Right Ankle Impingement: A Clinical Case Report

Khaliah Y. Elliston Ms.
Kent State University - Kent Campus, kellisto@kent.edu

Follow this and additional works at: https://scholarworks.bgsu.edu/jsmahs

Recommended Citation
DOI: https://doi.org/10.25035/jsmahs.02.01.20
Available at: https://scholarworks.bgsu.edu/jsmahs/vol2/iss1/20

This Undergraduate Student Abstract is brought to you for free and open access by the Journals at ScholarWorks@BGSU. It has been accepted for inclusion in Journal of Sports Medicine and Allied Health Sciences: Official Journal of the Ohio Athletic Trainers Association by an authorized editor of ScholarWorks@BGSU.
Objective: The objective of this clinical case report is to inform the population about a treatment that can help reduce ankle impingement.

Medical History: The patient is a 14-year-old female soccer player who sprained her right ankle the summer of 2014. She went to receive treatment at a clinic and the doctors told her she would be fine, but the pain continued. To compensate for the pain, the patient started to walk on the lateral aspect of her right ankle. The patient wasn’t able to continue participation in soccer for the rest of the season. Once seen in the clinic, she had swelling and joint effusion, discoloration, and stiffness of the ankle. Her worst pain was 7 out of 10. Walking on that foot bothered her the most. The only thing that could relieve her pain was ice or any type of cryotherapy. She lacked plantarflexion, dorsiflexion, and eversion. She also had hypomobile joint activity in her right ankle.

Differential Diagnosis: The patient could have had a right ankle sprain or right ankle impingement. Treatment: X-rays revealed no fractures but significant impingement was present. She was walking in a boot and with crutches to keep her off of the bad ankle. She was given an ankle take-home plan to help progress her with the rehabilitation. The patient is required to do physical therapy two to three times a week for eight months. The plan is to work on her strengthening, range of motion, flexibility, and postural stabilization. She will continue physical therapy to see if the therapists can get her ankle back to normal without surgery first. If this is not possible then the next thing to do will be surgery. Uniqueness: This case is unique because patients typically don’t start to walk on their ankle to relieve the pain. Conclusion: When this patient was seen, the therapists was wondering why she didn’t have surgery. The athletic trainer thought that there was no way that physical therapy would fix this at all. As time went on, the patient got better. She was able to start walking without the boot and without the crutches. She has started the strengthening portion of her physical therapy because she has gained more range of motion in her
ankle. She has not returned to sports yet but she is getting there. She has started walking on the treadmill at a relatively normal pace of speed. It is believed the patient will return to sports without surgery because the physical therapy is doing her great justice. **Clinical Application:** This case will teach athletic trainers and physical therapists that surgery is not always the only solution. Incorporating a great rehabilitation protocol that meets the patient’s needs can possibly resolve the problem. **Key Words:** ankle impingement, ankle sprain, physical therapy, surgery. **Word Count:** 467