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Alexis Chambers

Kent State University, School of Education of Human, Health, and Services, achamb13@kent.edu

Andrew Robinson

Kent State University, School of Education of Human, Health, and Services, arobinson@kent.edu

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Fibular Fracture in Mid-Aged Male

Alexis Chambers, ATS and D. Andrew Robinson, ATC, C.S.C.S

Kent State University, School of Education of Human, Health, and Services

Objective: The goal of the patient and clinician is to have the patient be able to do eversion and dorsiflexion so that the patient can get back to working normally and doing his daily activities without having complications.

Background: A 59-year-old male, presents to Physical Therapy for evaluation and treatment of a left ankle fibula fracture in mid-year of 2014. He reports that he fell off his ladder doing duties outside of his house. After x-rays determined his injury, the patient then went under surgery two weeks later. Patient has no previous history of any fibula fractures. The post-operative patient was NWB for five weeks and then began gradual weight. Two months after surgery he was FWB in a boot but complains of swelling and mild pain. During his evaluation in Physical Therapy, he stated that he is concerned about the inability to move his foot/ankle. The patient also reports minimal progression over that last few weeks. During patient rehab, he complains of swelling, stiffness, and numbness due to minimal peroneal nerve damage. He is still unable to DF left ankle, he feels weak and unstable when walking around. After about a month of therapy, the patient is only able to feel light sensation and pressure on his foot/ankle. During the evaluation, the

patient had mild pain and was present with swelling, stiffness, and numbness. ROM of the ankle was abnormal and flexibility was abnormal. His MMT of DF, Eversion, and Inversion were a 1/5 and PF MMT was a 2/5.

Differential Diagnosis: Fibula Fracture.

Treatment: Patient was given an x-ray and was diagnosing with a fibula fracture. He went under surgery weeks later for s/p O.R.I.F of the fibula. He was NWB for weeks and then began FWB while in a boot. The patient is currently undergoing rehabilitation at PT Center for Sports Medicine.

Uniqueness: The patient injury is unique because of the nerve damage during surgery. Fibula fractures are common in the patient age range, but since the patient had damage to his peroneal nerve it causes the injury to become unique. The patient is suffering from not being able to walk normally due to the fact that he cannot perform dorsiflexion and eversion of the foot.

Conclusion: Patient was self-referral to the PT Center and he is continuing on working on gaining more sensation and pressure on his foot/ankle. He wants to be able to walk normally without any pain or weakness.

Key words: Peroneal nerve, Fibula Fracture, Dorsiflexion, and Eversion