



The Leg Bones Clinic

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Additional information re: Ankle Sprain (to accompany GP referral)

Patient Name: _____ **DOB:** _____

Phone: _____ **Address:** _____

Clinical history: _____

Duration of pain

_____ weeks / months / years

Site of pain

- lateral
- anterior
- syndesmosis
- base of 5th metatarsal

Mechanical symptoms

- locking
- giving way

Previous surgery?

- Yes
- No

Please mark out the site of pain



Front

Back

Investigations done so far:

- X-rays (weight bearing) of ankle and feet
- Ultrasound
- CT
- MRI (if symptoms >2 months)

Treatments so far:

- Physiotherapy
- Brace / Boot (trial for up to 6 weeks)
- Topical NSAIDs
- Oral analgesics / NSAIDs
- Corticosteroid injection (if pain >2 months)