Ankle Sprain Handout

WHAT IS IT?
An ankle sprain involves stretching and/or tearing of one or more ligaments in the ankle. The ligaments are basically like ropes that hold the bones together. A lateral (outside) ankle sprain is the most common but you can also have a medial (inside) ankle sprain or even a high (syndesmosis) ankle sprain depending on the way your ankle twists when injured. Sometimes the ligament can pull off a small piece of bone.

Some sprains are worse than others, but we still call it a sprain if only a few fibers of the rope are injured or if all of the fibers are injured. The treatment is the same for a minor and major sprain, but a major sprain will take longer to get better.

WHAT ARE THE SYMPTOMS?
Symptoms of an ankle sprain can vary depending on the severity of the injury. You may have experienced a pop or tearing sensation at the time of the injury. The main symptoms include pain, soreness and swelling; either immediate or swelling that increases over a 24 hr period. You may also develop significant bruising during the 1st week that can spread down into the foot area. After an ankle sprain you will typically experience difficulty walking, stiffness in the joint and maybe even some feeling of instability.

WHY DOES IT HURT?
At first it just hurts because of the fresh injury and swelling. Later it hurts when you move your ankle because you are stretching the healing tissues which tend to tighten up as they heal. It is important to keep your ankle moving so that the tissues will heal at the right length.

WILL I NEED SURGERY?
Ankle sprains are very rarely a surgical problem. The ligaments seem to heal just as well without surgery and the biggest risk factors for getting hurt again have more to do with balance and conditioning than anything else.

WHAT DO I DO TO GET BETTER?
After suffering an ankle sprain, your physician will usually order a set of ankle x-rays to check for any type of fracture. Initial treatment will consist of RICE = Rest, Ice, Compression & Elevation. Rest includes backing down from any activities that cause increased pain & discomfort—your physician will give you some activity guidelines. You should ice the ankle for 20-30 minutes 3 to 5 times daily. Compression ace wraps and elevating above the level of the heart will help reduce swelling and discomfort.

Your physician may also prescribe physical therapy, anti-inflammatory medications, a walking boot or ankle brace depending on the severity of your injury. It is very important that you follow your physician’s treatment guidelines and rehabilitation plan in order to have a good outcome from this injury. Failure to do so can lead to decreased healing time, chronic pain, instability, recurrent ankle sprains.
ANKLE REHABILITATION PROGRAM

Suggestions for a beginning program to start with at home. Your therapist will give you a more advanced program as your ankle improves.

1. **Ankle range of motion:** You can do this exercise sitting or lying down. Pretend you are writing each of the letters of the alphabet with your foot. This will move your ankle in all directions. Do this twice.

2. **Towel stretch:** Sit on a hard surface with your injured leg stretched out in front of you. Loop a towel around the ball of your foot and pull the towel toward your body, stretching the back of your calf muscle. Hold this position for 30 seconds. Repeat 3 times. When the towel stretch becomes too easy, you may begin doing the standing calf stretch.

3. **Standing soleus stretch:** Stand facing a wall with your hands at about chest level. With both knees slightly bent and the injured foot back, gently lean into the wall until you feel a stretch in your lower calf. Once again, angle the toes of your injured foot slightly inward and keep your heel down on the floor. Hold this for 30 seconds. Return to the starting position. Repeat 3 times.

4. **Standing calf stretch:** Facing a wall, put your hands against the wall at about eye level. Keep the injured leg back, the uninjured leg forward, and the heel of your injured leg on the floor. Turn your injured foot slightly inward (as if you were pigeon-toed). Slowly lean onto the wall until you feel a stretch in the back of your calf. Hold for 30 seconds. Return to the starting position. Repeat 3 times.

5. **Single leg balance:** Stand without any support and attempt to balance on your injured leg. Begin with your eyes open and then try to perform the exercise with your eyes closed. Hold the single leg position for 30 seconds. Repeat 3 times.
6. **Heel Raises**: Standing, balance yourself on both feet behind a chair. Rise up on your toes, hold for 5 seconds and then lower yourself down. Repeat 10 times. Do 3 sets of 10.

7. **Toe raises**: Stand in a normal weight-bearing position. Rock back on your heels so that your toes come off the ground. Hold this position for 5 seconds. Repeat 10 times. Do 3 sets of 10.

8. **Resisted Thera-Band exercises for the lower leg**

   **A. Resisted dorsiflexion**: Sit with your injured leg out straight and your foot facing a doorway. Tie a loop in one end of the Thera-Band. Put your foot through the loop so that the tubing goes around the arch of your foot. Tie a knot in the other end of the Thera-Band and shut the knot in the door. Move backward until there is tension in the tubing. Keeping your knee straight, pull your foot toward your face, stretching the tubing. Slowly return to the starting position. Repeat 10 times. Do 3 sets of 10.

   **B. Resisted plantar flexion**: Sit with your leg outstretched and loop the middle section of the tubing around the ball of your foot. Hold the ends of the tubing in both hands. Gently press the ball of your foot down and point your toes, stretching the Thera-Band. Return to the starting position. Repeat 10 times. Do 3 sets of 10.

   **C. Resisted inversion**: Sit with your legs out straight and cross your uninjured leg over your injured ankle. Wrap the tubing around the ball of your injured foot and then loop it around your uninjured foot so that the Thera-Band is anchored there at one end. Hold the other end of the Thera-Band in your hand. Turn your injured foot inward and upward. This will stretch the tubing. Return to the starting position. Repeat 10 times. Do 3 sets of 10.

   **D. Resisted eversion**: Sit with both legs stretched out in front of you, with your feet about a shoulder's width apart. Tie a loop in one end of the Thera-Band. Put your injured foot through the loop so that the tubing goes around the arch of that foot and wraps around the outside of the uninjured foot. Hold onto the other end of the tubing with your hand to provide tension. Turn your injured foot up and out. Make sure you keep your uninjured foot still so that it will allow the tubing to stretch as you move your injured foot. Return to the starting position. Repeat 10 times. Do 3 sets of 10.