LATERAL FEMORAL CUTANEOUS NEURITIS SECONDARY TO HIP SPRAIN IN A 21 YEAR-OLD COLLEGIATE FOOTBALL PLAYER

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**Background:** A 21 year old football player jumped up to defend a pass and landed on his right leg with his knee fully extended. The patient was immediately in tremendous pain and reported that he was unable to flex his knee. The patient’s pain presented over the middle 1/3 of his femur. The patient had numbness and tingling in his right thigh traveling down his anterior-lateral leg and decreased sensation over the sciatic and femoral nerve distributions. He had no obvious deformity but had palpable spasm occurring in his anterior thigh. Patient had limited range of motion in active knee flexion, knee extension and hip flexion. Patient reported being unable to move his leg without pain. Manual muscle testing was performed the day after injury and was 3/5 for the quadriceps group, iliopsoas, tensor fascia latae, adductor group, hamstring group, and sartorius. MMT was 3+5 for the peroneals, tibialis anterior and 4/5 for tibialis posterior. **Differential Diagnosis:** Femur fracture, femoral cutaneous neuropathy, back spasm, hip sprain, herniated disc. **Treatment:** The patient was splinted on the field using a vacuum splint, spineboarded and referred to the emergency room for x-rays. X-rays revealed no fracture to the femur. He was given crutches to assist with walking and instructed to use NSAID’s secondary to pain. After 10 days the patient was no longer using crutches and had full sensation; however numbness and tingling down his leg into his foot persisted. The patient began a stretching regimen which consisted of lateral hip rotators stretch, modified ober’s stretch and mad cat stretch for 2 weeks. The patient also performed a series of strengthening exercises targeting the lower extremity. After 10 days the patient was only slightly limited in hip flexion and all MMT, with the exception of the hamstring group and gluteus maximus was even bilaterally. After approximately a month of rehabilitation the patient was discharged secondary to having achieved full sensation, range of motion and no pain. **Uniqueness:** Lateral femoral cutaneous neuropathy, or meralgia paresthetica, has an incidence rate of 4.3 of 10,000 people per year. The most common mechanisms of meralgia paresthetica include complications of surgical procedures, obesity, or other compressive mechanical factors. This case was unique due to the traumatic nature of the mechanism and the severity of pain with which the patient presented would often indicate a fracture. **Conclusion:** Conservative treatment can be effective in the rehabilitation of a lateral femoral cutaneous neuropathy. Athletic trainers should be aware that nerve injuries may occur secondary to hip or back sprains but can also present with fracture like symptoms.