

# **HIGH-ANKLE SPRAIN DIFFERENT “ANIMAL”**

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On December 6, 1998, on the second offensive series of the game, a hush fell over Alltel Stadium as Jaguars quarterback Mark Brunell remained on the ground from obvious pain from a hit he sustained after releasing a pass. After X-rays, a thorough examination and an MRI, it was determined Brunell had sustained what has become known as a high-ankle sprain, the same injury that claimed jaguars backup quarterback Rob Johnson last year and caused defensive end Tony Brackers to miss six weeks of the season.

From the weekend warrior to the accomplished athlete, thousands of people each year come to physicians with ankle sprains. While knee injuries seem to claim more headlines, ankle sprains claim more players. Ankle sprains account for 10-15 percent of all time lost to injury in professional football. Artificial turf may increase the risk of these sprains, particularly the ankle sprain; however, scientific studies have a difficult time confirming this. Defects such as holes in grass fields also contribute to ankle injuries.

The most common ankle sprain is a lateral ankle sprain, or inversion ankle sprain, in which the foot turns in, causing a stretch, strain, or even tearing of the ligaments on the outside of the ankle. The athlete very often immediately sees swelling just below the outside ankle bone and with milder injuries may even complete the particular sporting event before swelling and pain become worse. More severe tears or sprains of the outside ligaments of the ankle can be associated with a loud pop and the inability of the athlete to walk or leave the field under his own power.

Ankle sprains are not all alike. They are often classified as to severity to better provide physicians and patients with the right treatment. Mild or “Grade I” ankle sprains involve tearing of the ligament fibers and minimal swelling. There is usually no joint instability. These ankle sprains occur when a person rolls his ankle and notices pain. These milder ankle sprains are treated with ice, a small ankle brace and early weight-bearing. Many times the athlete can return to action in a week or two.

Moderate, or “Grade II” ankle sprains are characterized by immediate pain, swelling, bruising, and tenderness over the involved ligaments. These injuries usually result in some loss of joint motion: Although some ligament fibers may be torn, the overall stability of the joint is intact, with only a minimum amount of looseness within the ankle joint. These injuries are usually treated with an ankle brace or occasionally with cast immobilization for a short time, followed by physical therapy and rehabilitation.

Severe or “Grade III” ankle injuries are complete tears of the ankle ligaments and usually involve instability of the ankle, marked swelling and pain. The players usually can’t walk, require crutches, ankle braces, casts, and in certain instances surgery is required to repair the torn ligaments.

The high-ankle sprain, which is known in medical terminology as an interosseous ligament sprain or a syndesmosis sprain of the ankle, usually results when one's foot is turned out and a strong, sudden outside force, such as when a defensive lineman strikes the outside of the leg, causes the foot to turn out at the ankle with an external rotation force. This may cause a disruption in the ligaments which hold the two ankle bones together and also a tearing of the interosseous membrane, which runs up the leg between the two bones. Different from the common ankle sprain, where pain is felt on the outside of the ankle, the pain, swelling, and discomfort of the high-ankle sprain occur in the area just above the ankle and between the two bones and may run as high as six inches above the ankle. As one tries to bear weight, it causes the force to spread the bones apart. Usually, the injured athlete is unable to immediately bear weight.

Due to the unusual forces involved in the high-ankle sprain, it is difficult to tape or brace this type of sprain to allow the athlete to return to play until a significant amount of healing occurs in the ligaments and tissues. For this reason, even in the well-conditioned athlete, usually a period of 2-6 weeks is required for recovery and a return to play.

Quick diagnosis and early treatment of all ankle sprains can definitely speed the recovery and reduce the risk of further injury. Do not ignore any ankle injury. Under your physician's care you can in all likelihood be back to full recovery in a short time. Often, X-rays are necessary to assure there are no fractures associated with these injuries.

Immediately after an injury, most ankle sprains are treated by the RICE method: **R**est, **I**ce, **C**ompression, and **E**levation. After all the initial pain and swelling subsides, many physicians place their patient in a supervised rehabilitation program. In a matter of weeks, most people are back to full recovery.

As far as our star quarterback, rest assured the Jaguars training staff is working around the clock, providing him with a comprehensive rehabilitation program to reduce the swelling of his ankle, increase the strength and return him to function and play as soon as possible.