

Ankle Sprains: Helping you get back on your feet again!

by Ryan and Joanna Sleik

Being active in summertime sports and activities also presents many opportunities to become a statistic in one of the most common types of injuries to be seen in our clinic. Unfortunately, rather than walking through the door, you're often seen hobbling on crutches with a ballooned-out foot. Yes, in this issue we're discussing that dreaded ankle sprain! Hiking, walking barefoot at the beach, or just gardening are all easy ways to accidentally slip and let the ankle roll. It is most common to sprain our ankle laterally, or roll to the outside with our foot underneath us. This is known as an inversion sprain. When our ankle moves too far the ligaments, which act like cables attaching bone to bone, are pulled beyond their limits and they "break" apart.

The degree of "breaking" these ligaments depends on the amount of severity of the ankle sprain. A first-degree sprain occurs when the ligaments are damaged but the ankle remains tight and stable. Generally, pain is located at the front outside portion of the ankle with moderate swelling and some bruising around the bones on the outside of the ankle and foot. Walking is uncomfortable but can be achieved the same day. Recovery is usually achieved rather quickly.

We label a second-degree sprain when the ligaments partially tear and allow for excess movement at the ankle. More pain and bruising results and walking is more difficult. The recovery process takes longer (on average about 6-8 weeks) because muscles are usually strained at the same time and it takes more time for the ligaments to heal. By nature ligaments have poor blood supply, so they tend to repair themselves with scar tissue that is less flexible and less tolerant to activity. A person may be using crutches for a while as walking is often limited by pain and swelling.

Sprains that occur with more force result in complete tearing of the ligaments that support the ankle (third-degree sprain) and/or a fracture of one of the leg bones results. Typically in these cases a person is unable to walk and x-rays are required to determine if a fracture has occurred. Casting the foot or using an aircast boot is often required to help keep the ligaments stable and strong and in some cases an orthopedic surgeon may use his skills to pin and plate the ankle bones together.

Apart from a third-degree sprain, most ankle injuries can heal very well with conservative treatment. Keeping moving and managing pain and swelling are two of the most important things to do. Often the longer you stay off of your foot the longer it takes to get it going again. Following the principles of RICE (Rest, Ice, Compression, Elevation) are important to help manage pain and swelling. Icing can be done every two or three hours for 10 to 15 minutes watching that you don't freeze yourself or get cold enough to be numb. The part of recovery that is often missed is strengthening the supporting muscles, restoring normal range of motion, and training joint proprioception (balance and awareness). Specific exercises provided by a physiotherapist and some hands on TLC can go a long way in making your recovery faster and to help prevent a second injury from happening again while your ankle is still in the healing stage. The use of supportive

braces, such as a Swedo lace-up brace, is encouraged as this can help keep your ankle stable while the ligaments heal. A wise physiotherapist named Blair adopted the “6-6-6” rule that we continue to follow, recommending using a brace constantly for the initial 6 days after your injury (at this time you are usually still attached to your crutches), then whenever you are on your feet for 6 weeks and when involved in sport or high impact activities for 6 months. Supporting your ankle properly and helping to strengthen the supporting muscles and ligaments with specific exercises will not only prevent future injury but will also help you get on your feet again and return to the sports and activities you enjoy.