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Foot and Ankle Injury — Soccer

Ryan Reese, WellSpan York Hospital, York, PA
e-mail: rreese4@wellspan.org (sponsor: Mark Lavallee, FACSM)

HISTORY: 16-year-old male soccer athlete presented to team training room for evaluation of left dorsal foot and lateral ankle pain. He reports that he had his foot stepped on in a soccer game yesterday and in another game 2 days ago. He has noticed some bruising and progressive swelling extending from his ankle to his toes. He can bear weight on his injured foot. He was treated supportively, however his foot continued to swell despite supportive care and has gotten significantly worse. He has noticed that the bruising is now extending to his proximal toes and his foot continues to swell.

PHYSICAL EXAMINATION: Significant edema on dorsal surface of left foot. Ecchymosis on dorsal left foot to the proximal toes. No point tenderness over 5th metatarsal or lateral malleolus. Limited dorsiflexion due to pain. Plantar flexion, inversion, eversion normal range of motion. Negative anterior drawer test. Positive talar tilt. Bruising bilateral shins.

DIFFERENTIAL DIAGNOSIS: 1. Lateral ankle sprain 2. Fracture, possible metatarsal, navicular 3. Contusion with underlying bleeding disorder 4. Avulsion fracture, pseudo-jones

TEST AND RESULTS:

1. Radiograph of ankle and foot reveal no fracture
2. There was a discussion to send him for CBC and coagulation studies due to concern for underlying bleeding disorder. During the discussion he reports that he has Hemophilia A and has been receiving infusions since he was 10 years old.

FINAL/WORKING DIAGNOSIS: Lateral ankle sprain with associated contusion on dorsal foot complicated by previous unknown Hemophilia A diagnosis with no evidence of hemarthrosis.

TREATMENT AND OUTCOMES:

1. Consultation with hematology. He has been receiving Antihemophilic recombinant factor 3000 international units SubQ every other day for prevention of bleeding due to Hemophilia A diagnosis. Hematology recommended continuing his regular schedule without additional doses.
2. He was held from practice and monitored closely until signs of bruising and swelling resolved. Ice and range of motion exercises were used to help with bruising. Tylenol was used for pain control with strict instructions to avoid aspirin. On repeat exam 12 days after initial presentation his swelling had completely resolved. He was permitted to practice with padding. He was instructed to report any signs of bruising or trauma immediately.