Ankle sprains are the most common musculoskeletal injury in the general population. They are seen by medical providers at all levels of practice. Care of ankle sprains varies widely and they are often not considered to have a very high priority in Urgent Care settings and Emergency Rooms.

**Pattern Of Injury**
Because of the anatomy of our foot and ankle the injury occurs with the foot pointed downward and inward (inversion). This causes damage to the weakest portion of the ligament complex on the outer or lateral side of the ankle.

**Three Types**
3. Major ligament tearing, perhaps complete. Great swelling, very tender, bruising, ankle feels loose to patient.

**Evaluation**
As with almost all injuries that we see, finding out what happened (history), careful physical examination and plain x-rays are the mainstay of evaluation. This is not done in every setting, but if this is followed the provider will have all the needed information to begin treatment.

**OK, Now What?**
Not everyone agrees that an x-ray in Type 1 is needed. That would be the provider’s decision. Typically the patient gets an ace bandage, a pat on the head and out you go.
Since I rarely see Type 1 ankle injuries I can’t argue with the above, but if not improved in a few days a physician or PA should see the injury in follow up.

**Treatment of Type 2 Sprains**
It is preferable to place the ankle in a well padded splint with the ankle at a 90 degree angle in the splint. Crutches, no weight bearing, keep leg well elevated, ice, Ibuprofen or similar and see your PCP or Orthopaedic Surgeon within a week.
This would be called the acute phase the main objectives of which are reduction of swelling and pain relief.

**Functional Rehabilitation of Type 2 Sprains**
The former treatment of 4 weeks in a cast is now heresy. Unfortunately it caused joint stiffness, muscle atrophy and increased risk of blood clots in the leg. Hmm, ever hear the saying yesterday’s gospel is today’s heresy?

Then the splint comes off in about a week and the foot and ankle are placed in a device called an Aircast boot or cam walker.

- Full weight bearing in the boot or walker
- PT to restore motion, strength and a special neurological function termed proprioception.
- A compression sock to control swelling
- Home exercise program

The gradual return to activities and sports can take several weeks. One more class to go to cover Type 3 ankle sprains. See you later.

*My patients put their trust in me and what I do improves the quality of their lives.*

**Office Website and Gratiot County Herald Archive**

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Good health, good life, all the best to you.

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