Ankle Injuries

- Sprains

Please note that the material in these pages is presented as a general guide to sports injuries and should not be regarded as specific advice on any individual's injury, diagnosis or treatment. We welcome any general comments and suggestions about the content of these advice pages.

Patients suffering from ankle sprain

1. Acute ankle ligament injuries should be managed and treated at the sports ground with a firm compression bandage to stop the internal bleeding and later swelling.
2. Partial lateral ligament injuries are uncommon. An inversion ankle sprain with bleeding almost always has a total rupture of the lateral collateral ligament. Isolated medial ligament injuries occur but are less common.
3. The most important acute treatment is to immediately apply a firm elastic bandage to stop the bleeding. After 30 minutes, the compression pressure applied by the bandage can be decreased. Rest, elevation, cooling and NSAID can alleviate pain but do not significantly influence the acute bleeding.
4. Active mobilisation is recommended in the normal case including some weeks of balance training. Crutches and immobilization should be avoided.
5. The majority (80-90%) of sprained ankles heal without any recurrent problems. Persisting symptoms in the form of pain or instability occur in 10-20% of patients.
6. Patients with symptomatic instability are recommended a 10-12 week training program under the supervision of a physiotherapist. If this does not help, the patient should be referred to a specialist to be considered for surgery.
7. Arthroscopy is recommended for diagnosis and treatment of associated injuries or when patients complain of pain as a predominant symptom.