OS TRIGONUM SYNDROME IN A COLLEGE RUNNING BACK AND THE DEVELOPMENT OF A NEW CLINICAL TEST
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Objective: The purpose of this abstract is to identify pathology and associated signs and symptoms of os trigonum syndrome.

Background: A 22-year-old running back inverted his ankle with typical lateral symptomology. There was also persistent posterior pain, especially with passive plantar flexion. Passive plantar flexion with supination and pronation was positive.

Differential Diagnosis: Os super calcaneum, which is extremely rare. Retrocalcaneal bursitis, yet the bursae is usually palpable. Achilles Tendonitis, in which passive plantar flexion is typically not painful. Posterior tibialis, peroneal, flexor hallucis tendinosis, with which passive plantar flexion is also not painful. Osteochondritis dissecans.

Clinical Course: As the athlete was in his senior year, he opted to be treated with cortisone injection, dorsiflexion/talar lock taping, and therapeutic exercises and modalities. Preventing excessive planter flexion was helpful in reducing inflammation. This was achieved through calf flexibility; anterior tibialis strengthening and taping for participation was also done. The strapping was done in a manner the holds the foot in dorsiflexion with a "talar lock". Despite missing practices and considerable pain, he gained over 200 yards in the national championship game. Ankle symptoms resolved with time off. He played semi-pro ball for a number of years.

Uniqueness: This case presented initially as a “run of the mill” ankle sprain, but did not resolve in the typical manner. The Passive plantar flexion with supination and pronation was positive and demonstrated an impingement that was not consistent with soft tissue, as strength and active motions where not effected. Since no test has been identified in the literature placing the foot in plantar flexion with pronation and supination, we have referred to this test as the Whedon Test for os trigonum syndrome

Conclusions: Os trigonum syndrome is probably more prevalent than currently diagnosed. It can cause significant disability and performance impairment. While relatively simple to manage, recurrence of pain and disability may persist. Surgical intervention is both simple and effective, however conservative management should be exhausted before considering surgery. In this case this running back was able to avoid surgery and had a good outcome following conservative treatment.