

ANKLE INJURIES

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One of the big things Jacksonville is learning about the NFL is that it is truly “Big Time.” Big time crowds, big plays, big time stadiums and unfortunately, at times, big time injuries. First, the practiced was silenced with the severe injury sustained to running back, Leon Brown, when he was taken to the hospital in Steven’s Point with a severe fracture/dislocation of his ankle. Then, our promising young draft pick and offensive lineman, Marcus Price, went down with severe ligament damage to the ankle, tearing two important ligaments. Both of these injuries required surgical correction of the torn ligaments and insertion of metal plates and screws to repair the associated fractures. Both players will be out the majority of the season. Just when we returned from training camp, starting middle linebacker, Keith Goganus, sustained another unusual, but significant, ankle sprain of the ligaments that hold the two bones together of the ankle and the ligament on the inside of the ankle. Fortunately, Keith’s injury was not as severe and promptly responded after three weeks of intensive rehabilitation by trainer, Michael Ryan, and his staff, and was able to return to play for the season opener against Houston.

From the weekend warrior, to the accomplished athlete, thousands of people each year come to physicians with common ligament sprains around the ankle. While knee injuries claim more headlines, ankle sprains are probably the most common injury in sports. Ankle sprains amount for 10-15% of all time lost to injury in football on the professional level. Artificial turf may increase the risk of sprains but scientific studies have not been able to definitely confirm this. Defects or holes in grass fields can definitely contribute to these ankle injuries.

When strong sudden tension strikes a joint, the ligament, bone and joint can be damaged if surrounding muscles do not quickly decrease the tension of stress on the particular joint. All ankle sprains are not alike and it is important to classify these injuries as to their severity and the mechanism of injury to better decide on the appropriate treatment, length of time of the treatment and how soon the athletes can return to play.

Mild or grade I ankle sprains usually involve partial tearing of ligament fibers and minimum swelling. There is usually no joint instability. These ankle sprains usually occur when a person rolls is ankle, notices some immediate pain, but many times is able to complete the particular event or certainly walk it off over a period of time. The next morning, however, there is some swelling and the pain increases. These injuries are usually treated functionally with ice, a small ankle brace or early weight bearing.

Moderate or grade II sprains are characterized by immediate pain and swelling, some bruising over the ligament injury which is usually lateral and significant point tenderness over the involved structures. This usually results in some partial loss of joint motion. Some ligament fibers may be completely torn, however the overall stability of the joint is essentially intact with only a minimum amount of looseness or laxity within the ankle

joint. These injuries are also treated functionally with ankle brace, occasionally cast immobilization for a short period of time followed by physical therapy and rehabilitation.

Severe or grade III ankle injuries represent complete tears of ligaments about the ankle. They result in instability of the ankle, marked swelling, immediate and severe pain. They require crutches, ankle brace or cast immobilization and in certain instances, even surgery to repair the torn ligaments.

The most common ankle sprain, with which most of us are familiar, is the sprain where the ankle turns in, injuring the ligaments on the outside of the ankle. However, in professional sports, due the expert taping by the training staff, these injuries are less common than in the weekend warrior. Often, one can see injuries resulting from the ankle turning out or externally rotating, leading to tears to the inside or deltoid ligament of the ankle or tears of the interosseous ligament, which is the ligament in the front part of the ankle holding the two bones together. These injuries can be more severe and require 3-4 weeks, even in the well conditioned professional football player, to return to his full competitive function.

Quick sure diagnosis and early treatment of the ankle sprain can definitely speed recovery and reduce the risk of further injury. Don't ignore any ankle injury. Under your physician's care, you can, in all likelihood, be back to full activity in a short time. Many times, X-rays are necessary to make sure that there are no fractures or broken bones associated with an ankle injury. Immediately after an injury, most ankle sprains are treated by the RICE method: rest, ice, compression, and elevation. Then, after the initial pain and swelling have gone down, many physicians will place patients in a supervised rehabilitation program similar to the rehab provided by the Jaguars' training staff. In a matter of weeks, most people will be back to full and active sports.

R	REST	Takes the stress off the Injured ankle
I	ICE	Reduces inflammation and eases the pain
C	COMPRESSION	Gives support and reduces inflammation
E	ELEVATION	Uses gravity to reduces inflammation