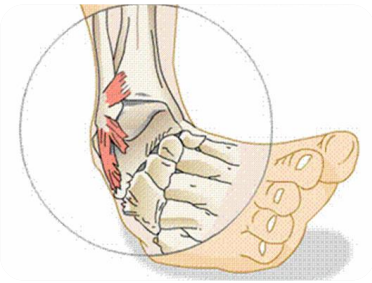
oatley physiotherapy & sports injury centre

FACT SHEET

ANKLE SPRAINS

Ankle sprains are an **extremely common** lower limb injury. They most frequently involve the **lateral ligaments**, particularly the anterior talofibular and calcaneofibular ligaments, as they are less sturdy than the medial stabilising structures.



The characteristic **injury mechanism** is **forced inversion and plantar flexion** as the joint is less stable in this position. At the time of injury it is possible to feel a tear or hear a pop as the tissue is damaged. Depending on the severity of injury, there is often **significant swelling** and a **reduced capacity to weight bear or walk** due to pain.

TREATMENT & MANAGEMENT

Research has shown the **fastest and best recovery** from an ankle sprain is to begin weight bearing and walking as soon as it is comfortable. Initially, this might require crutches, a walking boot or bracing. It is best to start your **rehabilitation as soon as possible**, but equally important to **pace your treatment** appropriately. This requires an in depth understanding of injury pathology and an appropriately experienced and trained professional.

The aims of physiotherapy treatment are to:

* **Reduce pain and swelling**
* **Improve weightbearing** tolerance
* Aid **soft tissue healing**
* Increase **range of motion**
* Return **strength and proprioception** (balance)
* Advise on a **return to sport / work duties**
* Advise on appropriate **taping or bracing** techniques
* ***TO REDUCE THE RISK OF RE-INJURY***

POTENTIAL COMPLICATIONS

At the time of injury, the principles of **RICE** (rest, ice, compression & elevation) are important to control symptoms. **Early review** by an appropriately trained person will also help by deciding if further investigations (eg: x-ray) or crutches are appropriate.

Whilst **approximately 90%** of ankle sprains will **recover within a 12 week period**, some will have complications. Some of the more common complications are:

* ***Stiffness*** (particularly dorsiflexion)

* ***Recurring instability***: functional (incomplete balance return) or structural (ligamentous laxity, peroneal tendon dislocation)

* ***Associated injuries***: fractures (5th metatarsal, avulsion injuries of lateral ligament, talus processes, green stick fractures in children), talar dome or tibial plafond lesions, syndesmosis injury (high ankle sprains) and synovitis.

DON'T WAIT!

All these complications can cause significant ongoing dysfunction. Therefore it is **extremely important** to identify potential problems in order to best deal with them. **Early and appropriately paced physiotherapy** can play a major role in helping this to occur and provide the best opportunity for a **fast and full recovery**.

If you should have any questions regarding this or any other similar injuries, please contact us on 9585 8392 or oatleyphysiotherapy@bigpond.com.

If you would like to go onto our electronic mailing list to periodically receive further fact sheets, please let us know.

AUSTRALIAN PHYSIOTHERAPY ASSOCIATION Member