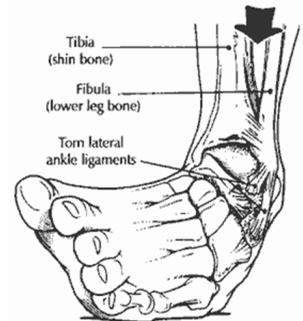


Definition—Ankle sprains are some of the most common injuries seen. There are 3 types of ankle sprains; Inversion, the most commonly seen, Syndesmotic, which is a high ankle sprain that occurs in between the lower connection of the Tibia and Fibula, and an Eversion sprain, which is the least common.

Mechanism of Injury:

Most likely one will “roll” his or her ankle causing one to sprain it. It is commonly seen that many do not have strong muscles that surround the ankle and due to this inherent weakness, are prone to spraining the ligaments around the ankle. There are 3 grades of sprains including: Grade I – the stretching of the ligaments, Grade II – the partial tear of the ligaments, and Grade III – the complete tear of the ligaments.



Physical Therapy

Initial Care: Each type of sprain is treated similarly with rest, ice, compression, and elevation. Grade III inversion sprains and syndesmotic sprains are almost always immobilized and put into a boot for a period of time to allow ligaments to heal properly. One may need to use crutches for lower grade sprains but are encouraged to walk without them as soon as possible.

Rehabilitation:

It is important to work on regaining full range-of-motion (ROM) back into the joint. Exercises to be done are:

Ankle Theraband – Wrap the theraband around the foot to resist motion in 4 directions.	BAPST Board – Place your foot on the board and rock your foot back and forth and side to side to encourage ROM.	Calf Raises - Raise up onto the balls of your feet to strengthen the muscles on the back of your lower leg in the calf.
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As pain subsides and ROM is regained, your athletic trainer or physical therapist will begin more dynamic strengthening exercises such as:

Balance on Foam Board – Doing activities on a foam board encourage strength in your ankles on unstable surfaces.	Step-ups or Box jumps – These exercises encourage strength in the entire leg to lift oneself up onto the box which is needed in many activities.	Single-Leg activities – Single-leg work is aimed to strengthen each leg separately so that in activities where one leg is used, it will have the strength to not become injured.
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*Note: One may not progress to more demanding exercises until his or her physical therapist and/or athletic trainer allow it. Progressing oneself without the PT’s or AT’s permission may cause more damage to the joint and delay healing.

Criteria for Return to Sports and/or Work:

Depending on the extent of the sprain and the demands of your activities, return to full activity can range from a few days to 2-3 months

- Have full, pain-free ROM
- Have strength similar to the unaffected ankle
- Sports- or work-specific activities must be completed successfully

Works Cited

- Prentice, W. E. (2011). *Rehabilitation Techniques for Sports Medicine and Athletic Training* (5th ed.). Chapel Hill, NC: McGraw Hill.
- Starkey, C., Brown, S. D., & Ryan, J. (2010). *Examination of orthopedic and athletic injuries* (3rd ed.). Philadelphia, PA: F.A. Davis.