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**RESTORATION OF FUNCTIONAL ACTIVITY OF FOOTBALL PLAYERS SUFFERING FROM ANKLE JOINT POSTERIOR TALOFIBULAR LIGAMENT INJURY**

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Relevance. Damage of the ankle joint occurs when there is sudden change of the movement direction, foot dislocation or bend under the axial load. Ankle damage most often happens while landing after the jump, especially, if landing is on the other player's foot. If the foot is dislocated inside, the abnormality or a complete rupture of external lateral connection may happen. Posterior talofibular ligament is primarily damaged. In case of full break, the bone tissue dislodges, but then spontaneously cures under the influence of the tibial muscles contraction. However, the recovery of athletes after such a type of injury is known to be long and not always successful.

The aim of the study. The study of the clinical case of the posterior talofibular ligament injury and its restoration.

Athlete N., engaged in football, damaged ankle joint on training after unexpected collision with an opponent.

In the objective examination, he complained of pain in the ankle joint in the front along the line joining the external and internal ankle. Most areas of the outer bone stood motionless and long standing. There was swelling in the area of ​​the outer ankle. Pain during palpation was stronger at the lower edge of the ankle and in front of it. When passive movements were performing, the maximum pain was noted at the foot supination. The symptom of the raised foot was negative.

The patient was diagnosed with: injury of the posterior talofibular ligament of the left ankle joint of the second grade.

The following treatment was prescribed: immobilisation of the ankle joint (an eight-band band of elastic bandage) for 2 weeks. Calm and raised position of the limb. Local procedures for 4 to 5 days, diclofenac, troxevasin, multivitamins. After finishing the cold procedures - massage with warming ointments (Espol, Kapsikam, etc.). Rehab program: range-of-motion exercises, strengthening exercises, balance and control exercises, permanent use of kinesiotaping.

During the last period of treatment, reduction of edema was more effective, pain in movements in the traumatic joint disappeared. On the ultrasound control, a connection was established with the equipment and there were no payouts in the left ankle joint.

Conclusions. The use of a kinesiotaping in combination with other treatment methods provides a faster disappearance of edema, allows earlier active rehabilitation actions, promotes to an earlier start of training and participating in the competition.