SLOW PROGRESSION WITH REHABILITATION FOLLOWING A COMMON KNEE SPRAIN IN AN 18 YEAR OLD COLLEGE FOOTBALL PLAYER
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Background: The purpose of this study was to discuss the abnormal length of time it took the patient to rehabilitate from a patellar subluxation and first degree medial collateral ligament (MCL) sprain. This case study involved an 18 year old, college male football player with a primary complaint of pain in his right knee after a player rolled over his lower leg while it was planted. The patient had no previous history of knee injuries. The patient had a decrease in range of motion at the knee joint, could not bear weight, and complained of hearing and feeling a ‘pop’ and a ‘crack’ at the time of injury. Upon evaluation, the patient had moderate knee effusion and was point tender over the medial patella, lateral femoral condyle, medial retinaculum, and the vastus medialis oblique. The patient also had crepitus with knee flexion and extension under the patella, increased laxity with a valgus stress test, and had positive patellar apprehension, patellar tap, and patellar grind special tests.

Differential Diagnosis:
1. Avulsion fracture of the medial hamstring tendon
2. Medial collateral ligament sprain
3. Patellar subluxation
4. Osteochondral defect

Treatment: Radiographic views were taken at the emergency room and were diagnosed to show an avulsion fracture of the medial hamstring tendon in the right knee. An MRI was taken days later and showed no avulsion fracture. However, the MRI did show that there was evidence of a patellar subluxation, a partial tear of the medial collateral ligament, and a calcification along the anterior medial aspect of the knee joint at the medial femoral condyle suggesting loose bodies. Following physicians’ instruction, conservative rehabilitation was initiated with modalities, stretching, strengthening, and progression to weight bearing activity. Full return to play would be possible once full range of motion, full strength, and pain free activities were achieved. After nine weeks of treatment, the patient continues to have pain, discomfort, decreased range of motion, and an antalgic gait.

Uniqueness: The initial clinical evaluation and the MRI were diagnosed with the same results but were opposed initially by the diagnostic of the radiograph. Also, the patient is moving through rehabilitation much slower than expected. Full range of motion, strength, full weight bearing capability, and return to play was expected to be achieved within four to six weeks and after nine weeks of treatment the athlete had not regained full range of motion, strength, or weight bearing status and continues to report high levels of pain with no new mechanism of injury.

Conclusion: The athlete has completed nine weeks of rehabilitation with minor improvement. The athlete continues to have high levels of pain and ambulates with an antalgic gait. Return to play should have been achieved three to five weeks ago due to the fact that there were no complications or set backs during the rehabilitation progress.

Key Words: Patellar subluxation, Medial collateral ligament sprain