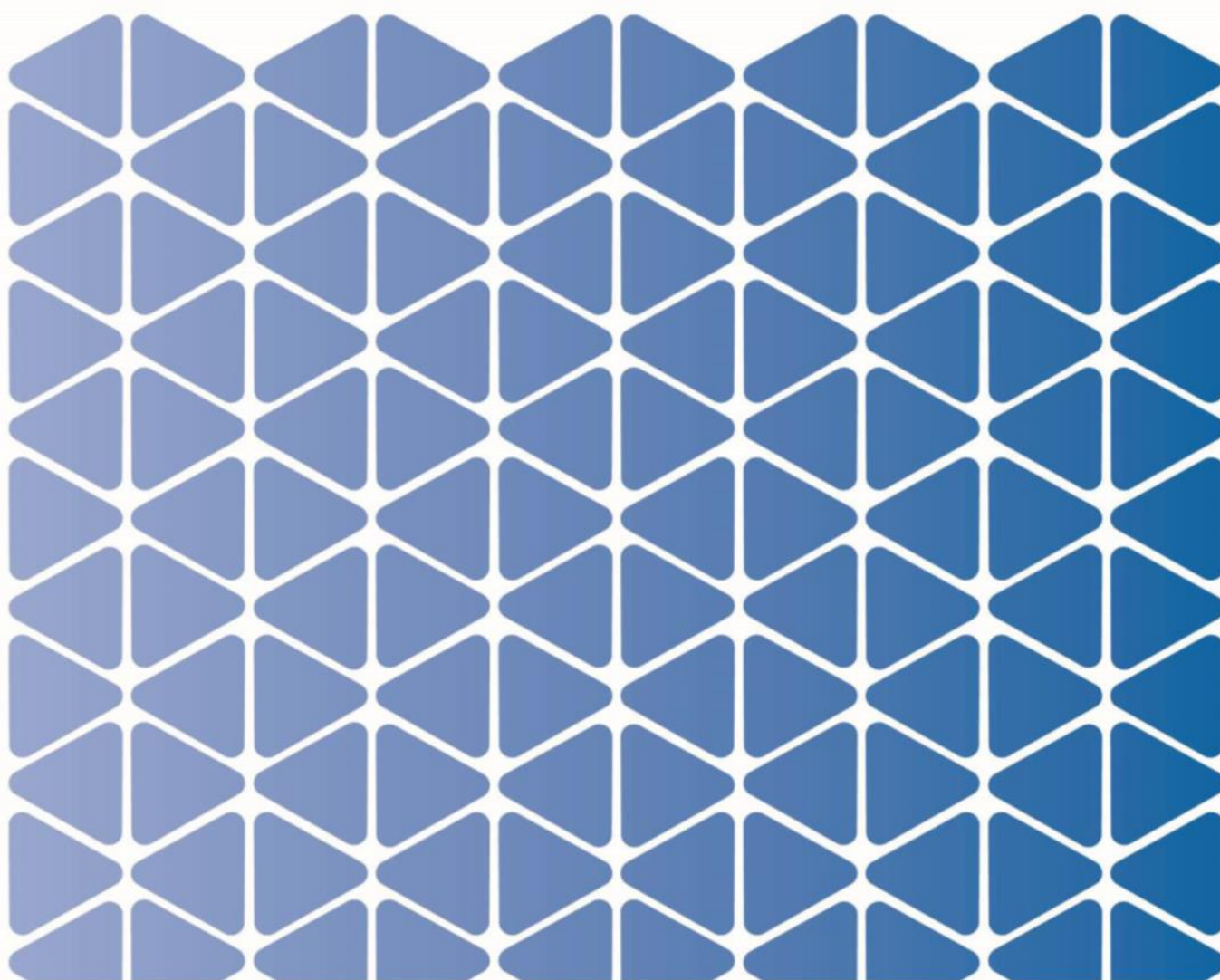


PATIENT INFORMATION

ANKLE SPRAIN



This leaflet will provide you with the information required to begin your rehabilitation following your ankle sprain.

