



<b>Name of Patient:</b>	Male Cyclist - ( permission received from patient to display details & photos)
<b>DOB – age:</b>	Age: 43 years
<b>Sport:</b>	Competitive Race Cyclist: Daily training averaging approx 250 miles per week
<b>Condition:</b>	Soft Tissue trauma to posterior aspect of right limb (presenting sub-acute)

**FIRST VISIT:** Condition presenting subacute, pictures taken **10** days post injury. Cause of injury, car ran into cyclist from behind. Initial impact was directly above the knee joint. Other injuries include; broken collar bone and concussion. A full examination of right leg was not possible owing to extent of swelling, lack of joint movement and pain. Pain scale used = VAS.  
**Primary objective is to reduce swelling and increase ROM of joints.**



Range of movement (ROM) severely restricted in knee joint - ROM = 30 degrees inner range, measured by goniometer.



Picture showing extent of bruising and swelling on posterior aspect of right leg. Right calf girth increased in diameter, measured at 41.5 cm. Left calf = 38 cm. Very tender on minimal palpation. VAS = 7



Range of movement (ROM) severely restricted, particularly dorsiflexion when compared with left ankle. R-2degs. L-15 degrees. Eversion, total restriction in right ankle.

**SECOND VISIT:** Condition presenting subacute, pictures taken **12** days post injury. Slight improvement in ROM of right knee. No improvement in dorsiflexion of right ankle. Possible damage to medial ligaments of right ankle. Full examination still not possible owing to extent of swelling and pain on palpation. **Primary objective is to reduce swelling and increase ROM of joints.**



Bruising still very extensive. ROM of knee joint improved slightly, ROM = 45 degrees inner range.



Right calf girth still very swollen and very tender on palpation, measured at 41 cm. VAS = 7



Extensive bruising on medial aspect of right ankle. Dorsiflexion and Eversion still almost non-existent.

**THIRD VISIT:** Condition presenting subacute, pictures taken **16** days post injury. Further improvement in ROM of right knee. No improvement in dorsiflexion of right ankle. Slight improvement in Eversion of right ankle. **Primary objective is to reduce swelling and increase ROM of joints.**



Bruising reducing. Further improvement in ROM of right knee, ROM = 80 degrees.



Calf remains very swollen, girth remains at 41 cm. Right ankle remains swollen. VAS = 6



No improvement in dorsiflexion still remains almost non-existent. Patient still unable to plant foot on ground.



**FOURTH VISIT:** Condition presenting subacute, pictures taken 18 days post injury. Further improvement in ROM of right knee, almost reached full. Minimal improvement in dorsiflexion of right ankle. Further improvement in eversion of right ankle. **Primary objective is to reduce swelling and increase ROM of joints.** GP has given approval to massage calf region.



Knee flexion almost full with passive assistance.



Calf remains very swollen, slight reduction in girth, measured at 40.5 cm. Right ankle remains swollen. VAS = 5-6



Knee extension almost full. Hamstrings much improved. Longitudinal myofascial release techniques applied, followed by PNF stretching.

**FIFTH VISIT:** Condition presenting subacute, pictures taken 22 days post injury. Almost full ROM of knee. Dorsiflexion showing slight improvement, patient able to plant foot on ground, but unable to walk. **Primary objective is to improve dorsiflexion of ankle.**



Patient now able to plant foot. Zero flexion with foot planted. Rehab exercises prescribed - calf complex stretching.



Finger imprints showing amount of pitted oedema on right shin.



Right calf girth measurement 40.5mm before treatment, reduced to 39mm after treatment.

**SEVENTH VISIT:** Condition presenting early chronic, 29 days post injury. Almost full ROM of knee. Dorsiflexion showing significant improvement, patient able to plant foot on ground, and to walk. Primary objective, continue improving dorsiflexion of ankle. Additionally, improve and restore calf strength and cardiovascular fitness.



Further improvement in dorsiflexion of ankle - a measurement of 10 degrees using an inclinometer. Patient continues performing rehab exercises as per 'Home-Rehab Plan'. Exercises include stretching and strengthening using eccentric and concentric techniques. Proprioceptive exercises introduced - balancing on one leg - hard surface. VAS = 3

Patient able to ride his cycle, achieved 50 miles at weekend.

**NINTH VISIT:** Condition presenting early chronic, pictures taken 36 days post injury.



Further improvement in dorsiflexion of ankle - a measurement of 18 degrees using an inclinometer. Patient continues performing rehab exercises as per 'Home-Rehab Plan'. Exercises include stretching and strengthening using eccentric and concentric techniques. VAS = 2-3

Cardiovascular rehab gradually intensifying, achieved 60 miles at weekend with mid-week roller sessions of 45 minutes.