

The grade of the injury also determines the healing time and rehab time. Grades 1-2 usually can be effectively treated with Physio and rehab, however sprains that reach a Grade 3 may need surgical reconstruction.

INJURY PRESENTATIONS

With all ankle sprains there is acute swelling and pain, with muscle guarding and joint stiffness. Grade 1 sprains appear with a small amount of swelling with tenderness over the ligaments. You can still walk but with a slight limp and there is some pain. A lot of people don't seek treatment (to their detriment) with this level of sprain as they think it will heal quickly and they have not done any real damage.



With Grade 2 sprains there is mostly always significant bleeding into the soft tissues which you will see as 'black and blue' bruising. This is visible bruising tracking down the outside of the foot (see picture) and is accompanied

by a large amount of swelling (like a large golf ball size). Usually an indication that your ankle sprain is not a minor one! It is very difficult to walk and put weight on the ankle, with a loss of movement into dorsi-flexion (toes and foot towards you) and a loss of balance. With Grade 3 sprains there is gross effusion (excessive swelling from the ankle joint) all over the ankle, not just the outside (lateral side) of the ankle. It's nearly impossible to get around without crutches and weight-bear on the ankle. With all major ankle sprains an routine X-ray is recommended straight away to determine if there is any fracture to the bone or ligament avulsion (where the ligament has torn off the bone). Higher ankle sprains are harder to diagnose than common ankle sprains as the swelling is usually less, which means you can underestimate the level of the injury. On examination a 'squeeze test' is performed by the practitioner to confirm the diagnosis and the pain is more acute with twisting movements of the foot.

ACUTE TREATMENT AND TAPING

With all sprains you must seek a Physio straight away to diagnose your level and type of sprain, as well as get the essential acute soft tissue treatment, joint mobilisation, dry needling and taping for the ankle to settle the swelling, decrease the pain, stabilise the joint. Taping is very effective in the early phases to help stop the ankle from rolling again and moving into positions which further damage the ligaments. The taping acts like external reinforcement to the injured ligaments which instantly reduces the pain with walking and provides that lost stability, confidence and proprioception.

You should get in 3 treatments in the first week after injury to quickly settle the acute injury symptoms and prevent the joint stiffness setting in. You may be taped each appointment for up to two weeks. Later on when you are through your rehab you will be taped again as a prevention measure during sport.



You should also be following the R.I.C.E. principle at home as well as the program of initial rehab exercises given to you by your Physio. Advice on non-steroidal anti-inflammatories is also highly recommended.

ANKLE REHABILITATION

The Physio will give you initial stretch and range of movement exercises to get you started. Once you are walking well the full-on rehab program begins involving stabilisation, strengthening and proprioception.

A typical exercise program involves a large amount of exercises over a period of 4-12 weeks. The exercises progress from balancing on one leg with your eyes closed, through to side stepping and hopping on one leg in a star pattern. It is imperative that you follow your exercise regime right through to sport specific drills to enable you to regain the confidence and strength in the ankle to perform the demands placed on it during sport and exercise.



The continual balance work and upgrading of exercise difficulty stimulates the repair of the ligament and soft tissue structures, improving the joint strength as well as renewing the positive messages to the ankle from the brain to regain confidence and your 'proprioception'. It's crucial not to return to running on the ankle too early in your rehab, to avoid delaying your injury as well as preventing secondary injuries such as posterior talo-crucal capsulitis (irritation of the back of the ankle joint). If you have suffered a number of ankle sprains you will need to keep up some form of ankle rehabilitation for a long time, and in some cases with recurrent instability, surgery reconstruction is the end result.

For further information on ankle sprain exercises you can download a full list of exercises from our website: www.physiofitness.com.au or view the PDF directly by [clicking here](#)



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Tim has over 14 years experience in Physiotherapy and the Fitness Industries and specialises in back pain and disc injuries, sports, fitness and training injuries and is an expert in exercise rehabilitation. He is presenting at next year's FILEX convention from 19th to 21st April 2013.

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