

Ankle Sprains: An Athlete's Pesky Nemesis

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Although we are only a few weeks into the fall sports schedule, I have officially named this "the season of the ankle sprain."

When you come into Elite Sports Physical Therapy, you will see the treatment tables full of athletes with one foot elevated and wrapped with ice and an Ace bandage. If you play sports, there is a good chance you have experienced an ankle sprain. Lateral inversion ankle sprains are the most commonly seen sports injury, comprising 20 percent of all sports injuries.

Athletes who participate in basketball, volleyball, soccer, and football are at especially high risk for ankle sprains, comprising up to 50 percent of the injuries in these sports.

Although ankle sprains are rarely a season-ending injury, they do cause athletes to miss a portion of the season and once they return to play following an ankle sprain, their performance may be affected for much of the remainder of the season. So in other words, ankle sprains are pesky.

An ankle sprain occurs when fibers of the ligaments, which support the ankle, are stretched or torn. In a first-degree sprain the fibers are stretched. A second-degree ankle sprain is one in which portions of the ligament(s) are torn. A third-degree sprain is defined as a complete tearing of the ligament(s) supporting the ankle.

Ligaments on the lateral, or outside, aspect of the ankle are more frequently sprained than the

inside, or medial, ligaments. A high ankle sprain occurs when the upper ankle ligaments are also injured and often requires a longer recovery period. The severity of injury will determine the plan of care and the amount of time lost from activity. One cause of ankle injury is a previous

injury, as inadequately rehabilitated ankle sprains place the ankle at risk for subsequent injuries.

The athlete can end up with chronic instability of the ankle leading to more and more sprains and ultimately requiring reconstructive surgery. The use of narrow cleats with minimal arch support or the use of running shoes for a court sport can also place an athlete at risk for ankle sprains

So, when (not if) you, your

son/daughter, or an athlete you are coaching goes down with an ankle sprain, what should you do?

Immediately after the athlete suffers an ankle injury, the athlete should be removed from the field/court (with assistance if needed). If there is an athletic trainer, doctor, or physical therapist on the premises, he or she should evaluate the injury. If there are no visible signs of a fracture, the injury is not considered an emergency. Therefore, rest, ice, compression, elevation (R.I.C.E.) should be implemented.

I want to emphasize that an ankle sprain with no visible signs of a fracture and no point tenderness on the medial and lateral bones of the ankle is not an

emergency. Eighty-five percent of ankle injuries are sprains. So statistically, there is a pretty good chance that the injury is a sprain, not a fracture.

Going to the emergency room for an ankle sprain may end up biting you in the you-know-where. Here is the deal - ER doctors are usually not sports medicine specialists and tend to treat an orthopedic injury very, very conservatively. They may even write a note that will keep the athlete from returning to play long after he or she is physically ready to return to play.

The better alternative is to make an appointment with an orthopedist/sports medicine doctor for the following day. Most sports medicine doctors will get an athlete in season into their office even if they have to squeeze them into an already full schedule. This appropriate doctor may take X-rays, just to rule out a fracture, give the athlete a sports ankle brace, and if needed, refer him or her to physical therapy.

Physical therapy for an ankle sprain consists of swelling reduction (ice, elevation, compression), restoring range of motion, increasing strength, improving proprioception and balance, and regaining the ability to jump, cut, sprint, or whatever activities are required to return to sport. With proper treatment, athletes can usually return to sport within two to three weeks of suffering an ankle sprain. They may need to have their ankle taped or braced or both when they first return to the field/court. But with continued strengthening, they will once again be brace free and their painful ankle sprain will be a thing of the past.

