Ankle Sprain, Continued

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Transforming patient information into patient understanding.

Last week we covered many things that you need to know about the basics of ankle sprains and how the more mild ones are treated. I also closed by telling you that there was much more to cover. Ready? Here we go. Part 2.

High Ankle Sprain
You hear this term a lot connected with sports injuries. Do you know what it is? Most people don’t, so don’t feel uninformed!

It is a severe type of sprain in which ligament tissue is torn deep in the lower leg, actually above the ankle joint. It is a much worse injury than a sprain of the outer (lateral) ligaments. It’s harder to diagnose too. Athletes can be on the disabled list for many weeks trying to recover from a high ankle sprain.

Hidden Fracture
Everyone has heard of the patient who goes to the ER with an ankle injury, is told he has a sprain and later turns out to have a fracture on subsequent x-rays.

This happens a lot because a “crack” doesn’t always show up on the first x-rays. The point is if it keeps hurting and stays swollen it is very important to have a follow up exam and further x-rays.

A missed fracture can go on to be a fracture that doesn’t heal. It can get really nasty.

Kids Don’t Sprain Things
Why don’t they? Because their ligaments are tougher and stronger than the growth plates (epiphysis) that are in the very same areas. So when a sudden stress is placed, in this case on the outer aspect of the ankle, the ligaments hold and the growth plate cells tear or separate. Even on x-ray there may not be much to see, but a careful exam always gives it away.

There may be a rare child who truly sprains his or her ankle, but I haven’t seen one for a long time.

Length of Treatment
Minor sprains can heal in one or two weeks. Grade two or three or “high sprains” can take several weeks or longer, up to three months. It all depends on how severely the ligaments have been damaged by the stretching and tearing.

Rehabilitation
Rehab actually starts when the foot and ankle are comfortable enough to put some weight on it. I really like the air cast walking brace (a type of boot really) which does a great job to protect the ankle and allow early weight bearing because this can help healing.

After a period of immobilization, rehabilitation exercises can be started. They are best taught and supervised by a Physical Therapist.

Rehab is important. If you don’t strengthen the ankle and lower leg with exercise it can be repeatedly injured leading to permanent damage such as chronic instability and arthritis.

**Surgery**

Surgery is rarely needed for an acute ankle sprain, although I have done it on occasion.

Repeated sprains may mean the ligaments are stretched out and need to be repaired by various operations. This type of surgery is more common than surgery for acute sprains.

We have come to the end of our two week course on ankle sprains. I hope this has been helpful in understanding some things about ankle sprains and to realize there’s more to it than you thought!

**Gratiot County Herald Archive and Office Website**

A great source of all of the musculoskeletal information that you need can be found at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains a tremendous amount of musculoskeletal information that can be very helpful to you, your family and friends.

In addition, it is your entry to the Gratiot County Herald archive of all articles I have written for Gratiot County Herald Orthopaedic Connection. All of the articles are listed, most recent all the way back to the first. A couple of mouse clicks and the whole article appears.

The articles and website cover every thing I treat in the office and hospital. Please log on and check it out.

Our goal is simple – To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush