Peroneal Tendon Subluxation, A Non-Operative Treatment in a Division I Women’s Lacrosse Player
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**Background:** A 17 year old, female, lacrosse player while sprinting up field, made a cut, and collapsed to the ground complaining of pain in her right lower leg. Initial examination showed diffuse pain through the lateral lower leg and limited ROM in all ankle motions. Strength 4/5 with pain in all ankle motions. She had no previous history of injury to her right leg. Two days post injury she continued to complain of pain over her distal fibula, peroneal tendon, and peroneal tubercle.

**Differential Diagnosis:** Gastrocnemius or soleus muscle strain, lateral ankle sprain, or peroneal tendon injury. **Treatment:** Initially PRICE principles were used to prevent further injury and decrease the edema forming at her lateral lower leg. Our initial focus was to increase ankle ROM and strength isometrically. Treatment was followed by an overnight taping with a horseshoe compression pad posterior to her fibula. On day 3 the athlete was seen by our Sports Medicine Clinic and was diagnosed with a subluxed right peroneal tendon. To the end of the first week of treatment an increasing amount of non weight bearing exercises were used. By the end of the first week weight bearing exercises were started with a focus on the stabilization of the lateral retinaculum. Stabilization was assisted through a taping using two McConnell strips running from lateral to medial just superior to the lateral malleolus to hold down the peroneal tendons and muscle belly of the peroneus brevis. Overnight tapings with a compression pad, posterior to fibula, were continued to prevent tendon movement and patient comfort. At the beginning of week two weight bearing exercises of increasing difficulty and proprioceptive exercises with a focus on lower leg stability were started. Straight ahead jogging started on day 10, she was able to perform the jogging but felt pain in her lateral ankle. Joint mobilizations were performed to decrease this pain with running. Mobilizations included (1) Anterior to Posterior Talar, (2) Medial Calcaneal Glide, and soft tissue mobilizations to the peroneal brevis and longus muscles. A taping, with strips of A-C tape pulled from medial, then split at base of lateral malleolus, and pulled around the lower leg were used during functional activities. The combination of taping and joint mobilizations enabled an increase in her running progression. Footwork drills were completed first, followed by straight-ahead jogging, progressing to light cutting maneuvers, and finally to multidirectional movements and functional activities. She returned to practice 15 days post-injury. She would perform rehabilitative exercises consisting of three different strengthening and balancing activities; alternating each day. These were performed every day for one week after her return to playing. **Uniqueness:** The injury alone is an uncommon injury, in particular in a sport such as women’s lacrosse. The treatment of the injury, non-surgically, is also an uncommon treatment as most cases the retinaculum is surgically pinned down. The complex treatment required for this type of injury makes the case unique. Specialized joint mobilizations and rehabilitative exercises were made specific to the injury. The tapings were unique to the injury as well. **Conclusions:** The rehabilitation of a case of subluxing peroneal tendon was tried non-surgically in an attempt to return the athlete as soon as possible. The combination of rest and therapeutic exercise allowed enough time for the retinaculum to scar down without surgical treatment. **Word Count:** 553 words.