

Inversion injuries

Diagnosis

- mechanism of injury - inversion/plantarflexion
- tender ATFL, CFL, peroneals with oedema
- check syndesmosis - if suspected weight bearing X-ray

Management

1. walking as morally as possible (with crutches ideally <2/7s)
2. prevent inversion - brace or tape (not a boot)
3. RICE (no anti-inflammatory meds)
4. ROM - starting seated & within pain limits
5. strength & stability progressed to agility to prevent chronic ankle instability



not to miss

fracture - Ottawa ankle rules
small avulsions can be treated as a ligament sprain

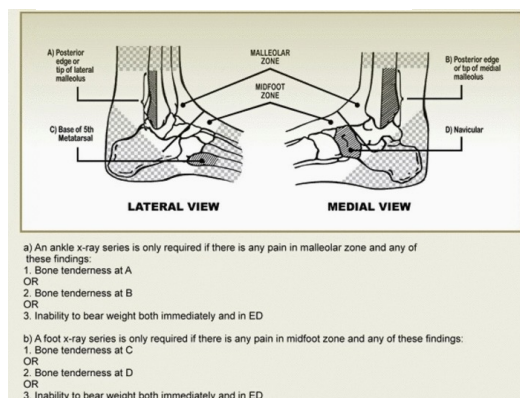
not recovering

consider

- osteochondral lesions (MRI) 3/12s rehab - if not recovering specialist referral
- syndesmosis - boot initially, tightrope surgery if not recovered after 3/12s rehab
- ant-lateral impingement (meniscoid lesion) - corticosteroid injection - surgical debridement



Ankle Stability Taping



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