



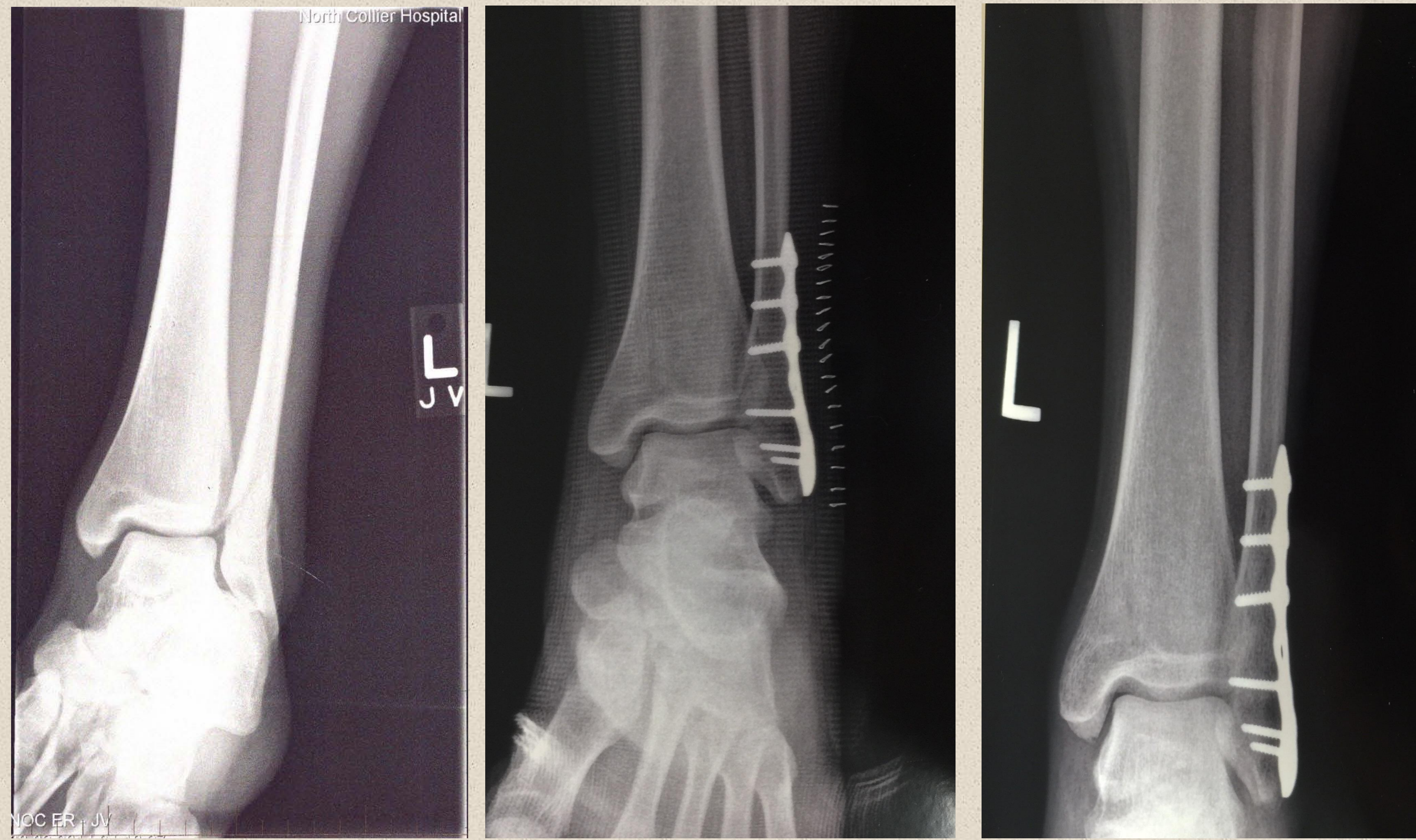
Lateral Ankle Fracture in a 30 Year Old Police Officer

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Abstract

A 30 year old male police officer sustained a lateral ankle fracture with an unstable ankle while on the job. Following an open reduction internal fixation (ORIF) surgery, a conservative rehabilitation program was created to address and prevent complications associated with lateral ankle fractures to ensure a successful recovery and minimal risk of re-injury. Current research has concluded that the most effective method of management of this injury is ORIF.



Rehabilitation

Rehabilitation began 10 days following surgery, and extended over a period of 5 months. Officer was seen 3 times a week.

Stage 1

Restoration of ankle range of motion and strength, lower extremity strengthening, and swimming and stationary bike to maintain cardio.

Stage 2

Develop proprioception skills, total body strength, and gait training.

Stage 3

Career specific exercises and activities, plyometric, and agility drills.

Return to play

Athlete was cleared to return to full duty with no limitations over a span of 16 weeks .

Conclusion

This case report presents the process of individualizing a rehabilitation program to the subject's needs by taking in consideration their job duties to return them to daily activities. It is significantly important to have a successful recovery of this injury due to complications leading to vascular compromises, arthritis, unstable ankle joint, antalgic gait, balance issues, and loss of function that may shorten the careers of law enforcement officers and endanger the lives of others. The officer in this case returned to full duty in 4 months following surgery.

Treatment

Acute:
RICE, Crutches, and pain medication.

Operative:
Athlete underwent open reduction and internal fixation of the distal fibula, 7 days post-injury.

Post-operative:
0-6 weeks: Walking boot, NWB, crutches
6 weeks: Athlete WB as tolerated in boot, Rehabilitation began one week post surgery and included pain and edema management, AROM exercises, and Achilles tendon stretching

Clinical Presentation

- Pain
- Swelling
- Ecchymosis
- Non-weight bearing
- Decreased ROM
- Instability
- No previous ankle history

Differential Diagnosis

- Syndesmotic ankle sprain
- Lateral ankle fracture
- Maisonneuve fracture
- Lateral Malleolus fracture