

## Orthopaedic Surgeon, Foot & Ankle & Trauma Surgery

Clinical Condition	Ankle Sprain
Eligibility	More than 3 months of symptoms Pain in ankle following injury +/- instability Acutely/walking is difficult should be able to walk more than 4 steps (if not, the possibility of the fracture should be considered). Ottawa guidelines Usually on the lateral side of the ankle +/- swelling and tenderness
Clinical photo	
Differential Diagnosis	<ol> <li>Fracture around ankle (Unable to walk more than 4 steps)- Ankle fracture, anterior process fracture, base of 5<sup>th</sup> metatarsal fracture</li> <li>Osteochondral lesion of talus</li> <li>Syndesmosis injury (high ankle sprain)</li> <li>Ankle/ hindfoot osteoarthritis</li> </ol>
Information required with referral	History: Detail history of the injury (Mode of injury, duration since injury, pattern of twisting the ankle, any treatment taken, ability to walk) Any other associated injuries Exact site of tenderness Any treatment used (immobilization, analgesics, physio) Define reason of referral, ongoing pain or instability
Investigation required for the diagnosis	Weight bearing ankle x rays (AP, Lat and Mortise view) Ultrasonography-> ligament tear/ sprain is a common finding, only need referral if ongoing instability after proprioceptive exercise / physio rehab program
Pre-Referral management strategies (information required with referral)	<ol> <li>Rest, ice, cold compressions, elevation, analgesics and anti-inflammatory medication</li> <li>Physiotherapy- after the acute phase subsides.</li> <li>Propriocepptive exercise for instability-&gt; 90 % success rate</li> </ol>
Referral Criteria	Continuous pain and instability despite the non-operative management for 3 months.  Acute cases with osteochondral fracture Unable to perform physiotherapy.
Fact sheets	http://www.footeducation.com/sprained-ankle