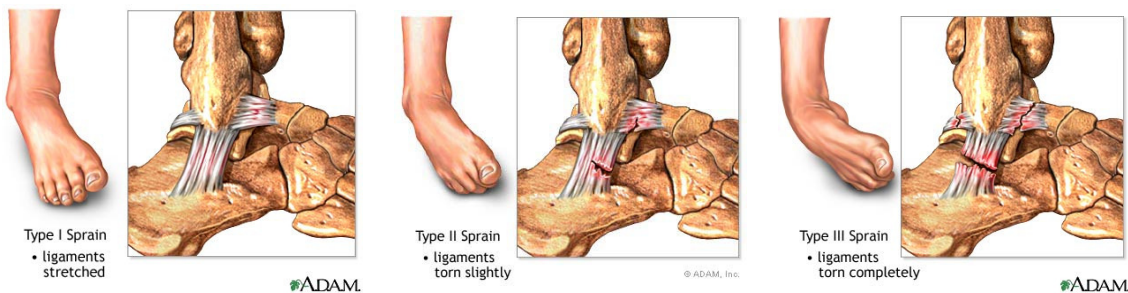


Ankle Sprains

Approximately 14% of athletic injuries are ankle sprains. This results in 10-20% of lost time in adolescent and professional athletes. It comprises about 25% of lost time in running and jumping sports. Ninety-five percent of ankle sprains occur as a result of an inversion injury. Inversion, as depicted in the pictures below, is a “rolling” onto the outside of the ankle.

Ankle sprains are classified into three grades according to severity. Grade 1 ankle sprains are mild, with recovery lasting approximately 1-2 weeks. This injury is a mild stretching of a single ligament. There is no resulting instability or functional instability. Grade 2 or moderate ankle sprains may present with mild to moderate instability. This is indicative of a complete tear of one ligament or partial tear of two ligaments in the ankle. Grade 3 sprains are severe and demonstrate both functional and structural instability. There is usually complete loss of range of motion and is associated with complete tear of the anterior talofibular and calcaneofibular ligaments.



Shortly after injury, there is a “golden” period before the onset of inflammation. This is the ideal time to perform an examination because significant pain and swelling will not hamper the evaluation.

Initial treatment for a stable ankle sprain with no fracture is to PRICE the injury. (P)rotect, (R)est, (I)ce, (C)ompression, and (E)levation. Gentle mobilization will also be indicated. Once the swelling starts to decrease and pain is reduced, more rehab and therapeutic modalities should be used to reduce swelling, increase range of motion, increase stability and restore normal proprioception. In our clinic, the use of Graston Technique, Active Release Technique and Kinesio Taping along with the above modalities are instrumental in recovery and future prevention. Many clinicians forget about the musculature in the lower leg following an ankle sprain. When a person sprains the ankle ligaments, they also strain the muscles around the ankle and if these muscles are not restored to normal, adequate ankle stability will be difficult to achieve.

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Resource Material: Hyde, T., Gengenbach, M. *Conservative Management of Sports Injuries*. 2nd Edition. Jones and Bartlett Publishers 2007.