**Laryngeal Fracture and Dysphonia in 21 Year Old Male Colligate Football Player**  
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**Background:** A 21-year-old male football player was injured during a collegiate football game. The athlete came in to the AT room after the game complaining of pain in this throat. The patient stated that he got “clothlined” by an opponent to the throat and his chinstrap additionally came down and hit his throat. He continued to play fully and did not report the injury to anyone. The patient had a noticeable deepened and raspy change in his voice. Patient showed no signs of apparent distress. He also complained that he had little pain with swallowing and breathing, but otherwise felt good. **Differential Diagnosis:** Neck Stain, Neck Contusion, Vocal Cord Contusion, Laryngeal Fracture, Thyroid Cartilage Fracture. **Treatment:** Athlete was instructed to keep ice on his throat and if signs and symptoms got worse to go to the emergency room immediately. He was also instructed to follow up at the bruise clinic the next morning. The following day the symptoms continued, but did not worsen, and the athlete was sent to an urgent care facility, the patient was diagnosed with an anterior neck stain and contusion and was cleared to return to play. No x-rays were taken even with the concern of a fracture from the athletic trainers in the referral. The patient returned to limited practice, but the athletic trainer was still concerned that symptoms persisted so the patient was sent to have a second opinion with an ENT doctor the following day. The athlete was diagnosed with a vocal cord hematoma and was sent for a CT scan to rule out a thyroid cartilage fracture. He was held out of practice because of the concern that the hematoma could rupture and possibly suffocate the athlete. The CT scan revealed that there was a vertical displaced fracture on the thyroid cartilage on the left side, which overlapped by 6mm. There was also minimal edema on the left vocal cord. Following the first diagnosis the physician recommended that the athlete’s treatment was to use a moist heat pack for his neck before practicing. After the second opinion the athlete was not allowed to participate in sports for 6 weeks and was recommended to see a speech therapist due to the concern of his deepened voice. The doctor reported no need for surgery because the fracture was minimal. The follow up appointment revealed noticeable improvement and the athlete was informed that he could return to play 12/1 which was about 2 months; allowing the fracture time to heal correctly. **Uniqueness:** Laryngeal fractures are not commonly seen in athletics, the injury is normally seen in patients that are in traumatic accidents. In this cases the laryngeal fractures presented with little pain in the actually throat, with dysphonia being the primary sign and symptom. **Conclusions:** Athletic trainers should be aware of the possibility of laryngeal fractures and the signs and symptoms with neck pain and dysphonia. In this case the athlete was first diagnosed with a neck contusion. The possibility of significant side effects, including a catastrophic event could have occurred, such as suffocation, if returned to play was allowed. Athletic trainers should be confident to get a second opinion when signs and symptoms do not correspond with the original diagnosis. In this case the athlete was diagnosed with a larynx fracture and edema to the vocal cords, was misdiagnosed initially and was only determined after concerns by the athletic trainer. **Word Count:** 569