

## Reduce Time Off the Court from Ankle Injuries

As high schools and colleges are back in session, the pick-up basketball game and intramural games become more popular among athletes of all ages. As a result, many medical offices become flooded with ankle injuries with the most common being ligamentous injuries or sprains. From the “weekend warriors” to the competitive athlete, this is an injury that seems to not escape any class of competitor.

Sprains vary in severity from a Grade I (mild sprain) to a Grade III (severe sprain). These injuries occur when a sudden strong tension or force is placed on the joint. This force can damage the surrounding ligaments, bone, and joint if the muscles are not able to quickly respond to and decrease the force. How well the muscles respond determines the severity or grade of the ankle sprain.

Partial tearing of ligament fibers and minimal swelling accompany a mild or Grade I sprain, but no joint instability is present. Moderate or Grade II sprains are characterized by some pain, swelling, discoloration, and point tenderness over the structures involved as well as some loss of joint mobility. There may be some torn ligament fibers; however, the overall stability of the joint remains intact. When a severe or grade III sprain occurs there is gross joint instability due to complete tearing of all ligament fibers resulting in significant swelling and severe pain.

The quicker and more accurately these injuries can be assessed, the better the chances are to decrease the swelling which hinders the healing process. Initial treatment of ice, elevation, and compression will all help to limit swelling and the ice will also serve as a local anesthetic and help to relieve muscle spasm. Ice should be applied to the area three to four times daily for 15 to 20 minutes each application.

In addition to the prompt treatment of the injury, early physical therapy can help athletes restore normal motion, decrease pain as well as promote early weight bearing. A delay in treatment may increase the risk of swelling and further injury, which leads to increased time off the court. This program can be divided into three phases. The first phase is designed to control pain and swelling and consists of ice therapy, protected mobilization and early weight bearing. Phase two is aimed at re-strengthening appropriate muscles and re-education of the balance mechanism. The third and final phase is designated to return athletes to their prior activity level; sport specific functional programs are often used in this phase of rehabilitation. A bit of prevention and solid first aid treatment immediately following an ankle injury can help to reduce unnecessary time off the court.

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