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Clinical I

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 When I was on rotation for football I had the opportunity to do an ankle evaluation onon of the football players. The athlete’s name was Jermaine and he came into the clinic complaining of rolling his ankle into inversion. He reported that he had pain over the superior lateral malleolus in ATF land. He said that he got tackled and as he went own another player grabbed and wrapped his feet causing his right ankle to invert. He also stated that he had suffered an ankle sprain to the same foot a year ago. He had not taken any medications that day. I was nervous because this was the first evaluation that I had done in the clinic. Also, this was during preseason so I felt rusty on some of the things we learned last year. Then I observed and palpated both of his lower legs. He had obvious discoloration and swelling over the right superior lateral malleolus in ATF land. He had good active and passive ROM in his left foot but fair (4) in both on his right foot. During the evaluation I felt so excited in my head narrowing down things and thinking ahead of what special tests I was going to do. Once I got to the special test I knew the few I would do. I started with anterior drawer and made sure to do it bilaterally. The test was positive with there being obvious anterior laxity in the right ankle with pain around the ATF. Then I performed the talar tilt test and that was positive with pain again at the ATF when inverted. I then performed a negative kliegers test. I then assessed the injury to be a grade I ankle sprain. I then gave the athlete ice and because he was on a time crunch we sent him to the café and he came back later, which I was not there for.

 It was an exciting experience to do my first evaluation. I was nervous because there were times where I would stop and think about certain things to make sure I was correct about something. I want to be at a place where I do not have to stop and think and my evaluation be choppy and instead have it flow into one piece and not just be segmented. I also want to keep practicing my special tests and know all of the positive signs for a test. Then learn which tests have high specificity vs. sensitivity. I felt that I had a very good knowledge and background with my anatomy so I feel as if that is beneficial in my evaluation and makes it a lot easier. I felt like I was not comfortable when moving the athlete’s foot in certain painful places, but as I have been in the clinic more I have gotten over that and feel more comfortable.