

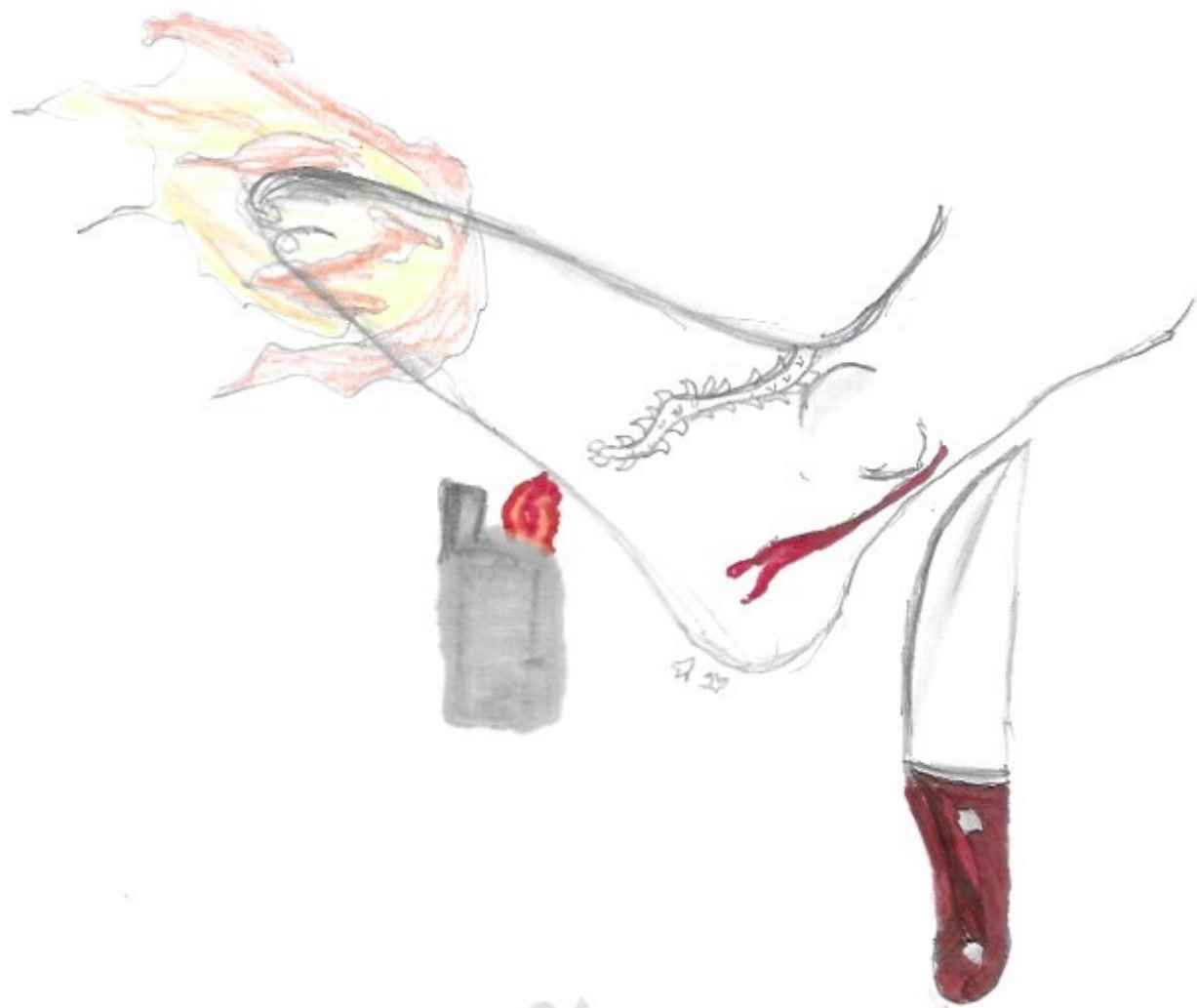


Patient – male, 13 years old sustained an injury to his left ankle during a basketball match 5 weeks previously and developed signs of complex regional pain

The injury occurred on 25/10/2023 with a fracture of the talus and fibula. A small avulsed bony fragment is noted on the lateral view only, adjacent to the navicular bone.

