

Belinda - 6.9.18

P - Hiya.

D - Hi Belinda, good to see you.

P - Erm, over two months ago I went over on my ankle and really badly damaged it - I've got some photos of it. Went to the hospital straight away, had an x-ray. I got the impression that the doctor didn't think it was as bad as it ended up being, because he said, 'Oh, you'll be back on your feet again in a few days'. And then he booked me a physio appointment two weeks after that and then I went to that physio and he was like, this is really bad, it should have been put in a boot and stuff like that.

D - Okay.

P - So it was like that when I first did it, and then the bruising ended up - it was bruised on both sides, it ended up that all my toes and everything were black. But the bruising ended up right up here and everything.

D - Crikey.

P - I've been to physio three times now, and it's just getting no better. I can't, like, keep having - well if I'm on it a lot, it gets really swollen and red, and I get, it just aches all the time. I just don't know - it's been over two months now, and it's just sort of hit a point where it feels like it's not getting any better. I keep, if I do anything to it - like for example, I was walking down the stairs the other day and I just - you know when you just miss your step? And like, I hit my heel, and it's just, the pain's just ridiculous.

D - Okay.

P - I've done it a few times when I was younger, on this same ankle, so I think it was just weak, and then this time it's just - it was awful. I can't do any exercise or anything, it's just - stopping me doing stuff now, so I'm just wondering if there's anything else that can be done.

D - All about your right ankle?

P - Yeah, right one.

D - Okay, and this is the main thing you're here about; was there anything else that you wanted to talk about today?

P - No, that's all that I'm here for.

D - Okay.

P - No, that's all.

D - Between you and the physiotherapist, what do you think you've done?

P - He's just given me exercises to do, but last time I went, he was surprised that it hadn't got any better, so he's booked me in again for next Friday. But all he's doing is giving me exercises to do and it doesn't seem like they're going to suggest anything else.

D - Yeah.

P - But he does seem to be quite shocked that it's not any better.

D - Sure, sure.

P - But he hasn't suggested anything else.

D - Okay, okay. With you coming here today, were there any thoughts about what was - what might be happening that's stopping it from getting better?

P - I just don't know, I don't know whether it's just the ligaments have healed badly. I mean, when I did it, I heard the pop, and when I first- like I say, I went straight to A&E, had an x-ray to check whether it was broken or not, and it wasn't broken. But the doctor was like, you know, keep off it for a few days and it ended up that I couldn't put any weight on it for two and a half weeks, and then even after that I was... you know, I couldn't drive and it just, then it sort of healed to a point and then it's been for about a month and a half now that it's just exactly the same.

D - Hmm.

P - And if I do anything, it just comes back again and then it swells up and gets all red and...

D - Crikey.

P - It's just stopping me from, like, doing any exercise or anything and its just - at what point does it, is this just going to be like this forever, or... that's what I'm just wondering if there's any...

D - Yeah. So, it's - so it's impacting on your activities?

P - Yeah.

D - Work wise?

P - Work wise, I work at an well, I'm an architect, so I'm just in an office really, but it doesn't affect me there.

D - Site visits not an issue or anything like that?

P - Well, I haven't been on any site visits yet, so that...

D - Okay.

P - Any uneven ground, it just - because it just doesn't feel right, still, it feels like its not strong enough to...

D - Yeah.

P - And any, like, even slight - because during the night, I keep getting these spasms where, like, it almost jolts.

D - Yeah.

P - And then its just this severe pain, and then in the morning its always, when I get up in the morning it's always really achy and really stiff when I'm walking on it.

D - Okay. Okay. Home life?

P - It's just, I can't wear high heels, which is a nightmare haha.

D - Yeah haha okay.

P - It's just, I can't do much exercise, I can't go to the gym, I can't do any cardio exercise because, you know, for example if I tried to run - just as soon as I went off like that, I just get a bad pain in it, so... it's just stopped me.

D - Crikey, okay. Okay. This is the first time you've ever had anything like this go on?

P - Well I've done it a few times when I was younger, but nowhere near as bad as this.

D - Ah okay.

P - Well I thought it was bad then, but...

D - Always the same joint was it?

P - It's always the same ankle.

D - Yeah. With coming here today, did you have any particular thoughts about what you were hoping I would do for you today?

P - I've got no idea. I was just wondering whether this is normal or not.

D - Yeah. And between your chats with the physio and, or with anyone else, had anyone else suggested that you need to get such, and such done?

