



Instability common after ankle sprains

By **THOMAS R. LYONS**

Ankle sprains are among the most common orthopedic injuries and account for up to 40 percent of all sports injuries. Ankle sprains most commonly involve the lateral or outside ankle ligaments and result from inversion injuries. Treatment of acute ankle sprains includes rest, elevation, ice and compression. Use of a support brace which restricts inversion can be helpful. Most patients with ankle sprains fully recover without sequelae but up to 20 percent of patients experience ankle instability. Instability of the ankle is characterized by repeated

ankle sprains, pain, swelling, apprehension and problems with walking on uneven surfaces.

Diagnosis of ankle instability is made by a careful history, physical examination and radiographs. Patients with ankle instability typically report a history of multiple repeated inversion ankle injuries. Physical exam findings including a positive anterior drawer are helpful in diagnosing instability. Radiographs including three views of the ankle as well as stress views are helpful in making the diagnosis of instability.

Most patients with ankle instability respond well to nonsurgical treat-

ment. A physical therapy program which emphasizes muscular strengthening and proprioceptive training is often successful in improving ankle stability. Use of a functional ankle brace or taping can help limit ankle sprains. Patients who continue to experience functional instability despite an adequate trial of nonsurgical treatment are considered candidates for surgical reconstruction. The preferred technique for reconstruction involves plication or shortening of the stretched lateral ankle ligaments. Certain types of ankle instability require tendon grafting or realignment surgery. Overall success rates

for ankle reconstructions for instability are high. To properly diagnose and treat ankle instability, an evaluation by your orthopedic surgeon is necessary.★

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