.

Pain scale used = VAS = 5

Agreed Treatment Plan & Aims:

Short term:

- Patient education
- Prevent & protect from further damage
- Reduce pain
- Reduce and eliminate swelling
- Improve EOM / ROM - flexibility
- Introduce Home Rehab Plan
- Measure and monitor progress

Long term:

- Regain full EOM / ROM all directions
- Regain full muscular strength
- Regain normal proprioception / balance
- Measure and monitor progress

Actual Treatment Administered:

Treatments were administered over a three month period

Clinic treatment:

- Patient education
- Bench mark measurements taken - left *versus* right ankle.
- Pain scale measurements taken (VAS)
- ROM measurements taken
- Applications of Electrotherapy.
- General massage and frictions
- Home Rehab Plan, updated following each visit

Home treatment:

- Rest and elevate ankle above heart level
- Carry out contrast bathing to reduce swelling.
- Carry out Home-Rehab exercises – progressive build-up

Outcome:

The patient was discharged after 3 months of treatment and rehabilitation. The patient was able to walk reasonable distances with good confidence. On final examination, the patient had regained full ROM in all directions. Muscle strength was almost comparable with the unaffected limb apart from a slight deficiency in eversion.

The patient was advised to continue controlled and progressive proprioception (balancing) exercises at home. To gradually build up walking distances, initially on flat terrain only, before gradually introducing un-even surfaces.