

Ankle Sprains - Why Physiotherapy?



Ankle sprains are one of the most common ankle injuries.

Although the term “sprained ankle” is thought to be synonymous with a ‘lateral ligament injury’ and therefore implies a rather benign injury, this is not always the case. If the ankle injury is indeed a lateral ligament sprain, inadequate rehabilitation can lead to prolonged symptoms, a decreased ability to perform normal activities and sports, and most importantly a high risk of recurrence.

If left untreated, an ankle sprain can lead to chronic issues, such as ankle instability or pain and degenerative arthritis. The seemingly benign presentation of a ‘sprained ankle’ can also mask damage to other structures in addition to the ligaments, such as subtle fractures, tendon damage, or cartilage damage. If these injuries are not diagnosed, ankle pain and dysfunction will persist, leading to a ‘problem ankle’.

This guide will provide an overview of ankle sprains, what to look for, how physiotherapy is important for these injuries, and how to prevent future sprains.



Do all patients who have an ankle sprain require an x-ray?

Following an ankle sprain it is recommended that the Ottawa Guidelines are used to determine if an x-ray is required along with any extra clinical findings.

Ottawa Rules

- An Ankle X-ray is only required if:
 - There is any pain in the malleolar zone.
 - Bone tenderness along the distal 6 cm of the posterior edge of the tibia or tip of the medial malleolus.
 - Bone tenderness along the distal 6 cm of the posterior edge of the fibula or tip of the lateral malleolus.
 - The patient cannot weight-bear for four steps.
- A foot X-ray series is indicated if:
 - There is any pain in the midfoot zone.
 - Bone tenderness at the base of the fifth metatarsal (for foot injuries).
 - Bone tenderness at the navicular bone (for foot injuries).
 - The patient cannot weight-bear for four steps.



Do patients need immobilisation, CAM boots or crutches after an ankle sprain?

In the vast majority of cases, the answer is no. Typically lower grade ankle sprains benefit from early movement and normal activity within pain limits.

Crutches may be required to assist with normal weight bearing, but again, if it is a low-grade sprain, the patient should be encouraged to weight bear as normally as possible, as quickly as possible.

If you are in any doubt, contact us and we can help.

Treatment Options

- **Early physiotherapy = Faster recovery.**
- **No rehabilitation = Increased likelihood of long-term issues or recurrent sprains.**
- **Remember, everybody needs adequate rehabilitation following an ankle sprain, not just athletes.**
- **Ottawa Rules to evaluate whether an x-ray is appropriate.**
- **Early mobilisation and normal weight bearing will typically deliver a better and faster outcome.**

Patient Outcomes

Our team of experienced physiotherapists at **360 Physio Revesby** will provide an individualised treatment plan to ensure your patients recover and prevent future re-occurrences.

Contact us to find out more about how we can help your patients reach their potential.

(02) 9774 2530



References

- Melanson, S and Shuman, V. Acute Ankle Pain. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/books/NBK459212/>.
- Campbell, P., Pope, R., Simas, V., Canetti, E., Schram, B and Orr, R. (2022). The Effects of Early Physiotherapy Treatment on Musculoskeletal Injury Outcomes in Military Personnel: A Narrative Review. International Journal of Environmental Research and Public Health, 19(20), <https://doi.org/10.3390/ijerph192013416>
- Caffini, G., Battista, S., Raschi, A., and Testa, M. (2022). Physiotherapists' knowledge of and adherence to evidence-based practice guidelines and recommendations for ankle sprains management: a cross-sectional study. BMC Musculoskeletal Disorders, 23. <https://doi.org/10.1186/s12891-022-05914-5>