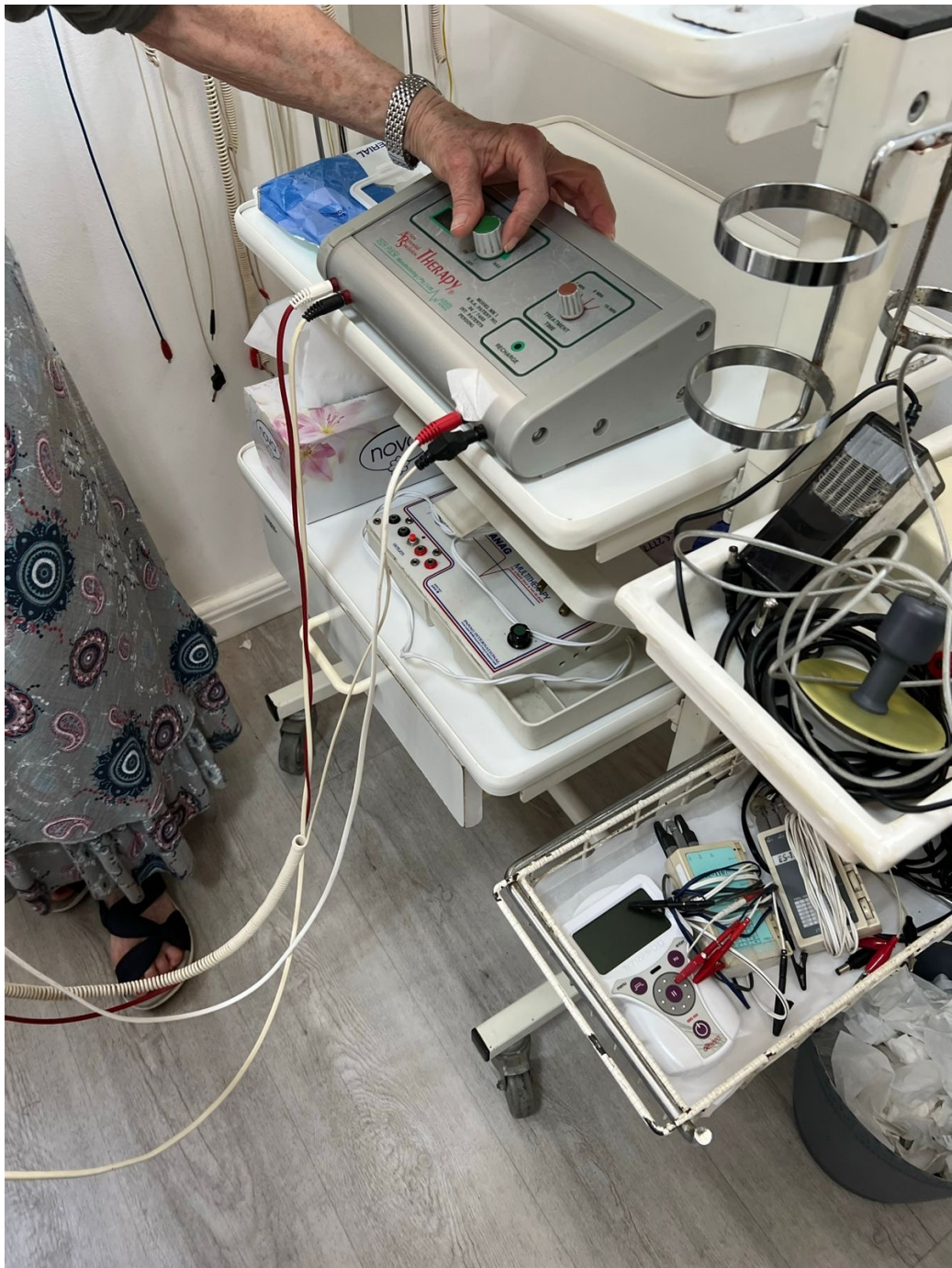
MRI revealed an undisplaced Salter-Harris # involving the growth plate of the lateral malleolus with oedema on either side of the growth plate, predominantly medially. Multiple bony contusion is noted, and base of 5th metatarsal bone. There is evidence of mid foot sprain involving BFL and dorsal TNL.

There is a small interstitial tear within the deep fibres of the peroneus brevis tendon with a grade 1 Inferior peroneal retinacular injury – grade 1 sprains of the dorsal TNL and BFL.



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Date	VAS	Description of pain	DN4 Test	Function
22/11	8-9/10	sharp, throbbing	burning	Nil mobility of toes or foot
23/11	7/10		tingling	
24/11	5/10		pins and needles	Able to move toes and ankle, weight bearing
27/11	4/10		numbness	Has all foot and toe movements
29/11	2/10		hyperaesthesia	Wears elasticated ankle brace, walks well
05/12	5/10			Flare up and unable to weight bear
12/12	0/10			Recovered fully to nil pain and walking with ease Leg swelling and colour normal

7 treatments

DN4 = 5/10

Complex regional pain syndrome (CRPS)

Whole leg changes colour:

red/purple discolouration of foot and toes

Severe hyperaesthesia

Swelling: toes, foot and lower leg

Nil mobility in toes or foot

Was in a POP cast – progressed to a moonboot



Treatment

- Cast 21/10/2023
- Moonboot 21/11/2023 Boot increased pain

22/11/2023 Pain management

Nil movement in toes, foot, ankle: Lower leg – hyperaesthetic, red

Low frequency to ears for stress

Resonator for oedema, Direct current for circulation

Non-interventional pulsed radio therapy (NMS460) to vagus nerve for inflammation, peroneal nerve for improved nerve conduction

Mirror therapy and encouraged to DRAW the pain

23/11/2023 – pain improved – VAS = 7/10, able to move toes slightly, decreased eversion of the foot

Rx as above

24/11/2023 – pain improved – VAS = 5/10, able to move toes and dorsiflex ankle

Rx Direct current to leg, NMS to peroneal and tibial nerves, Infrared laser (IRL) to lateral and anterior ankle for oedema, weight bearing exercises, corrected gait, encouraged pool exercises for hip, knee and foot.

Pain improved to 4/10 post treatment but the circulation and there was tingling in lateral foot - still indicated CRPS

27/11/2023 Pain improving – VAS = 4/10 – only burning pain in heel, and diminished plantarflexion with lateral 2 toes

Treatment included motor stimulation as hyperaesthesia now non-existent, slight redness when foot is dependent

29/11/2023 – circulation and pain improved dramatically – VAS = 2/10

Treatment – as before and more localized treatment to lateral ligament, wears ankle brace and walks well without crutches

5/12/2023 Had flare-up and did not weight bear – treatment with direct current, NMS460, IRL

12/12/2023 – No pain, able to walk well – gave proprioception exercises – treated as above - **Discharged with exercise advice**

