

Return to Play Variations Due to Rehabilitation Compliance in Division 1 Athletes with Midfoot Sprains

JOHNIE SNYDER and MELISSA LONG

Teague Athletic Training Center; Department of Athletics; Abilene Christian University; Abilene, TX

Category: Graduate Student

ABSTRACT

CASE HISTORY: Patient A was a 20-year-old collegiate running back with a history of a left midfoot sprain in the previous spring season. Patient A presented with right foot pain after the second game of the season. He reported pain and a feeling of a 'fallen arch' when weight bearing. Patient A reported symptoms one day after the injury and was evaluated and treated immediately. Patient B was an 18-year-old collegiate cornerback with no significant history. Patient B reported midfoot pain after being tackled during a practice. Patient B was assessed in the athletic training clinical after practice. Patient B reported moderate pain with ambulation and a fallen arch with ambulation. **PHYSICAL EXAM:** Patient A had a positive tuning fork test and was referred for an X-ray because of a suspected fracture. Patient B had mild swelling in his midfoot, was tender to palpation over the dorsal 1st tarsometatarsal joint and had pain with 1st tarsometatarsal joint mobilization. Patient B was referred for an X-ray to rule out a fracture. **DIFFERENTIAL DIAGNOSES:** Midfoot bony contusion, Midfoot fracture, and Midfoot dislocation. **TESTS & RESULTS:** Patient A had an X-ray of his right foot which was negative for an acute fracture of the midfoot. Patient B had an X-ray of the left foot which was also negative for any acute fractures. **FINAL DIAGNOSIS:** Grade 1 Midfoot Sprain in both patients. **DISCUSSION:** Patient A's history of a more severe midfoot sprain aided the patient in being compliant with rehabilitation exercises and the athletic training staff's recommendations. Patient B was a freshman with no history of serious injuries. Patient B was non-compliant with rehabilitation exercises and the athletic training staff's recommendations. Patient A never missed a rehabilitation session while patient B frequently missed 2-3 rehabilitation sessions a week. Rehabilitation compliance is a key factor in the return to participation timeline. **OUTCOME OF THE CASE:** Patient A returned to full participation after 3 weeks while patient B return to full participation after 6 weeks. **RETURN TO ACTIVITY AND FURTHER FOLLOW-UP:** Both patients returned to participation performing at the same level prior to injury.