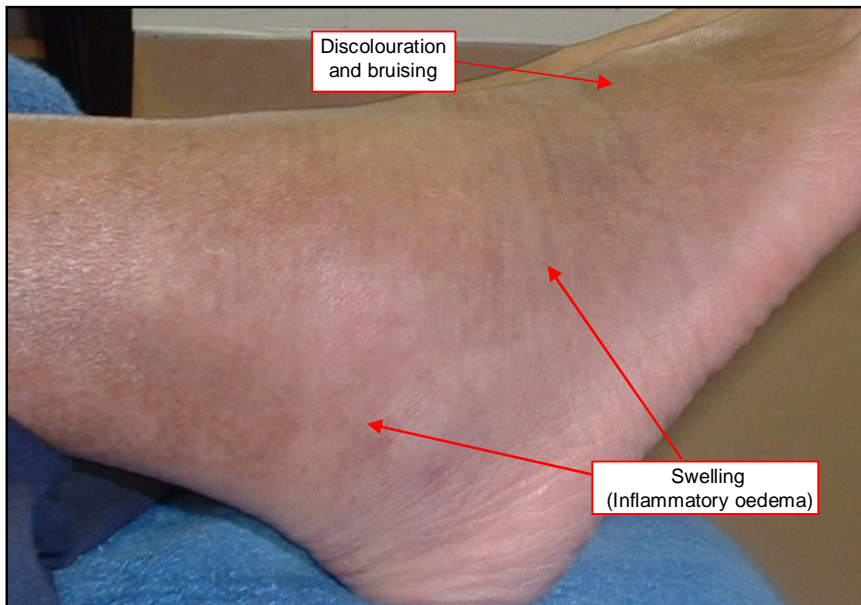


## CASE STUDY - *For more details contact Nick Dinsdale as above.*

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

### Ankle Sprain



#### History:

The patient fell over a curb and twisted her right ankle. Several weeks elapsed with out any real improvement. Consequently the patient consulted NJD Sports Injury Clinic – seeking treatment..

#### Examination:

On the first visit, examination revealed a sub-acute condition.

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

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

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

OTTAWA rules were applied, with negative result.

#### Agreed Management Plan & Aims:

##### Short term:

- Prevent & protect from further damage
- Reduce and eliminate swelling
- Improve EOM / ROM - flexibility
- Produce 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:

- Bench mark measurements taken and comparisons made with left ankle.
- Applications of Electrotherapy.
- General massage and frictional massage
- Home Rehab Plan produced and updated following each visit

##### Home treatment:

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

#### Outcome:

The patient was discharged after 3 months. 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.

The patient was advised to continue controlled and progressive proprioception (balancing) exercises at home. Walking distances to be gradually built-up, initially on flat terrain before progressing to un-even surfaces.