

ANKLE SPRAIN

The ankle joint is made up of four bones. Ligaments attach across the ankle joint to help provide stability. The ligaments are thick fibrous bands that work to prevent unwanted movement of the ankle joint, such as twisting or rolling.

When you twist or roll your ankle the supporting ligaments are overstretched, causing a tear in the ligamentous fibres. This tear is referred to as an ankle sprain and it induces swelling and bruising into the joint and surrounding tissue.

Why does it happen?

Ankle ligament sprains occur when you roll or twist your ankle. You are at greater risk of this if you are involved in sports that comprise jumping and lateral movements such as netball, football, basketball and tennis. Slippery or uneven surfaces, non-supportive footwear, reduced lower limb strength and poor proprioception can increase your risk of an ankle sprain. You are also at greater risk of sustaining an ankle sprain if you have previously sprained your ankle, so rehabilitation is vital to reduce this risk.

What can a physiotherapist do?

In the acute stages of an ankle sprain the physiotherapist will offer advice to help reduce the pain and swelling. Rest, Ice, Compression and Elevation (RICE) is crucial in the first 48-72hrs. The physiotherapist may also use supportive taping or bracing. In severe cases they may place you in a cam boot or issue crutches to assist in your walking. The physiotherapist will advise if an x-ray is warranted. Other treatments may include mobilization, electrotherapy, dry needling and strapping.

Once the swelling and pain has resolved the physiotherapist will help you in obtaining full range of movement of your ankle joint through the use of exercises. Physiotherapy treatment will then focus on the gradual re-training of strength and proprioception around the ankle joint.

Proprioception training improves postural control and self reported function, and reduces the risk of ankle sprain.

Your physiotherapist will also advise about strapping or bracing, which reduces the likelihood of re-sprain by 69 and 71 per cent respectively.

What about sport?

Return to sport is possible after a thorough rehabilitation program. The physiotherapist may recommend strapping or bracing for your ankle to provide support in the first few months of return to sport. It is important on return to sport to still continue with your rehabilitation to prevent further injury.

Timeframes for return to sport are dependent on the severity of injury, below is a guide:

Grade one: 2-4 weeks

Grade two: 4-6 weeks

Grade three: 6-12 weeks

Outcome

If adequate rehabilitation is completed ankle sprains usually have a good prognosis. Most diagnosed grade three ruptures of the anterior talo-fibular ligament (the most common of all sprains and weakest ligament) respond to conservative management.

