



Winston Hills Physiotherapy Centre

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ANKLE SPRAINS

An ankle sprain is the most common musculoskeletal injury within the athletic population (Gribble et al., 2016) and accounts for a significant burden on the consumer. So, what are they all about, and how do we deal with them?

The ankle joint is made up of three bones

- 1) The Talus – The lower ankle bone
- 2) The Tibia – The shin bone
- 3) The Fibula – On the outside part of your lower leg.

Ligaments and the joint capsule hold these bones together creating a stable joint and prevent excess movement between the bones.

There are several ligaments that support the ankle joint.

Lateral Ligaments

- ATFL
- CFL
- PTFL

Syndesmosis (between tibia and fibula)

- AITFL

Medial ligaments

- Deltoid Ligament



What is an ankle sprain?

An ankle sprain is an injury to the ligaments of the ankle, most commonly the lateral ligaments. The ATFL is the most common ligament injured. The injury may vary in severity from a minor overstretching to a complete rupture.

Ankle ligament injuries can vary in healing time from 1 week to 6 months depending on the severity of the injury. Injuries involving the syndesmosis generally take longer and may require surgery to stabilise the joint if there is widening of the syndesmosis.



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How do we treat an ankle sprain?

So, you rolled your ankle playing netball or tripped down the stairs at work. The outside part of your ankle has started to swell up, it's very painful and you are struggling to weight bear. What do you do?



Initial management is usually to follow the PEACE protocol.

- Protection
- Elevation
- Avoid anti-inflammatories
- Compression
- Education (this is the first bit where seeing your physio really helps)

Ice can be also used to aid in pain relief.

Your physio will also be able to determine whether you need to be referred for any imaging – really only on suspicion of a fracture.

Physiotherapy management will focus on gradually increasing the load on the ankle, exercise prescription and manual therapy. We will guide you through your return to activity and include functional activities in your rehabilitation to prepare for your return to sport or work.

For more severe ankle sprains we may use an ankle guard or a cam boot to protect the ligaments in the early stages. Prolonged immobilisation however can be detrimental to ligament recovery and regaining the muscle strength to resume activity.

Return to activity

Your return to sport or activity at work will be determined by your ability to perform the tasks associated with the activity. Your physio will get you performing sport specific activities like hopping, jumping and running. Going to training and gradually increasing your level of activity will be an important part of the return to sport process.

Your return to your activity will be complete when both you and your physio are satisfied that you are ready to return to sport. Usually this involves you completing a full training session without pain and with confidence in all your activities.