A sprained ankle is an injury that occurs when you roll, twist, or turn your ankle in an awkward way. This can stretch or tear the tough bands of tissue (ligaments) that help hold your ankle bones together. Most sprained ankles involve injuries to the ligaments on the outer side of the ankle.

Your treatment will depend on how severe your injury is. In most cases treatment will follow the advice below. In more severe cases you may require crutches and a walker boot. You can take the walker boot off when you feel comfortable walking bare foot. Your physiotherapist can help guide you with this.

It is important to begin to move and strengthen your ankle, as well as weight bear, within your comfortable limits. This reduces the time spent immobile meaning you don't lose your range of movement, strength or balance and will return to activity sooner.

Pain

Pain is very normal following a sprained ankle and it is important to manage this to allow you to begin to regain range of movement and weight bearing on the foot. Ensure you are taking regular pain relief, as recommended by your Consultant.

Swelling

Use an ice pack on the swollen area for 10-15 minutes maximum. You can use a packet of frozen peas or a gel pack. Ensure it is wrapped in a damp tea towel in order to protect your skin. Check regularly throughout application that you are not getting severe blanching (when the skin becomes pale or white) of the skin.

Elevate the foot on a stool or some cushions whilst you are lying down, so your foot is above the level of your heart.

To help stop swelling, compress the ankle with an elastic bandage. Don't hinder circulation by wrapping too tightly. This should only be worn for 24-48 hours following injury.

Walking Pattern

You may initially be provided with crutches to help you walk easier and more evenly. You should aim to wean off of these as soon as possible as your pain allows. To do this, try just using one crutch in the arm opposite the injured leg. If this is okay, try using no aid. Start with short distances around the house and then build up as tolerated.

When walking it is common to try and avoid putting your full weight on it or not using your whole foot. Try walking by placing your heel down first, then rolling on to the ball of your foot.

Footwear

Wear a comfortable, enclosed, and supportive shoe, such as trainers. This will help provide stability to the ankle. Avoid wearing heels or flip flops.

Exercises


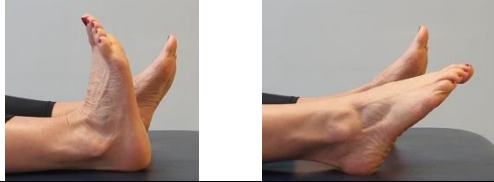


It is important to begin to move your ankle straight away, so you don't begin to stiffen up and lose range or strength. Initially, range of movement exercises should be completed within a comfortable range and not pushing in to pain.

After a few days and as the pain settles, it is important to begin strengthening the muscles around the ankle as well as beginning to practise your balance and return to a normal walking pattern.




The exercises below will progress you from simple range of movement exercises, to strengthening and balance exercises.




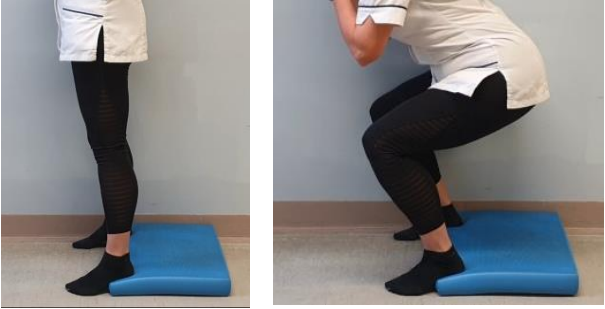
Your physiotherapist will highlight which exercises you should be completing, and they will fill in below how often you should be completing them for. Your physiotherapist will also advise you what colour exercise band to use.

Early Exercises

<input type="checkbox"/> Ankle circles Move ankle round in a circle. Both clockwise and anti clockwise.	
<input type="checkbox"/> