Dr Hugh Won
MBBS, FRACS (Orth)
Orthopaedic Surgeon
ABN 40850511200
Provider no. 239147LX

Tel: 07 55980757
1300 65 64 88
Fax: 07 56410955
www.legbones.com.au
Suite 4E, John Flynn Medical Centre
42 Inland Drive, Tugun, QLD 4224
Mail: PO Box 811, Tugun, QLD 4224

The Rolled Ankle

Presentation on 20th October 2009

The patient with a "rolled" ankle

- Very common
- Diverse patient range – sports, work, environmental

Approach to assessment

History

- Mechanism and other injuries
- Was patient able to weight bear?
- Acute or chronic
- Treatment thus far

Physical examination

- Look – malalignments at heel, arch, leg
- Feel – don't forget the fibular neck, 5th metatarsal base, Lisfranc joints (tarsometatarsal), along the ligaments & tendons
- Move – any crepitus? (?loose fragments)
- Special tests
  - Lateral group – anterior drawer test, talar tilt
  - Syndesmosis – squeeze test, forced dorsiflexion-external rotation test

Imaging

- X-rays
  - Ottawa rules – take radiographs if
    - bone tenderness at malleolus & along distal 6cm tibia or fibula
    - for foot – tenderness at 5th metatarsal base or navicular
    - inability to weight bear both immediately & at clinical examination
  - Look for fractures, diastasis (widened mortise), loose fragments
- MRI
  - If suspect intra-articular derangement, high ankle sprain, occult fractures
  - For the non-improvers from week 3-4

Management

- RICE, review at 2 days & at 1 week
- Mechanical supports – bandage, strapping, brace, boot, crutches (physio)
- Corrective devices for chronic instability – heel wedge, orthotics (podiatrist)
- Physiotherapy – early referral
  - swelling control
  - range of motion – sagital plane, avoid stretching healing group until 4-6 weeks
  - proprioceptive – wobble board
  - strengthening – isometric, resistive bands

The Leg Bones Clinic

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- Surgical
    - arthroscopy – loose fragment, persistent synovitis
    - internal fixation – for fractures, dislocations, diastasis
    - reconstruction of ligaments– for persistent instability, high demand atheletes
    - realignment – for the anatomically vulnerable – eg heel varus, high arch feet
    - repair of tendons, retinaculum

Take home message

- X-ray as per Ottawa guidelines
- Rule out bony injury
- Do not miss – loose bodies, fractures, diastasis (high sprain)
- Orthopaedic referral if fractures, loose body, deformity, non-improver after 4 weeks, recurrent instability
- Otherwise – early referral to physiotherapist to rehab
- If mild – early rehab
- If severe – boot until comfortable enough to rehab