From recreational athletes to the pros, ankle sprains are one of the most common sports injuries. It is actually the ligaments of the ankle which are injured rather than the joint itself. In recent years dramatic progress has been made in our ability to treat these injuries and return athletes to action.

Sprains occur when the ankle turns inward or outward beyond its normal range of motion. In this situation either the bones must break (resulting in a fracture) or the ligaments which connect them must tear. The classic situation is when a basketball player lands on an opponent's foot forcing his or her ankle to turn too far inward, tearing the ligaments on the outside of the ankle. The degree to which the ligaments are torn determines the classification of the sprain.

Mild or Grade I sprains involve stretching or partial tearing of ligament fibers but minimal swelling and no joint stability. In moderate or Grade II sprains there is complete tearing of some of the ligament fibers with more swelling but the overall stability of the joint is maintained. Severe or Grade III sprains are characterized by complete tearing of all ligament fibers with marked swelling and joint instability.

The initial treatment of ankle sprains consists of a program of "RICE." This is an acronym for rest, ice, compression, and elevation. Rest the ankle, do not attempt to "gut it out" and keep playing. Apply ice and a compressive wrap to the ankle. Finally, keep the injured ankle elevated above the level of the heart. This program will limit swelling, reduce pain, and prevent further injury until you can see your doctor.

Usually x-rays are required to rule out a fracture, following which the athlete will begin a functional ankle rehabilitation program under the supervision of a physical therapist. This consists initially of treatments such as electric stimulation which, along with "RICE", will reduce swelling and inflammation. Range of motion exercises are begun immediately and weightbearing is allowed as tolerated using a brace to support the ankle.
As pain and swelling decrease and range of motion increases a second phase of rehabilitation will be entered in which stretching and strengthening exercises for the ankle stabilizer muscles begin. As these muscles grow stronger, proprioceptive retraining is added. These are more complex exercises in which the muscles are not only strengthened but are trained to act quickly to decrease stress applied to the ankle joint.

Finally, sports specific training is begun as the athlete prepares to return to play. The time to return depends on the degree of the sprain, the sport involved, and how quickly the athlete is able to progress through the rehab program. It may vary from a few days for a mild Grade I sprain up to several weeks for a severe Grade III sprain.

Old treatment protocols emphasized immobilization and avoidance of activity in the management of ankle sprains. Modern treatment with early motion, controlled sooner and prevent chronic problems with ankle instability. Perhaps there is a grain of truth in the old coach's admonition to "walk it off" after all.