Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Ankle Sprain

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Ankle Sprain

Patient Information

Trauma & Orthopaedic Department

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Introduction



Ankle injuries are usually a result of damage to soft tissue and will normally improve within 6 weeks if adequately managed. You will feel the most discomfort in the first week due to swelling, but this should ease.

Recovery

Most ankle sprains can be self-managed and do not require formal treatment.

PRICE

P	Protection	Good supportive footwear. You may be issued with a fixed walking boot. Use the boot whenever you are standing on your foot for the first 2 weeks. The boot can be removed when resting and at night.
R	Rest	“Relative” rest means removing excessive strain from the ankle. Reduce the length of time you spend standing and walking. Gradually increase activity and movement from 48 hours after the injury onwards.
I	Ice	Use a bag of ice or frozen vegetables wrapped in a damp cloth and apply to the injury for approximately 20 minutes and NO LONGER. Repeat at least four times per day. Only apply an ice pack to skin if the skin has normal sensation and is not broken, damaged or cut.
C	Compression	Strapping or bandaging with light pressure can help control swelling.

E	Elevation	Raising your ankle above hip level will help decrease swelling (e.g. sitting with your foot up). Try and keep a slight bend at your knee to avoid overstraining the nerve at the back of the knee.

If you cannot weight bear or your ankle feels unstable at **2 weeks**, contact the Fracture Clinic or Physiotherapy Department for further advice. Full recovery is usually expected after 6-8 weeks, but severe sprains can take longer. In severe cases, the ankle may end up looking larger when compared to the uninjured side.

Early Movement

Early movement is essential for a full recovery.

The following exercises are to prevent your ankle from stiffening up, and to reduce swelling and discomfort. All exercises can be performed with supportive shoes or bare footed. The ankle will be stiff on waking, so it is essential to try and move the ankle as soon as you wake up. Repeat little and often throughout the day. Slight discomfort when performing the exercises is to be expected.

Pointing your foot

- Sitting with legs out straight.
- Point your toes away from you then point them back towards you.
- Repeat this movement back and forth continuously for 3 sets of 30 seconds each.

- A rolled-up towel placed under your ankle can make the movement easier.





Seated towel slides

- Sit on a chair with your foot on a towel (on wood, tile, or laminate floor) or a glossy book (on carpet).

- Slide your foot out as far as you can and hold the stretch for 5 seconds.

- Slide your foot back as far as you are able; keep your heel in contact with the floor throughout. Push down through your foot for 5 seconds, provided the pain/discomfort is tolerable.





Calf stretch

- Stand with injured leg out straight or if sitting hook a towel around your foot and pull back towards you.

- Keep your leg straight, feel the stretch in your calf.

Hold 20-30 seconds.

Repeat 3 times.





Seated heel raise

- Sit towards the edge of a chair with your feet flat on the floor.
- Lift your heels up, until only your toes remain in contact with the floor.
- Then slowly lower back down.
- Additional weight can be placed through your knees by either leaning or using weights on your knees.

Sit to stand (Chair Squats)

- Start by sitting on the edge of a chair with feet shoulder width apart.
- Attempt to stand up with/without using your hands.

- Bend from the hips, lean forward and drive up into a standing position.

- Aim to keep your kneecaps aligned with your second toes.





Turning your foot inwards

Only start turning your foot inwards from 2 weeks after the injury. This allows time for the ligament to settle:

- Sit with legs out straight.

- Turn your feet inwards; then turn them outwards.

- Repeat this movement back and forth continuously for 3 sets of 30 seconds.

- Try drawing the alphabet with your foot.

Single leg balance

- Hold onto your kitchen worktop or the back of a chair. Stand on your injured leg and balance. Gradually stop holding onto anything (like the photo).
- Closing your eyes makes the exercise harder.
- Standing on something wobbly (like a cushion) makes this harder still.



Aim for 20-30 seconds of balancing.

It is quite normal to feel some discomfort following exercise, but it is important that this discomfort eases within 2 hours of finishing the exercise and does not have an overall negative effect on your symptoms.

Frequently asked questions

When can I drive?

It is your own responsibility. You are allowed to drive when:

- You can control the car safely
- You are no longer using the boot
- You are walking normally
- You can perform an emergency stop.

When can I go back to work?

This depends on your individual situation. You should return to work as soon as you feel able to do your job safely.

What do I do with my boot and crutches once I have finished with them?

Please return crutches to the Fracture Clinic or Emergency Department. You do not need to return your boot.

For more information online, please visit https://www.wwl.nhs.uk/virtual-fracture-clinic

If you have any concerns regarding your ankle, contact:

Fracture Clinic Helpline: 01942 822595 Monday to Friday (8.30am until 5pm). Please leave an answer message with patient details and we will return your call.

If you have any urgent concerns out of hours, please call 111.

Adult MSK Physiotherapy Self-Referral

If you are struggling to regain your movement or get back to normal activities, you can self-refer to **Physiotherapy**. A referral form can be found on this webpage:

https://www.wwl.nhs.uk/adult-msk-physiotherapy-self-referral

Please scan the QR Code to access the website.

Telephone Numbers:

Boston House Health Centre Telephone 0300 707 1113

Leigh Infirmary Telephone 0300 707 1597 / 0300 707 1595

Platt Bridge Health Centre Telephone 0300 707 1772

Disclaimer

Not all exercises are suitable for everyone, and while every precaution has been taken in selecting these exercises, they do not come without risks. If you have any concerns regarding the injury, or whether you should partake in the exercises, then you should consult a physiotherapist or your GP before beginning any exercises in this leaflet.

The exercise plans shown in this leaflet are designed to be used as a guide and a point of reference; they can be modified and progressed under the supervision of a physiotherapist.



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