

LEG WEAKNESS IN A HIGH SCHOOL FOOTBALL PLAYER

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HISTORY: A high school football offensive lineman indicated he needed to be removed from a football game. He was observed to be stumbling toward the sideline and he stated that his right leg would not support him and the leg felt numb.

PHYSICAL EXAMINATION: He related no specific injury although he stated his right leg was caught up in the pile of players on the previous play. He had no history of prior leg trauma or neurological injury. His shoe and sock were removed to allow for inspection and examination. Physical examination was remarkable for a loss of motor dysfunction as demonstrated by significant leg weakness with dorsiflexion of the foot and ankle against light resistance. The sensation over the lateral right leg and the dorsal aspect of the foot was decreased also. No other abnormal physical signs or symptoms were identified.

DIFFERENTIAL DIAGNOSIS: Right peroneal nerve neuropathy, Lumbar disc syndrome, and acute compartment syndrome.

TEST AND RESULTS: Serial examination demonstrated a steady and complete return of motor and sensory function over a ten-minute period.

FINAL DIAGNOSIS: Peroneal nerve contusion

TREATMENT: The athlete was returned to the contest. He followed up after the game that evening and the following day for reevaluation. He demonstrated no residuals from the injury. The peroneal nerve is exposed to direct trauma because it is superficially located and closely approximated to the proximal lateral fibula. No evidence of direct trauma was identified at this location, but it is likely that this athlete sustained a mild contusion of the peroneal nerve because of the prompt recovery and presenting physical signs. In athletes participating in collision sports who present with dysesthesias of the lateral leg and a loss of dorsiflexion peroneal nerve compression or contusion should be considered in the differential diagnosis.