Orthopaedic Connection

Ankle Sprains – The Worst Kind

Transforming patient information into patient understanding.

Last week our time was spent on ankle sprains that are called Type 1 and Type 2. We hardly touched on Type 3 except to mention them. As you might expect Type 3 are the most serious. It is the kind of sprain you hope to never get.

Well, why are Type 3 sprains worse than the first two? The lateral side (outer) of the ankle is the part of the ankle where most all sprains happen.

There really are a complex of several ligaments there that can be affected. In Type 3 these several ligaments are stretched or torn a lot more and this makes the ankle loose or unstable. Unstable to the extent that the patient actually is aware of this looseness and the foot and ankle won’t support them. Furthermore I can tell this when the ankle is examined. It can even be confirmed on x-ray by doing a little different view to show how the ankle “opens up”.

Oh Great, Now What?

There is controversy among Orthopaedic Surgeons about the treatment of these serious injuries.

- Relatively early mobilization (i.e. movement)
- Immobilization (cast or brace)
- Surgery

A period of protection usually in a splint or brace after an acute ligamentous ankle injury is important. It can control the swelling and inflammation that occur in the first 24 – 48 hours after injury. This can cause a rapid decrease in pain and swelling.

Also as in Type 1 and Type 2 you should elevate the ankle and use crutches bearing minimal weight on the injured ankle. Ice? Maybe, if it can get thru the splint or brace.

After a week or two you should be ready to begin a functional rehabilitation program always supervised by a Physical Therapist for these Type 3 sprains.

In the early stages of this therapy the therapist will want you in some type of ankle brace or support while the therapy progresses at the therapy facility. Weight bearing as tolerated will be allowed.

The therapist work is not just to return range of motion and strength but to restore proprioception for full rehab of your injury. The PT will explain to you what that means as they are working with you.

The therapy program needs to be tailored to your body and what your functional needs are.

Hey, What About Surgery

Unless you are a high functioning athlete you probably won’t need surgery. There are exceptions, but this decision needs to be made by an Orthopaedic Surgeon.

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

Office Website and Gratiot County Herald Archive

Wow! Your window to the Orthopaedic and musculoskeletal world opens at www.orthopodsurgeon.com. It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.
Be well.
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Phone 989-463-6092 for an appointment.

Dr. Haverbush