Flexor Hallucis Brevis Tear in College Football Player
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**Background:** An 18 year male football player suffered a partial tear in his right flexor hallucis brevis (FHB). During a blocking drill under the chute all of his weight was dropped onto his right foot when he felt a pop under his big toe. Athlete complained of significant pain in bottom of foot when standing. Evaluation found severe point tenderness and swelling on the sesamoid bones and flexor hallucis tendons. ROM: missing the last few degrees of hallicus flexion and positive pain throughout the whole motion. The next day the athlete reported pain present only when putting pressure on his foot so he was treated for his symptoms and swelling. Activity was discontinued due to severity of pain and inability to apply pressure to foot. Athlete was NWB with crutches and placed in a rigid cast boot and compression wrap. **Differential Diagnosis:** Interphalangeal joint dislocation, turf toe syndrome, sesamoid fracture, and flexor hallucis longus (FHL) tendonopathy, or flexor hallucis brevis (FHB) tendonopathy. **Treatment:** The athlete immediately started to rehab the injury; this consisted of decreasing swelling and pain to promote increased ROM. Modalities used included cryotherapy (ice cup massage and cryocuff), electrical stimulation, Low Light Laser Therapy, and biocompression. About a week later he was sent for an MRI where a possible partial tear was seen in the FHB distal to the sesamoid. The flexor hallucis longus was found to be irregular and thickened as well as fluid accumulation in the MTP joint. The athlete returned to rehab where modalities to help pain and swelling were continued. Therapeutic exercises including towel drags, TheraBand exercises, and balance exercises were gradually added. Turf toe straps and dancer’s pads were used to stabilize the MTP joint of the 1st ray. Progressive exercises focused on range of motion and proprioception. Strengthening exercises, including SwimEx and elliptical routines were then added when appropriate. **Uniqueness:** FHB tears are not commonly seen in football and appear more often in sports such as dancing. As an offensive lineman, the athlete had routinely done this blocking drill many times with no problems. Having no prior injuries to this foot and no noticeable flaws in his mechanics the injury was unpredictable. In theory it would have been suspected that signs of tendinitis or overuse pain would have presented themselves as possible predisposition to further injury before an actual tear took place. **Conclusion:** It is important for athletic trainers to keep in mind that injuries do not always give you a warning before taking place. Also, you cannot rely on injuries that are considered normal for a specific sport, and sometimes must think outside the box to detect things you do not see as often. FHB tears are more commonly seen in dancers and runners because of repetitive plantar flexion, which is the most researched cause of this injury along with trauma such as stepping on glass. Even if the mechanism of the injury did not seem drastic enough to cause a tear, more severe injuries should be considered if pain and swelling are not decreasing. **Relevant Evidence:** According to Mandalia and Williamson, an isolated, non-traumatic tear of the FHB is uncommon as they could only find five cases in past literature. In their case, as well as this specific case, the tear did not elicit enough pain for the patient to agree to surgical repair. Therefore, conservative management was adequate in the rehabilitation and return to normal function, while there is no evidence surgery produces better results. **Word Count:** 597