

Ankle Sprains

The ankle is a very complex joint. The requirement to walk on uneven surfaces and jump, mean that there are numerous ligaments and joints involved.

Ligaments maintain the position of the joints during movement.

Structurally the inside (medial) ligaments are stronger than the outside (lateral) ligaments, so most commonly the lateral ligaments are injured; Ligament injuries are graded according to severity with a grade 1 being mild, and grade III the most severe.

Diagnosis of ankle injuries depends mostly on the manner in which the injury occurred and can be tested by manual tests performed by a sports doctor or physiotherapist.

A sudden force to the ankle, such as landing from a jump, may also cause joint compression. Commonly, in more severe injuries an X-Ray may be requested to ensure no bone damage has occurred.

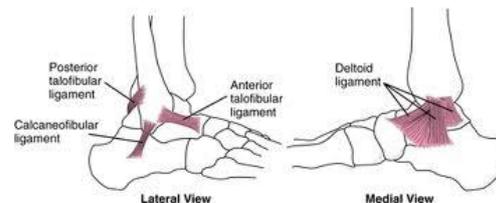
Symptoms

Walking directly afterwards may or may not be affected. Swelling and bruising is also likely, and is normally a sign of the location of the injury (ligament involved) and severity. There is generally a lot of tenderness over the region, and occasionally an audible sound may be heard at the time of the injury.

Treatment:

In the first 24 hours:

Follow the RICE regime:



R = Rest: Rest the foot and limit the amount of walking and weight bearing.

I = Ice immediately after the injury, maintain the ice over the injury for 15 minutes every 2 hours if possible.

C = Compression Wrap a bandage/ tubigrip over the ankle to limit the amount of initial swelling.

E = Elevation: Position the foot higher than the hip and knee when resting to assist drainage of fluid from the ankle.

It is also important to limit factors that will increase the amount of blood flow in general, such as heat rubs, hot showers and alcohol.

Physiotherapy

Physiotherapy aims to reduce pain and swelling. This may be done using gentle mobilisation techniques of the joints and muscles of the ankle.

Once pain is reduced enough to weight bear, exercises will gradually be introduced to maintain full ankle range through stretching. Gradually, as pain lessens, exercises will start to include strengthening exercises and balance drills.

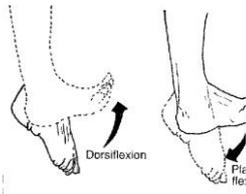
For severe sprains, bracing is recommended for a minimum of 6 – 12 months.

Initial Exercises

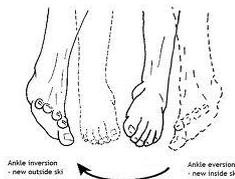
Once pain and swelling has reduced, movement and weight bearing is encouraged.

Begin with non-weight bearing exercises:

1. Move the foot up and down

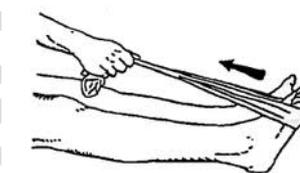


2. Move the ankle side to side



- Repeat 20 times
- Repeat 2-3 times a day

3. Stretches of the calf and soleus:



- Hold the stretch for 30 seconds.
- Repeat 3 times.
- Repeat 3 times per day.

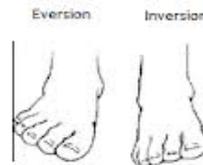
Slightly bend the knee and again hold the stretch. This stretches the soleus muscle, which also is important in keeping full ankle range.

4. Isometric exercises

Place your injured foot against the side of a table leg or couch while seated.

- Slowly try and push the foot outwards pressing against the couch, so that your toes point further outward.

- Keep the pressure against the couch and hold for a period of 10 to 20 seconds.



- Repeat 3 times, 3 times per day.
- Reverse the exercise so that now the inside of the foot is against the table leg/ couch and push inwards, so that the big toe faces further in. Hold again and repeat.

This will be progressed by your physiotherapist using resistance bands.

5. Balance and Weight bearing:



- Stand on the sore foot.
- Maintain the position for 30sec.