

### Abstract

**Background:** This level 4 CASE report is a 21-year-old male soccer player (83.6 kg, 193 cm) who injured his right ankle. Athlete reported that while playing his foot landed in inversion, and an opposing player then landed on top of the inverted ankle. Became swollen and hot to the touch, with bruising and joint tenderness under medial and lateral malleoli. Not possible to flex or extend due to pain of non-weight bearing status. Describes pain as sharp with quick movements and hard impacts and a discomfort aching the rest of the time. Treated conservatively as a high lateral ankle sprain, and returned to play, but deep internal pain and feelings of ‘catching’ of the joint persisted and increased until an MRI was required. Diagnosed with OCD Lesion. Athlete had right ankle Arthroscopic Debridement of OCD Lesion of the Medial Talar Dome. Full rehab and RTP with athlete full-go, but the same deep pain returned with sport participation and he received a second MRI. Athlete had second surgery, Right Ankle Arthroscopy and Excisionotomy of right Tibia and he continued to rehab and began again. Player had no previous ankle injuries. **Differential Diagnosis:** Medial ankle sprain, Talus fx, OCD usually caused by an injury, such as an ankle sprain. If the cartilage bone will float in the ankle casing constant discomfort and pain with break off and sometimes a broken piece of the damaged cartilage will stick inside the ankle and cause pain and swelling. Understanding the anatomy of the ankle joint and the way it moves is important to the success of the first surgery and return to play. The athlete had a complete return to play and began getting ready for another surgery. **Purpose:** The purpose of this case report was to introduce a 21-year-old Division 1 Collegiate soccer athlete who received a osteochondral defect (OCD) of the Talar Dome in his right ankle. He received two procedures in order to eliminate pain and improve ROM. An overview of the injury is presented in order to obtain an improved understanding of the ankle injury. The athlete was able to progress to running and ball skill work as able. Continuing to increase ROM and decrease pain and swelling after each exercise: stretches with a band, massage the area, E-Stim and ice on the affected area. Rest when possible and taped up during beginning return to exercise/play: uniqueness. This case is unique due to the success of the first surgery and return to play and the development of the secondary diagnosis. Deep, chronic, achy pain is common, along with a ‘catching’ or ‘locking’ sensation with movement. After intense episodes of activity swelling is also common, but when pain is present, an MRI is always recommended. When a patient can be immobilized and allowed to heal for an extended period, surgery may not be necessary. Even after the invasive surgery an athlete might then develop arthropathy in the joint and have decreased ROM and mobility. **Conclusions:** This case demonstrates the diagnosis and treatment of a collegiate soccer athlete suffering from an OCD Lesion of the Talar Dome. This paper demonstrates the success of a second surgical procedure and rehab after another surgery. The athlete continued to engage with the athletic training staff to minimize the effects of the second surgery and return the athlete to full participation.

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### Case Report

**Patient:** This Division 1 collegiate soccer player is a 21-year-old athlete (83.6 kg, 193 cm) whose right foot landed in inversion and an opponent stepped on it during a game. The following is information from the 

### Rehabilitation

The rehab from the Ankle Arthroscopy and Excisionotomy of the right Tibia was similar to the first surgery and required a second surgery. The athlete had a complete return to play and began again. Player had no previous ankle injuries. **Differential Diagnosis:** Medial ankle sprain, Talus fx, OCD usually caused by an injury, such as an ankle sprain. If the cartilage bone will float in the ankle casing constant discomfort and pain with break off and sometimes a broken piece of the damaged cartilage and bone will float in the ankle casing constant discomfort and pain with activity.

### Discussion and Summary

OCD Lesions in the talocrural joint are something that can be overlooked or misdiagnosed because they often begin as an ankle sprain or other acute, superficial injury. They require electronic imaging to diagnose, and can require surgery. The challenge is that athletes who can’t participate in their sport with the constant pain and limited ROM. The recovery time can be lengthy depending on the severity of the injury. The location of the lesion, the chronicity of the injury, and the consistency of rehabilitation and care put in by both the athlete and medical personnel. Surgery and treatment are specific to the individual and their sport, but a full return to play is possible in most cases.

This rehab and process was done in the case of this D1 collegiate soccer player. His case was unique with the injury he suffered, the OCD lesion of the medial talar dome, as well as how his body reacted after the first surgery and rehab to have a bone spur develop and require a second surgery and rehab to return to play process in his last year of collegiate soccer. This was a great example of how consistent, steady progress with strength, ROM, balance, and low-impact cardio could help build a strong base to progress to sport specific running, drills and practice.

### References
