

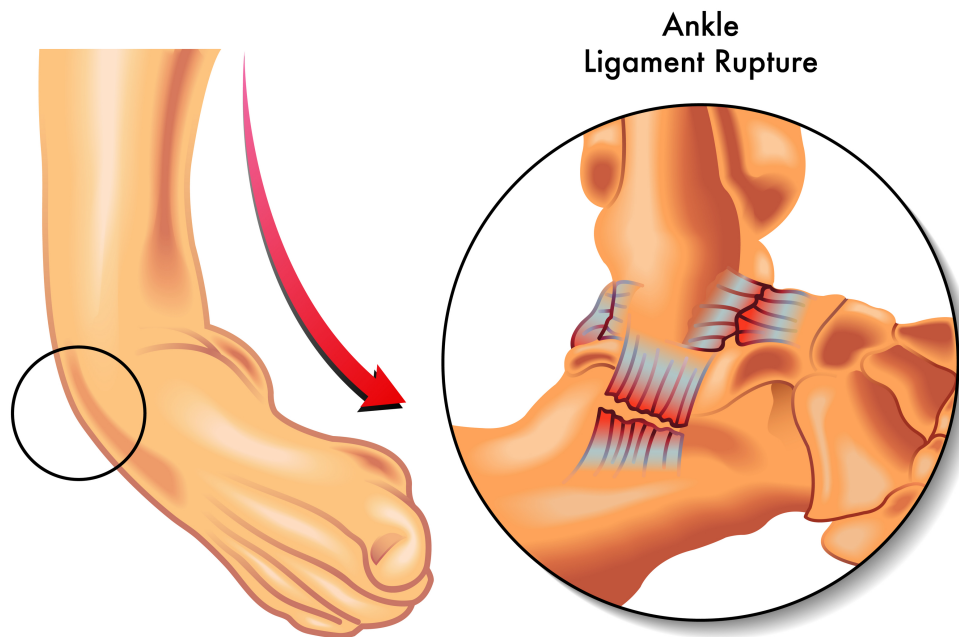
## Lateral ligament injury of the ankle (*Rolling the ankle*)

The **lateral ligament** complex has 3 parts .

A **sprain** implies that one or more of the ligaments has been damaged.

**Acute (recent):**

**The most common ankle injury is a lateral ligament injury as a result of inversion or 'rolling' the ankle.** The foot turns inwards under itself and pain and sometimes a crack is felt at the outside of the ankle. The ankle may swell up significantly and it may be too sore to bear weight.



**More often than not these injuries can be managed without an operation.**

The basic principle of **RICE** (rest, ice, compression, elevation) holds true.

**Weight bearing should be commenced when able.**

After the swelling and pain has subsided a **rehab program guided by your physiotherapist** is aimed at

- muscle strengthening to reduce the load on the ligaments
- *proprioceptive retraining* (teaching the nerve endings to alert you when your ankle is about to roll.)
- Maintaining a good range of motion

You may be recommended to **use taping techniques or a brace.**

## **Chronic:**

**Surgery** is indicated if there ongoing issues with the ankle despite **an intensive rehab program**.

- Ongoing episodes of “**giving way**” or an inability to trust your ankle might require **operative stabilisation** .
- Ongoing **pain** may indicate damage inside the ankle joint that could be improved with an **ankle arthroscopy**.

Sometimes the torn ligaments are not repairable primarily and a **tendon graft** or an **artificial material** might be required for a reconstruction.

In some cases a cavovarus foot (**high arches**) puts you at higher risk of instability and it may necessary to perform a bony realignment (**osteotomy**) to prevent further episodes of instability.

### **What to expect:**

The surgery can be performed as a **day procedure or as part of an overnight admission**.

You will be kept **non weight bearing for 2 weeks** before a wound check and commencement of a **rehabilitation program in conjunction with a physiotherapist**.

The **recovery** process takes approximately **3 months**.

### **Complications**

Some of the possible risks include:

Recurrence of instability

Pain and Swelling

Stiffness

Nerve damage

Wound problems

### **Time off work**

Sitting duties can commence at 2-3 weeks

Indoor standing duties can commence soon after this

Long days in work boots can be 8-12 weeks

**Driving** requires confidence in your ability to brake in an emergency and it is also worth checking on any implications regarding your insurance.