



Ankle Sprain

A sprain is a stretch injury of the ligaments that support the ankle. Most types of ankle sprains happen when you make a rapid shifting movement with your foot planted, such as when you play soccer or get tackled in football. Often the ankle rolls outward and the foot turns inward. This causes the ligaments on the outside of the ankle to stretch and tear. Less often, the ankle rolls inward and the foot turns outward. This damages the ligaments on the inside of the ankle.

An ankle sprain can range from mild to severe, depending on how badly the ligament is damaged and how many ligaments are injured. With a mild sprain, the ankle may be tender, swollen, and stiff. But it usually feels stable, and you can walk with little pain. A more serious sprain might include bruising and tenderness around the ankle, and walking is painful. In a severe ankle sprain, the ankle is unstable and may feel "wobbly." You can't walk, because the ankle gives out and may be very painful.

With most sprains, you feel pain right away at the site of the tear. Often the ankle starts to swell immediately and may bruise. The ankle area is usually tender to touch, and it hurts to move it.

In more severe sprains, you may hear and/or feel something tear, along with a pop or snap. You will probably have extreme pain at first and will not be able to walk or even put weight on your foot. Usually, the more pain and swelling you have, the more severe your ankle sprain is and the longer it will take to heal.

Ankle Reconstruction

The goal of this surgery is to restore normal stability to the ankle in the ankle which is prone to ankle sprains. This should also fix a patient's feeling that the ankle "gives way" and any pain that is associated with an unstable ankle.

Surgery is considered when you have an unstable ankle that does not respond to physiotherapy. A physical examination will show that the ankle is unstable, and X-rays and other imaging such as MRI are often used to help determine if there is associated injury to the ankle cartilage..

The surgeon begins by making an incision over the outside of the ankle. The ankle ligaments are identified and are then tightened using stitches and anchors that are placed into one of the bones of the ankle (the fibula bone). Stitching additional tissue over the repaired ligaments further strengthens the repair.

One option is to use the patient's own hamstring tendon, which is taken through a separate incision on the inside part of the knee. Another method is to take a portion of one of the tendons from the side of the ankle and weave it into the fibula bone. The patient is immobilised to let the joint settle and then gradual rehabilitation commences.

Treatment

The foot is actually composed of more than a single joint. It is better understood as a 'complex', composed of a number of different structures.

1. Ankle
2. Rear Foot
3. The Mid Foot
4. The Fore Foot

Treatment for foot problems first requires the correct diagnoses. Upon assessment, further investigations may be required such as an xray or scan such as an ultrasound or MRI, to assist with confirmation.

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Glenferrie Sports and Spinal

Physiotherapy

*Matthew Hopkinson
Nick Bridges
Barbara Denson
Alana Hassell
Nick Gray*

Sports Physicians

*Karen Holzer
Tracy Peters*

Podiatry

Ben Holland

Massage

*Reiona Garth
Alan Godfrey
Lepeka Nanai*

Naturopath and Nutrition

Anna Boetto

Conservative Treatment

Initial care is the same as for all other acute injuries: RICE (Rest, Ice, Compression, and Elevation). Use ice for 20 to 30 minutes each hour. Do not put the ice directly on the skin because it can cause frostbite. Wrap the ice in a wet towel or cloth to protect the skin. Rehabilitation can begin a few days after the injury, when the swelling starts to go down. There are three goals to aim for in rehabilitation. 1. Restore motion and flexibility. Gently move the ankle up and down. After 5 to 7 days, start restoring motion to the hindfoot by turning the heel in and out. You should also begin to restore flexibility to the calf muscles. One way to do this is to face a wall with one foot in front of the other and lean forward with your hands on the wall, bend the front leg while keeping the back leg straight and both heels on the floor. Lean forward until you feel a gentle stretch, and hold for 10 seconds. Switch legs and repeat. 2. Restore strength. After 60 to 70 per- cent of the ankle's normal motion has returned, you can begin strengthening exercises using a rubber tube for resistance. Fix one end of the tube to an immovable object like a table leg, and loop the other end around the forefoot. Sit with your knees bent and heels on the floor. Pull your foot inward against the tubing, moving your knee as little as possible. Return slowly to the starting position. Repeat with the other foot.

You can also sit on the floor with your knees bent and the tube looped around both feet. Slowly pull outward against the tube, moving your knee as little as possible. Return slowly to the starting position. Repeat with the other foot. And 3. Restore balance. As the ankle recovers and strength

returns, balance is restored by standing on the injured leg, with the other foot in the air and your hands out to the side.

After the first week you may want to warm the ankle before doing these exercises by soaking it in warm water. Warmed tissue is more flexible and less prone to injury. Use ice when finished with the exercises to minimise any irritation to the tissue caused by the exercise.

Surgical Treatment

For severe ankle sprains or chronic conditions where there are repeated ankle injuries, ankle reconstruction may need to be performed. In some circumstances, tissues simply need to be trimmed or 'tidied up', to reduce irritation and improve comfort. In other circumstances, tissues need to be repaired or reconstructed.

With a lot of foot surgeries, wound healing can be an issue. We therefore like you to rest and elevate for long period for the first two weeks after your operation. When there is a small incision, you are generally allowed to do more. Depending on your operation, your foot may be in a cast or a boot. Rehabilitation following ankle surgery involves learning to bear weight through your leg, returning range of motion and strength to the area and most importantly, returning the balance and proprioception to the foot and ankle. Recovery from foot surgery can take up to 12 months depending upon the procedure performed.

**All information in this brochure is a guide and is the opinion of GSSC*