

Your guide to Lateral Ankle Sprains

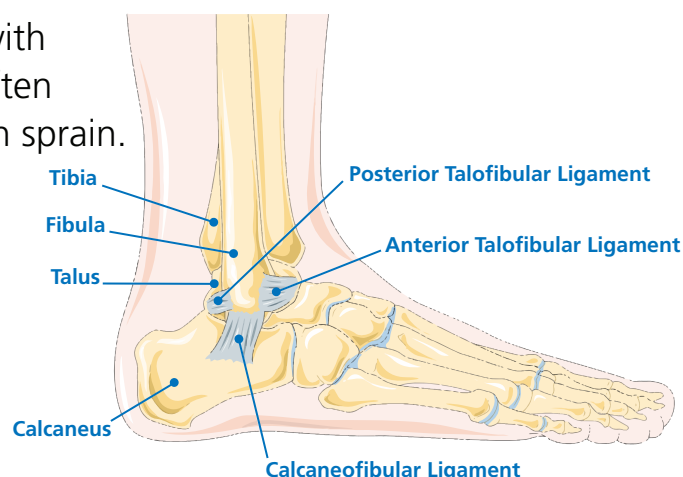
Information for patients, service users and carers

What is lateral ankle sprain?

Pain on the outside of your ankle associated with an injury when walking or playing a sport is often known as a lateral ankle sprain, or an inversion sprain.

Tissue injury occurs to one or more of our ligaments including anterior talofibular ligament (ATFL), posterior talofibular ligament (PTFL), and calcaneofibular ligament (CFL).

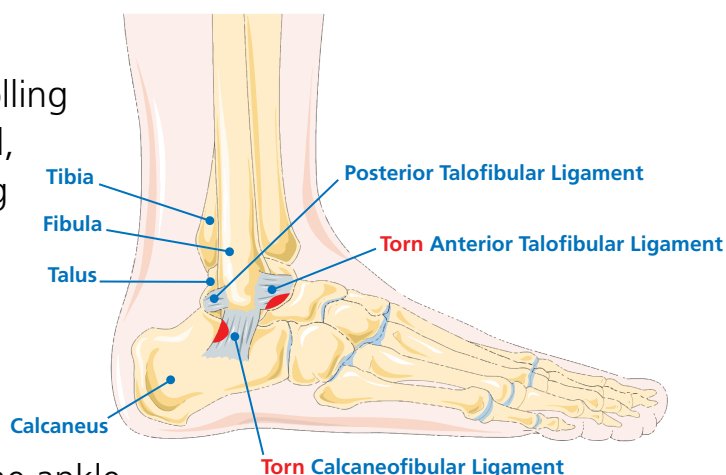
Injury to this area can also affect nerve endings that help with balance, otherwise known as proprioception. Lateral ankle sprains typically take two to three months to resolve if given adequate rest and rehabilitation but can sometimes persist longer.



What causes a lateral ankle sprain?

A lateral ankle sprain typically is caused by rolling of an ankle when walking on uneven ground, running, or playing a sport causing stretching and injury to the ligaments.

This mechanism of injury can also result in bony injuries, so if you can't weight bear on your foot, there is significant swelling, bruising or significant loss of movement at the ankle, it is best to attend a walk-in-centre as soon as possible after injury for assessment.



What are the symptoms?

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- Moderate to severe pain
- Obvious swelling
- Bruising

Persisting symptoms for lateral ankle sprains

- Localised pain worsening with activity e.g. prolonged standing, walking, sport
- Localised swelling worsening with activity
- Pins and needles around injury site
- Feelings of instability when walking or playing sports

What are the treatment options?

Acute Management: Early effective acute management is key – follow the POLICE principles to manage pain and aid in soft-tissue injury recovery.



PROTECT: Minimise risk of further injury. Rest immediately after injury but gently continue to use your ankle. Consider using crutches to off-load the ankle short-term.

OPTIMAL LOADING: Gradually become active by weight-bearing through your ankle. Gradually increase this by what feels comfortable.

ICE: A cold compress, such as an icepack wrapped in a towel, can be placed onto the painful area for a maximum of 20-minutes at a time for pain relief. Avoiding icing within the first 48 hours.

COMPRESSION: Consider using an ankle brace for support and compression. This can help prevent excess swelling.

ELEVATION: Elevating your foot and ankle throughout the day can protect it from excess swelling.

Medication: Consider trialling use of analgesia for pain and swelling. Speak to your GP or local pharmacist for advice on suitable medication.

Supportive device: Consider ankle braces to provide additional support and pain relief during activity. These can be purchased online or bought in most local pharmacies, for example Amazon, Boots, or Superdrug.

Activity modification: Reduce or adapt movement or activities that are aggravating your symptoms, for example prolonged standing.

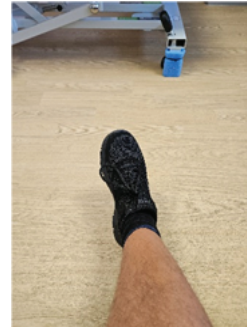
Gradual return to sport and activities: Returning to sport gradually is very important to avoid re-injury. Sufficient rest and rehab should be completed with a gentle and graded return to training before restarting sport or high level of activities. A Healthcare professional can help guide this graded/gradual return to your sport.

Physiotherapy exercises

Ankle Alphabet:

In a seated position write out the alphabet using your foot and ankle.

Complete this three times.



Calf Raises:

In standing position, lift your heels off the floor and gently lower your heels back to the floor. Use a nearby surface for balance if required.

Complete 6 repetitions of this exercises and complete 3 sets.



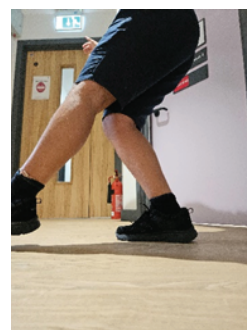
Single Leg Stand:

In a standing position, lift one foot off the floor so you are balancing on one foot. Try to remain in this position for 30-60 seconds. **Complete these exercises 3 times**



Single Leg Clockwork

In a standing position, lift one foot off the floor and reach your toes to 12 o'clock, 3 o'clock, and 6 o'clock. **Complete this in each direction 6 times.**



When to refer to Physiotherapy?

If you have trialled self-management as recommended above and are still experiencing symptoms that are restricting your every-day life or return to sport, considering self-referring into a physiotherapy for additional assessment and management.