

ADVANCE HEALING

Acute high ankle sprain, 5 min post injury. Note the swelling that has begun at the flexor retinaculum.



Case study
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KinesioTexTape used for high ankle sprain treatment of Oscar Blues FC PASL player Ben Donovan.

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The treatment of professional and semi-professional athletes involves a balance between continual rehabilitation, monitoring and athlete rest. Rarely is the athlete in a position to do exactly what their therapist wants nor are they able to do what their coach wants.

The push and pull between the healing process and the need for training/team involvement places a strain on an athlete's ideal recovery environment.

Recently a player for the Oscar Blues FC PASL team was on the receiving end of a high ankle sprain (pictured above). The treatment plan was designed around him returning to action

before the first game of the season, 3 weeks away.

I saw Ben immediately after his sprain, within 5 minutes actually. With such an acute injury the only KinesioMethod application available to me was a lymphatic application (see bottom right).

I was again able to treat his ankle 15 hours post injury. Little of the blood pooling had reached the surface by the time I treated him, however he was limping significantly. I treated him with ice massage, lymphatic massage, lymphatic tape and a functional correction to limit his stumbling/risk of tripping. Post treatment results were minimal and his pain

levels had decreased from a 7 to a 4 but were still noticeable. He still had a significant limp and difficulty with stairs.

I then saw him again on day 3 and much of the blood pooling had become visible. What was immediately apparent to both myself and my client was the distinction between the blood pooling and healthy tissue where



Treatment progression using the KinesioMethod

• 15hrs-3-6-7 days post injury.



15hrs post injury. Notice the beginning of the bruising and blood pooling.
Application: *Lymphatic strips using pre-cuts as well as a functional correction-limit-to avoid tripping/stumbling*

3 days post injury. Blood pooling has begun to surface, limited ability to walk pain free, significant limping still.
Application: *Lymphatic strips only using the pre-cuts.*

6 days post injury. Decrease in blood pooling as well as pain levels with an increase in stability.
Application: *Lymphatic strips, both pre-cuts and custom cut as well as arch support and tibialis anterior inhibition (due to shin splint pain).*

7 days post injury. Blood pooling has begun to surface peroneus brevis.
Application: *KinesioTexTape FP as a pre-wrap for prophylactic taping to support the ankle while at soccer practice.*

the lymphatic strips had been. Some of the blood pooling had dispersed to the toes and begun to come to the surface just superior to the flexor retinaculum. I treated him with ice massage, trigger point therapy and lymphatic tape. Post treatment, he was able to walk with less of a limp and no longer had to hobble down/up stairs. His pain had also decreased from a 5 to a 2.

At day 6 the blood pooling had *significantly* decreased, especially along the lymphatic tape fan strips and the blood pooling at the toes had begun to disperse. I continued with a similar treatment, ice massage, trigger point therapy, myofascial release and finished with lymphatic strips, as well as a tibialis anterior inhibition and an arch support. Post treatment he was able to jog on the spot with zero pain for 45 second intervals with 15 second rests, fully plant his left foot with no

pain to come to a stop, as well as begin lateral movements with weakness and hesitancy but no pain.

On day 7 Ben had soccer practice and was in need of ankle support to get him through the exercises. I used the KinesioTexTape FP as a pre-wrap for prophylactic tape to support his ankle. During practice he was able to accelerate from a jog to a run on cement but not the astroturf. He was able to juggle a soccer ball with either foot planted as well as either foot kicking. He was able to kick with full force using his left foot on the medial side with zero pain and able to plant his left foot 100% without pain. Jogging/running had increased now to 2-4 minute intervals before fatigue set in (no pain however) with 1 minute rests.

continued treatment and progress day 10 and 15 post injury

By day 10 Ben was able to walk, ride his bike and practice soccer with no contact and with confidence. He was still having the occasional twinge high up on his ankle but it was not stopping him from his daily activities. By day 15 Ben was back to full practice but still with no contact. He was able to participate in all the drills and exercises without any pain.

Below: soleus/gastrocnemius inhibition to prevent cramping as well as flexor retinaculum ligament support and lymphatic drainage over torn muscle belly.



"I found it surprising as to how effectively the tape seemed to control the blood flow to my ankle, which enabled me to make the speediest recovery my body would allow."

-Ben Donovan-

