

ANKLE SPRAINS, THE MOST COMMON SPORTS MEDICINE INJURY (EVEN FOR QUARTERBACKS)

R. STEPHEN LUCIE, M.D.

Former Head Team Physician, Jacksonville Jaguars

Most of Jacksonville held their breath as star running back, Natrone Means was helped off the field during last year's AFC championship game on a freezing cold evening in Foxboro Stadium. It seemed that this common injury would play a large part in Jacksonville's quest for the Super bowl. After evaluating this injury, the trainers and Doctors worked hard to retape Natrone's ankle and got him back in the game. Although he was able to tough it out, unquestionably he lost some of his ability to cut and run effectively in the second half.

With this injury, and the 1997/1997 season in the record books, Jacksonville's Jaguars looked ahead to the quest for this year's Super bowl. First our starting quarterback, Mark Brunell goes down for a knee surgery and then backup, Rob Johnson stepped up and played extremely well in the preseason. While scrambling out of bounds in Baltimore, Johnson sustained an interosseous or high ankle sprain. He came back and finished the game in a courageous effort but was placed in a cast immediately after the game and spent the next week in rehab.

From the weekend warrior to the accomplished athlete, thousands of people com to Physicians with this type of common ankle sprain injury. Ankle sprains account for 10-15% of all time lost to injury in professional football. While artificial turf may increase the risk of these high or interosseous sprains, the effects of holes in grass fields may also contribute to ankle sprains of all types.

An interosseous or high ankle sprain, such as the one sustained by Rob Johnson, is a sprain which occurs when the foot is rolled toward the outside. This force, when applied in a sudden manner, like a defensive linemen landing or twisting the foot, produces surrounding damage to the ligament, which holds the two lower bones, the tibia and the fibula together. The swelling of these sprains can occur in the front part of the ankle or the inside of the ankle as opposed to the more common sprain which usually involves the outside ankle ligaments. Weight bearing can quite painful. Thus, early treatment for these high or interosseous ankle sprains is immobilization and non weight bearing. As the pain and swelling subsides less immobilization can be employed such as the commercially available braces or professional trainer's taping. Modalities such as ice, ultrasound, and electrical stimulation can be used to decrease the inflammation and pain associated with the sprain. As the player improves functional activity such as jogging in the pool, form running, and jogging on grass followed by agility and then the eventual return to play. An interosseous ankle sprain typically will take a bit longer to heal and it is not unusual for these injuries to keep the player out of action for two weeks.

The usual, or lateral ankle sprain, accounts for almost 90% of all ankle sprains. It is the type which Natrone Means sustained in the AFC championship game. These injuries will typically occur when the ankle rolls in and may be a noncontact injury just occurring in a cut or in a sport involving jumping and landing. Mild, or Grade I ankle sprains usually involve partial tearing of ligament fibers and minimum swelling. There is usually no joint instability. These ankle sprains usually occur when a person rolls his ankle and notices some immediate pain. Usually a person is able to complete the particular event or walk it off. Usually within twenty-four hours, however, there is some increased swelling and increased pain. Grade I ankle injuries are treated with ice, a small ankle brace and early weight bearing.

More severe types of lateral ankle sprains, which are the Grade II or Grade III sprains, are characterized by immediate pain, swelling, bruising, and tenderness over the involved ligament. This type of injury usually results in partial or complete loss of joint motion and instability. In Grade II type sprain, some ligament fibers may be torn, however, some stability remains. In the Grade III, or severe ankle sprain, the ankle ligaments are actually torn. They result in instability of the ankle, marked swelling and immediate, severe pain. These types of ankle injuries should be seen and evaluated by the Physician as treatment may require a cast and immobilization and in certain instances surgery to repair the ligaments.

Quick diagnosis and early treatment of all ankle sprains can definitely speed recovery and reduce the risk of further injury. Don't ignore ankle injury. Under your Physician's care you can in all likelihood be back to full recovery in a short time. Often x-rays are necessary to ensure there are no fractures or broken bones. Immediately after an ankle injury most common ankle sprains are treated by the RICE method, rest, ice, compression and elevation. After the initial pain and swelling subsides, many Physicians place their patients in supervised rehabilitation programs. In a matter of weeks, most people are back to full activity.