Non-Contact Weber C Fracture  
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**Background:** The patient is a 19-year-old collegiate, Division III women’s soccer player. The patient received a pass while attempting to dribble the soccer ball toward the goal. While attempting to change direction, the patient heard an audible crack causing her to immediately fall to the ground. An on-field evaluation revealed point tenderness over the following anatomical landmarks; medial and lateral malleoli, deltoid ligament, and the distal syndesmosis joint. Following a thorough examination, the patient was diagnosed with a syndesmosis sprain, with possible deltoid involvement. The patient was unable to apply any weight on the affected limb and complained of a 9 out of 10 pain. Positive special tests included compression and talor tilt. Due to the Ottawa Ankle Rules, the patient was splinted, provided crutches and referred to the emergency room X-rays. **Differential Diagnosis:** Deltoid sprain, Tibia fracture, Fibular fracture, Syndesmosis sprain **Treatment:** Post X-ray examination determined that the patient sustained a C classification Weber fracture as a result of a non-contact mechanism. Initially the patient was splinted, until casting in the emergency room. The patient underwent surgery on September 28th, 2016 and will begin the rehabilitation process, six weeks post-operatively, although weight bearing in the cast is allotted after two weeks. **Uniqueness:** According to Söderman et al², the incidence rate of traumatic injury occurs every 4.2 hours per 1000 hours of play. No literature has been found to concur an incidence rate for a non-contact Weber fracture. However, incidences of fractures have been suggested to be about 1% to 9.7% of all injuries.³ Hoff and Martin et al⁴ conducted a study that concluded there is a 2% chance of a fracture occurring in an outdoor venue. Yufit and Seligson et al⁵, classify a Weber C fracture containing a fibular fracture proximal to the distal tibiofibular joint, complete disruption of the syndesmosis, torn anterior and posterior tibio-fibular ligaments and interosseous membrane. The open reduction, internal fixation method, confirmed a Weber C fracture however, examination of the fibula also noted a butterfly fragment. During the on-field evaluation laxity was observed during the talor tilt test, indicating deltoid ligament disruption. Although, surgery noted there was no widening to consider deltoid ligament repair. **Conclusion:** A 19-year-old collegiate, Division III women’s soccer player attempted to change direction when an audible crack was heard. On-field evaluation revealed multiple areas of point tenderness, and ankle instability. The patient was referred out for X-rays, revealing a Weber C fracture. Surgery confirmed such findings and rehabilitation will begin immediately per physician’s orders. **Word Count:** 426