

Diagnosis: The Fear of Every Dancer

HUMOR

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Educator unavailable; Pacific Grove Art Center, Affiliate.
Gold Medal, **Best-in-Grade Award**

Patient Name: Lyra Zhang

Patient's True Name: Professional Ballet Dancer

Date of Birth: 09/22/2002

Date of Birth: The Day Mom Wondered What Her Miracle Baby Would Be One Day

Date of Injury: 11/15/2024

Date of Injury: The Night of Graceful Leaps and Ungraceful Landings

Date of Diagnosis: 11/15/2024

Date of Diagnosis: The Curtain Call of "I Swear This Never Happens"

"Diagnosis: Grade III Anterior Cruciate Ligament (ACL) Tear with Associated Medial Meniscus Tear"
"Diagnosis: The Fear of Every Dancer"

Clinical Presentation:

22-year-old female presented to the sports medicine clinic following an injury sustained during a ballet performance. Patient reports hearing a "pop" in her left knee while landing from a grand jeté, followed by immediate pain and instability. Unable to continue dancing and experiencing difficulty walking."

Clinical Presentation:

22-year-old human pretzel arrived dramatically limping, wearing leg warmers unironically and smelling faintly of tiger balm and desperation. Patient appears more concerned about missing rehearsal than actual bodily destruction.

Injuries Sustained:

1. Grade III (complete) tear of the Anterior Cruciate Ligament (ACL) in the left knee
2. Associated tear of the medial meniscus
3. Bone bruising on the lateral femoral condyle and posterolateral tibial plateau

Injuries Sustained:

1. *Ego: Critically wounded*
2. *Left Knee: Definitely not cooperating with life plans*
3. *Ability to walk normally: Permanently on vacation*
4. *Dance dreams: Temporarily in intensive care and on a ventilator*

Physical Examination:

- Moderate effusion of the left knee
- Tenderness along the joint line, particularly medially
- Positive Lachman test with no firm endpoint
- Positive pivot shift test
- Range of motion limited due to pain and swelling

Physical Examination:

- *Flexibility: Olympic-level*
- *Pain tolerance: Superhuman*
- *Ability to explain injury dramatically: 10/10*
- *Gravity: 1, Dancer: 0*
- *Actual medical understanding: Approximately negative*

Imaging Studies:

- MRI reveals complete tear of the ACL
- Associated tear of the medial meniscus
- Radiologist's notes: "Complete tear of the anterior cruciate ligament with associated bone marrow edema in the lateral femoral condyle and posterolateral tibial plateau. Recommend orthopedic consultation."

Imaging Studies:

- *MRI reveals a panorama of tears that look suspiciously like modern art*
- *Associated tear of the medial meniscus, clearly revolting against years of unnatural positioning*

- *Radiologist's notes: "Another dancer. Send prayers and pointe shoes."*

Treatment Plan:

1. Arthroscopic ACL reconstruction using autograft (patellar tendon) scheduled for 11/25/2024
2. Concurrent arthroscopic repair of medial meniscus

Treatment Plan:

1. *Rest: Ha! Good luck telling a dancer to rest*
2. *Physical Therapy: Basically torture disguised as healing*
3. *Modified Training: Dancing while sitting. Totally a thing.*
4. *Psychological Support: Convincing her the world won't end*

Post-operative rehabilitation protocol:

- Week 1-2: Partial weight-bearing with crutches, focus on controlling swelling and regaining full extension
- Week 3-6: Progress to full weight-bearing, initiate closed-chain strengthening exercises
- Week 7-12: Advance strengthening, introduce proprioception training
- Month 3-6: Sport-specific training, gradual return to dance-specific movements
- Month 7-9: Return to full dance training, pending clearance

Post-operative Rehabilitation Protocol/The Five Stages of Grief (and How to Dance Through Them):

- *Weeks 1-2: Denial—"Why Did I Do This to Myself?" Phase: practicing the best "I'm not in pain" face, perfecting the one-legged hop to the bathroom, and icing..a lot of icing*
- *Weeks 3-6: Anger—The "Is This Thing Ever Going to F****ING Bend?" Stage: Rage-fueled exercises in attempting to make ankle pumps look cool (spoiler: you can't), engaging in thrilling heel slides, now with 100% more wincing*
- *Weeks 7-12: Bargaining—The "Oh, It Does Bend!" Era—Promising to never dance again if only the knee would bend, upgrading to walking like a rusty robot, celebrating wildly when able to finally tie own shoes*
- *Months 3-6: Depression—"The Funky Funk" Period: Rediscovering the sadness of stairs (one*

step at a time, champ), wondering if life will ever be the same, discovering new levels of excitement (yippee) with isometric exercises,

- *Months 7-9: Acceptance—"The Comeback Kid Training Montage" Stage: Taking "Dancing With the Scars" to the next level, strengthening exercises set to inspirational '80s music, graduating from rehab with honors in patience and Advil consumption*

