Lateral Ankle Sprain Treatment Guidelines

Diagnosis

Use level of function, ligamentous laxity, hemorrhaging, point tenderness, total ankle motion, swelling, and pain to assist with physical therapy diagnosis of lateral ankle sprains, LAS

Imaging

- Use the Ottawa Ankle Rule for determining if imaging is necessary after an acute LAS
- MRI without contrast if radiographs are negative but instability is still suspected

Special Tests

- The Anterior Drawer test, ADT, should be used along with the reverse anterolateral drawer test
- Add anterolateral talar palpation to the ADT to assess talar translation

Examination

Patient-Reported Outcome Measures, PROMs

- PROMs should be used at baseline and at least 1 more time during the episode of care
- The PROMIS-Physical Function scale, PROMIS-Pain Interference scale, Lower Extremity Function Scale and the Foot and Ankle Ability Measure are strongly recommended to assess function
- The Cumberland Ankle Instability Tool and the Identification of Functional Ankle Instability are effective tools for determining diagnosis and severity of chronic ankle instability, CAI
- The Tampa Scale of Kinesiophobia and the Fear-Avoidance Beliefs Questionnaire may be used to assess fear of movement and avoidance behaviors

Objective Measurements

- Measurements should be assessed at baseline and at least 2 more times during the episode of care
- Ankle Range of Motion, ROM
  - Dorsiflexion weight-bearing lunge test
  - Talar translation and inversion
  - Total Ankle ROM - passive, active and resisted
- Strength
  - Ankle eversion, inversion, plantarflexion and dorsiflexion
  - Hip extension, abduction and adduction
- Swelling

Functional Performance Tests

- Performed as the patient has appropriately progressed
- Balance and Motor Control
  - Single-leg balance on a firm surface with eyes closed
  - Star Excursion Balance Test: anterior, anteromedial, posteromedial and posterolateral directions
  - Foot-lift test
- Hop Test battery
  - Single-leg hop test
  - Side-Hop test
  - Multiple-Hop test

Intervention

Protection and Support

- External Support
  - Prophylactic bracing and taping strongly recommended for use along with exercise
- Immobilization
  - Not recommended, progressive weight-bearing with external support is preferred
  - More severe injuries may require $\leqslant$ 10 days

Pain and Inflammation Management

- RICE: Rest, Ice, Compression, Elevation
  - May be utilized intermittently, and should be combined with exercise
- NSAIDs
  - May be used to reduce pain and swelling, but should be used with caution
- Other Therapies
  - May use low-level laser, pulsating shortwave diathermy and e-stim, but evidence is limited

Therapeutic Exercise

- Balance and Neuromuscular Training
  - Balance, sensorimotor and proprioception exercises strongly recommended
- Strengthening
  - Ankle and hip strengthening exercises
- Range of Motion and Mobility
  - ROM specifically targeting dorsiflexion deficits

Manual Therapy

- Joint Mobilization
  - AP talar mobilization and Mobilization w/ movement
  - Should be used alongside therapeutic exercise

Dry Needling

- Trigger point dry needling of peroneals may be used, but evidence is limited

Sport-Specific Training

- Should consider the sport-specific and position-specific demands