

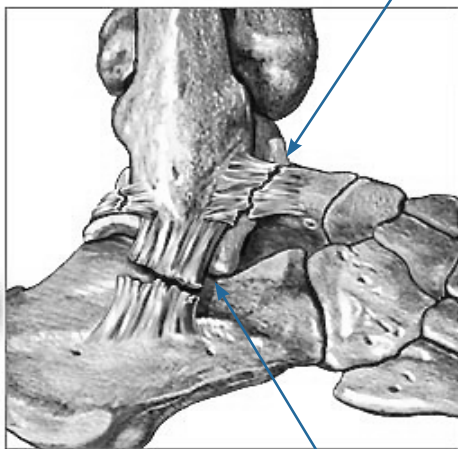
Ankle instability

Introduction

- Ankle sprains are common injuries. Most ankle sprains recover with suitable rest and physiotherapy. Ankle instability occurs when the ankle repeatedly gives way during sporting or even daily activities. This leads to recurrent ankle sprains, joint pain, swelling, inflammation and damage to the ligaments around the ankle. Some people experience ankle pain intermittently, others feel that their ankle 'aches' more often. Recurrent instability episodes can cause ankle arthritis.



Anterior talofibular ligament



Calcaneofibular ligament

Assessment

- History and examination - challenging if ankle sore.
- Imaging - consider Xray to rule out fracture and look for signs of significant ligament injury.
- MRI scan if concerned about syndesmosis (high ankle sprain), tendon or intra-articular injury.
- Ultrasound scan is not generally useful and rarely influences management.

About Dr Will Bryceson

Dr Will Bryceson is an internationally trained orthopaedic surgeon who specialises in surgery of the shoulder, knee, foot & ankle.



Non operative treatment

- RICE, analgesia and NSAIDS (if tolerated).
- Severe ankle sprains - moonboot or lace up brace (available from physios, orthotists and some podiatrists).
- Patients may weight bear as tolerated.
- Early referral to physiotherapist – to work on swelling management, strength and proprioception.
- May take many months to settle and recover.
- Patients who have a severe ankle sprain which does not settle as expected and those who go on to develop symptomatic recurrent ankle instability should be referred for specialist assessment.

Specialist treatment

- Patients are assessed with history taking, examination and MRI scan.
- Non-operative treatment avenues are exhausted and surgical options discussed.

Surgical treatment

- Arthroscopic assessment and lateral ligament reconstruction.
- Additional procedures such as Syndesmosis reconstruction and peroneal tendon repairs performed if necessary.

Post-operative recovery

- Rest, elevation and swelling management.
- Graduated mobilisation and weight bearing as dictated by the surgery performed.
- Physio for rehabilitation and proprioception.
- Most patients recover well by 4-6 months with final result from surgery expected at 9-12 months.

Take home points

- Most ankle sprains can be managed with RICE and physio.
- Sprains may take many months to settle down.
- Good results can be obtained with surgical stabilisation.

When to refer

- Severe ankle sprain with possible syndesmosis or tendon injury.
- Injury not resolving as expected.
- Chronic symptomatic instability.

Contact

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