Prognosis:

Given the patient's age, overall fitness, and motivation as a professional dancer, a good outcome is expected. However, full return to pre-injury level of performance may take 9-12 months. The patient has been counseled on the importance of adherence to the rehabilitation protocol to optimize outcomes and reduce the risk of re-injury. Specific expectations include:

1. Initial recovery phase: 6-8 weeks for basic healing and return to normal daily activities
2. Intermediate phase: 3-4 months for regaining strength and basic dance movements
3. Advanced phase: 6-9 months for sport-specific training and complex dance techniques
4. Full recovery: 9-12 months for unrestricted return to professional-level dance performance
5. Long-term outlook: Excellent, with proper care and adherence to preventive measures

Prognosis:

Given the patient's youth, impressive flexibility, and stubborn determination to pirouette again, we expect a full recovery. . . eventually. However, the journey from "ouch" to "encore" will be about as graceful as a hippopotamus attempting ballet. Specific expectations include:

1. *Initial recovery phase: 6-8 weeks of frequent sighs when passing mirrors and occasional attempts to pirouette in the kitchen (against medical advice)*
2. *Intermediate phase: 3-4 months of the development of a love-hate relationship with the physical therapist*
3. *Advanced phase: 6-9 months of gaining an irrational fear of grand jetés and a newfound appreciation for flat shoes*
4. *Full recovery: 9-12 months, or approximately*

274 Netflix series binges, patient may obtain the ability to predict weather changes with her knee, before returning to the spotlight
5. Long-term outlook: Excellent.

Reminder for the patient: Laughter is the best medicine, but please don't laugh so hard you fall and injure the other knee. . .

Follow-up:

Patient to be seen in clinic at 2 weeks post-op, then monthly for the first 6 months. Functional testing and strength assessments will guide progression through rehabilitation phases.

Follow-up:

Patient to be seen in clinic at 2 weeks post-op for a riveting performance of "Ow, That Still Hurts: The Musical," then monthly for the first 6 months of encore performances. Functional testing (aka "Can You Do This Without Wincing?") and strength assessments (otherwise known as "Let's See Those Muscles You Didn't Know You Had") will guide progression through rehabilitation phases, each more action-packed than the last. Bonus points awarded for creative excuses to skip leg day.

Recommended Prescription:

1. Analgesics: Ibuprofen 600mg orally every 6 hours as needed for pain
2. Anticoagulant: Enoxaparin 40mg subcutaneously daily for 2 weeks to prevent deep vein thrombosis
3. Physical Therapy: 3 sessions per week for 12 weeks, then reassess
4. Home Exercise Program: As instructed by physical therapist, to be performed daily
5. Knee Brace: To be worn as directed by orthopedic surgeon
6. Follow-up appointment: With orthopedic surgeon in 2 week

Recommended Prescription:

- 2 parts patience
- 1 part humility
- Unlimited Netflix
- Zero pirouettes

Signed: Dr. Michael Wong, MD
Sports Medicine Specialist
Chief of Interpretive Medical Movement

Certified Knee Whisperer

Survivor of a Thousand Dance Injury Sob Stories

Note: Patient will likely ignore 97% of medical advice and attempt to grand jeté within weeks

Follow-up at 12 months post-surgery revealed excellent progress. Ms. Zhang demonstrated full range of motion, strength comparable to the uninjured limb, and successful completion of all functional testing protocols. She gradually returned to professional ballet, initially in supporting roles, and by 18 months post-injury, she had resumed her position as a principal dancer. Regular physical therapy and a tailored conditioning program were maintained to minimize the risk of re-injury. Ms. Zhang's dedication to her rehabilitation and her artistic passion contributed significantly to her successful recovery and return to the stage.

At her final follow-up appointment, Ms. Zhang's clinical evaluation demonstrated optimal ligamentous stability and proprioceptive function. As she prepared to leave, she turned back with a smile full of gratitude, and said, "Doctor, I must thank you. After all this, I have come to the realization ballet isn't my destiny. I've discovered I've had a hidden talent all these years for competitive knitting instead. I went on to have seven children—each one far more demanding than that grand jeté—and I haven't danced a single step since. You'll be glad to know my ACL is now safe and sound. Just remember, if I ever attempt another grand jeté, I expect you to be there—preferably with a defibrillator and a strong drink!"

Little did she know, her prophetic words would come true sooner than expected. Months later, as Ms. Zhang attempted her first, glorious grand jeté since she had given birth to her seventh kid, she called out, "Doctor, I'm doing it! I'm flying! I'm—"

We are sorry to inform you that Ms. Lyra Zhang has passed away due to complications from her knee injury, specifically a tragic case of "too many grand jetés and not enough common sense." She leaves behind a legacy of having the potential to be

a competitive knitting Olympic champion, a collection of knee braces, and a family who now knows how to use yarn and needles. In lieu of flowers, please send ice packs and knee pads—she would have wanted it that way. ■