



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

<b>Name of Patient:</b>	Male
<b>Age:</b>	66 years old
<b>Sport / Occupation:</b>	Mountain & Fell Walker
<b>Level of Activity:</b>	3 x weekly
<b>Condition:</b>	Left Knee Effusion – extending in ankle

### BEFORE treatment – March 2005



**History:**

The patient contacted me 11 days after sustaining the injury. No previous history of any trauma associated with knee. Patient already visited his GP.

**Mechanism of Injury:**

The patient slipped off the edge of a step and jarred his left knee whilst walking in Sri-Lanka. The patient also banged the lateral side of his knee.

**Symptoms reported by patient:**

Intermittent pain of varying types; sharp / ache. Pain and swelling increases as day progresses.

**Examination findings: (24.03.05)**

Extensive swelling covering patella, extending downwards into calf and ankle. No visible sign of redness, bruising or discolouration. Lower legs (shins) sunburnt, red and very tender.

**ROM** tested appeared normal at time of test. (125° )

**EOM** affected on end limit of full flexion.

**Muscles** tested against resistance = normal.

**Ligaments** tested = appeared normal (negative)

**Menisci** tested = appeared normal (negative)

**Condition Presented: Sub-Acute**

### AFTER treatment – April 2005



**Agreed Treatment Aims & Plan:**

**Short – term: Reduce & eliminate oedema.**

- Reduce activity and allow tissues to settle.
- Avoid overstress of tissues.
- Apply compression & elevation
- Maintain ROM and Strength
- Consider hydrotherapy
- Mobilise joints & isometric exercises (quads)
- Apply alternate thermal contrast applications
- Massage and electrotherapy
- Review progress and retest
- Consider referral if lack of progress.

**Long – term: Restore full functional fitness.**

- Restore full ROM
- Restore full muscular strength
- Restore full proprioception.

**Outcome:**

After approximately 3 weeks of controlled activity, treatment and home rehab with lots of emphasis placed on retaining the condition of Vastus Medialis muscle, the patient has gradually returned to recreational walking activities. The patient continues to progressively build up with the intention of walking the Pennine Way in May 2005.