P - The only person I've spoken to about a similar thing is a girl at work that had a similar thing, and she said she just kept—it just didn't get any better and, in the end, she ended up having surgery, but I don't know whether that's a similar thing or whether that's just...

D - Crikey. Okay, alright. No problems with your other joints at all?

P - No.

D - You're well in yourself?

P - Yeah, I mean it was an actual injury, I didn't just...

D - Yeah, who's at home with you?

P - I live with my boyfriend.

D - Yeah, and what does he think?

P - He was the one who was telling me to come here, he's been telling me to come here for ages because I keep complaining about it and he's like 'stop complaining about it and go to the doctors.'

D - Does he have any thoughts about what we should be doing about it?

P - Neither of us know because...

D - Just want to get better?

P - Yeah, just...

D - Can I just check, there's nothing else that might be behind all of this? You've never had problems with your joints before, nothing in your family, you're not double jointed or anything like that?

P - No, nothing like that.

D - No, okay. But its only that joint that's ever been a problem?

P - Yeah. I mean I did it when I was about 15, playing football, and then I did it again playing football, and then this time I was playing football, but just in the - just messing around in the garden, and I sort of - there's a lip, like a little paved, like little curb stone thing.

D - Yeah.

P - That sort of sticks up a little bit more and I just stood on that and just, all my weight went over on it and I heard a pop and everything...

D - Can you bear weight now?

P - Yeah. I can do it, like...

D - Every now and then it catches?

P - Day to day, walking and everything, yeah, it's fine, it's just when, for example, them spasms in the night.

D - Yeah.

P - Just the ache and this is just aching constantly.

D - And is your physiotherapist capable of asking an opinion from orthopaedic teams?

P - I've got no idea, I don't know, that's what I'm...

D - Usually they are.

P - Right.

D - And quite often if we're thinking that you might need further investigation, including an MRI scan, that sort of thing, or an opinion from a specialist with regard to joints - they're capable of doing that referral to push things further. Okay. Right. Let me have a look at it today, if that's okay?

P - Yeah. There's not much to look at it to be honest, it just looks normal. I mean, it's always a little bit more swollen, so...

D - Do you mind me comparing that with the other side?

P - Yeah.

D - If you slip your shoes and socks off on both sides that would be really helpful. So, as I watched you when you were walking in, you walked in comfortably, with a normal walk and you're not limping at all.

P - Yeah.

D - Okay. There's no obvious swelling, looking at the ankle at the moment.

P - No, it's just when I've - if I go for a long walk or something it swells up.

D - Yeah. Okay. So, in terms of the stability of the joint at the moment, so no problems in terms of standing on your tiptoes? You can push your weight—push, push, push. So, Achilles is absolutely fine.

P - Well it's the Achilles that hurts the most when I do things.

D - Ah, okay.

P - Yeah.

D - This area here?

P - Yeah, like all up and down here.

D - That's interesting, because it's not at all tender when I'm pressing at the moment, is it?

P - It's not tender, no.

D - Okay, good, good. If I press against the bones in your foot, they all seem fine - particularly the ones which are linked to the ligament, and when you went over, you went over...

P - That way, yeah.

D - This way, which is an inversion injury of the ankle, which tends to rip the ligament supports of the ankle.

P - Yeah.

D - Now if I pull the ankle forward, then the ankle's very stable, and then if I put some stresses on the ankle to check the ligaments of the ankle - first of all, the inside ligament supports of the ankle, they're fine. And then if I invert the foot...

P - That's not comfortable.

D - Not comfortable?

P - None of it's comfortable, but...

D - It's not agony?

P - No, it's not agony but, that's - in there....

D - it's not move - So you're getting some pain there, rather than here?

P - Yeah.

D - Okay. That's a bit unusual isn't it? Okay, and you had an x-ray at the time?

P - Yeah.

D - So there's not crepitus, there's grinding when I'm moving your ankle about there, and it's got a good range of movement in the ankle itself, so it feels okay. Okay. Okay, that's really helpful. Okay, lovely. If you want to put your shoes and socks back on now.

P - Yeah. I mean, like I say, I don't know whether it's just because I keep - it's so weak that when I keep doing stuff to it, it's not, like...

D - Yeah.

P - It's stopping the healing process a bit, like, setting itself back a little bit.

D - I think neither of us are thinking that there's a broken bone that's causing problems.

P - No, no.

D - So, we're not thinking necessarily that an x-ray would make a great deal of difference, but I think...

P - The physio checked because the first time I went, it was after two weeks that I'd done it, and it was still like black and blue.

D - Yeah, yeah.

P - And he checked my x-ray as well, just as a double check, and he said it's definitely - it definitely wasn't broken.

