

Ankle Sprains



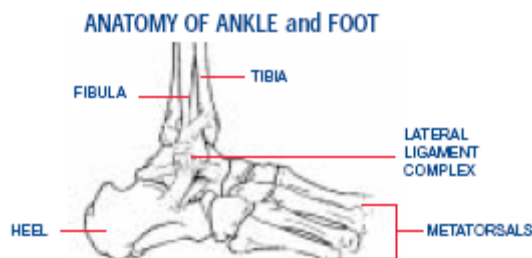
Injury to the ankle ligament is the most common sporting injury. The usual cause of an ankle sprain is a twisting injury to the ankle; the foot is turned under the leg with injury to the outside of the ankle ligament. This is most commonly the ligaments on the outside (lateral) side of the ankle. There are 3 main ligaments on the outside of the ankle and the anterior talo-fibular ligament is the most frequently injured. The ligament tear may extend to include the middle ankle ligament (calcaneofibular ligament) and/or extend towards the front of the ankle to involve the joint lining of the ankle and rarely the inside of the ankle.

Ligament sprains are classified as:

- Grade 1 - stretch
- Grade 2 - partial tear
- Grade 3 - complete rupture

Symptoms include:

- pain
- swelling
- bruising
- recurring instability



Ankle ligament injuries should be investigated to consider other injuries about the ankle, which include fractures to the ankle and small joints of the hind foot. One of the Sports doctor from the Wakefield Sports Clinic will examine the ankle and usually x-rays are required.

TREATMENT

Therapy for incomplete tears consists of soft tissue support followed by rehabilitation of ankle movement and muscle tone. Treatment and complete tears (Grade 3) remains controversial but most are treated without surgery.



MEDICAL TREATMENT

In the acute stage, analgesia and anti-inflammatories may be required. RICER is best to be followed.

- Rest
- Ice
- Compression
- Elevation
- Referral (to a Sports Doctor)



SPLINTING

Some form of splinting is usually required in the acute stage, options include:

- firm bandaging
- customised ankle support
- plaster or brace

It is usual to require sufficient splinting to keep the ankle comfortable but to allow movement as soon as comfort allows.

PHYSIOTHERAPY

Physiotherapy will be required for muscle strengthening, range of movement, balance and coordination (proprioceptive exercises). The Wakefield Sports Clinic



Wakefield Sports Clinic

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Physiotherapists can assist you with a program.

PROGNOSIS

The majority of acute ankle ligament injuries settle as the acute inflammation resolves. The average return to sport may be as early as five weeks for a grade 2 injury, but may be more like three months for a more severe injury. The ankle may require on-going strapping or the use of a customised brace. The ankle may always exhibit some form of instability but 80% of patients should return to normal ankle function.

COMPLICATIONS

Ankle ligament injuries vary in magnitude and can represent a severe injury to the ankle ligament structure and integrity. 20% of patients will continue to have some instability and bracing or strapping may be required. If the ankle continues to give way repeatedly, a reconstruction of the ankle ligaments may be required. Pain is unusual once the acute symptoms have settled. If pain continues several months after injury, the ankle should be investigated further. Approximately one in twenty people will have small associated fractures within the ankle and these can be treated with arthroscopic surgery in many instances.



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