Ankle sprains

Description
An acute ankle sprain involves the stretching and tearing of one or more ligaments in the ankle. A two-ligament sprain causes more disability than a single-ligament sprain.

Sprains are classified into three grades: a first-degree sprain, the ligament is not stretched or lengthened but is painful. With a second-degree sprain, the ligament is stretched but still functions. With a third-degree sprain, the ligament is torn and does not function.

- Lateral ankle sprains: There are three ligaments of the outer (lateral) ankle. These are the most common sprains.
- Medial ankle sprains: There is one large triangular ligament of the inner (medial) ankle, which is stronger and more compact than the outer ligaments, making injuries to it less likely.
- Syndesmosis (“high ankle”) sprains: This is the ligament that connects the two leg bones just above the ankle. This ligament is usually injured when the sprain to the ankle is very severe.

Common signs and symptoms
- Pain, tenderness and swelling in the ankle, starting at the side of injury, that may progress to the whole ankle and foot with time
- Pop or tearing sensation at the time of injury
- Bruising that may spread to the heel
- Impaired ability to walk soon after injury

Causes
- Stress on the ankle that temporarily forces or pries the ankle bone (talus) out of its normal socket
- Stretching or tearing of the ligaments that normally hold the joint in place (usually due to a twisting injury)

Risk of further injury
- Previous ankle sprain
- Activities in which the foot may land awkwardly (such as basketball, volleyball, and soccer) or walking or running on uneven or rough surfaces
- Shoes with inadequate support to prevent sideways motion when stress occurs
- Poor physical conditioning (strength and flexibility)
- Poor balance skills
• Contact sports

**Initial treatment**

Initial treatment consists of medication and ice to relieve the pain and a compressive elastic bandage and elevation to help reduce swelling and discomfort. A walking boot or brace may be recommended to provide support while trying to walk with crutches. Surgical treatment is rarely necessary. After the inflammation and pain are reduced, regaining motion, strength and balance in the ankle is important to return to full capacity and to reduce recurrent injury.

**Pain control:**

Nonsteroidal anti-inflammatory medications, such as aspirin and ibuprofen (do not take within 7 days before surgery), or other minor pain relievers such as acetaminophen, are often recommended. Take these as directed by your physician. Contact your physician immediately if any bleeding, stomach upset, or signs of an allergic reaction occur.

Stronger pain relievers may be prescribed as necessary by your physician. Use only as directed.

**Swelling control:**

Cold is used to relieve pain and reduce inflammation for acute and chronic cases. Cold should be applied for 10 to 15 minutes every 2 to 3 hours for inflammation and pain and immediately after any activity that aggravates your symptoms. Use ice packs or an ice massage. Use Ice for the first 72 hours after the initial injury.

**Lower leg stretching and exercises**

**Achilles**

- Stand with involved leg back.
- Keep heel on floor and gently lean forward until feel stretch and hold that position. Stretch should be performed with knee straight, then with knee bent.
- Each stretch should be held for 25-30 seconds.
• Rise up on balls of foot or feet, then slowly lower heel back to the ground.
• Can perform exercise on both feet or single leg.

A. Bilateral heel raises

B. Single leg heel raises
**Resisted ankle exercise**

- With resistance around your toes and with the tubing anchored, pull foot opposite of the resistance as illustrated below.
- Return slowly to starting position, and then repeat exercise 20 times.
- Do this exercise 3 sessions per day.

A. Dorsiflexion

B. Inversion

C. Eversion

Please call 859-323-5533 with questions or for more information.