D - Okay. I think both of us are concerned that that ligament's taking a bit longer than you'd like to get better.

P - Yeah.

D - I guess the blood supply to ligaments are pretty poor, and for things to take six weeks to get better in a ligament is not surprising.

P - Right.

D - And then if you injure it again, it tends to tweak, and it tends to pull the fibres of the ligament, and it tends to bruise again, and it's really painful.

P - Yeah.

D - From the looks of that picture that you showed me before, you had a lot of bruising, and therefore the chances are that you did have a significant sprain - a tear - of that ligament, and it's just taking a long time to fix.

P - Yeah.

D - So what we do to enhance that healing to allow you to get back to your normal activities as quickly as possible. Well, I'm thinking probably that you're doing all the stretching exercises that you should be doing anyway, because the physio's teaching you to do those.

P - Yeah.

D - It might well be that the physio would want to do an MRI scan to look at those ligaments and make sure there's nothing that's getting in the way of that healing process, and he may also want to ask for a second opinion from an orthopaedic surgeon to say that we've done this MRI scan, what else do we need to do to make sure that this minimises any future disability for you.

P - Yeah.

D - Does that all make a bit of sense?

P - Yeah.

D - Are you using any painkillers or anything like that?

P - Just when the aching comes on, so just paracetamol or ibuprofen.

D - Can I double check- you've never had problems with your blood pressure at all?

P - No.

D - You get no irritation in your stomach when you take the ibuprofen?

P - No.

D - So it's okay to be taking that sort of thing.

P - Yeah.

D - It might be slightly safer for you to use the rub-on version of ibuprofen.

P - Okay.

D - So Algesal or ibuprofen gel, which you can buy over the counter. You can put those on as often as you like - that's safer and probably as effective.

P - Okay.

D - So that's worthwhile doing. And those balancing exercises are crucial to allow you to have good mobility in your ankle.

P - Yeah.

D - I'm thinking we're probably not going to do an x-ray at the moment, we'll leave it maybe to the physio to organise an MRI scan, but if you need me to do a second referral to the physiotherapy department to facilitate that, I'm really happy to do that.

P - Yeah if you don't mind.

D - Just give me a telephone call about it.

P - Yeah. I've got a physio appointment next Friday, so I'll see how that one goes.

D - Yeah.

P - But, I mean like I say, he said at the last one, he thought - he was going to sign me off, but then he said I need to come back so, I'm sure...

D - Because he's seeing you about the same problem, then probably he doesn't need another referral from me, but if its helpful for me to do that then I'm happy to talk to him or o do another referral to allow him to - to investigate you further, to do a scan or to get a second opinion from one of his specialist colleagues.

P - Okay, yeah.

D - So that's absolutely fine.

P - Right.

D - How shall we leave things today?

P - Like I say, I can just go to this next physio appointment, I'll say I've come and seen you, and see—and just see what he says on the back of that.

D - Okay.

P - He seemed—I think he seemed to think that the last one was going to be the last one, so if thinks this one is the last one, I'll just...

D - Yeah, and you're okay at work?

P - Yeah. I'm fine at work - I mean I had to work at home for about a month because I couldn't drive, so...

D - Yeah. If you can't—yeah, so this is, in terms of safety for the things that you normally do, clearly, you're safe to drive now, aren't you?

P - Yeah.

D - You're able to do an emergency stop and all that sort of stuff?

P - Yeah.

D - But if you can't bear weight on it, we need to see you urgently. Then we would consider—so, because you're mentioning pain in your Achilles tendon, your Achilles feels okay today, and your calf feels okay as well. But, if all of a sudden, out of the blue, you feel a tremendous pain in your Achilles and you can't stand on your tiptoes, you need to be seen in a fracture clinic or here straight away.

P - Right, yeah.

D - To make sure that you've not ruptured your Achilles. But this all sounds ankle support based.

P - Yeah.

D - And it sounds like it's the ligaments in the ankle that are the main problem.

P - Yeah.

D - So, we're very happy to—if you're not feeling that you're making progress with this, and the physiotherapist hasn't facilitated anything, give me a telephone call.

P - Yeah, that would be brilliant, yeah.

D - Within the next two to four weeks, to let me know how you're progressing.

P - Okay, yeah.

D - Monday through Thursday is the best time to get in touch with me, and then I can always call you back.

P - Right, brilliant.

D - Does that sound okay?

P - That's great, thank you.

D - Anything else you want clearing up today?

P - No that's all, yeah.

D - Okay.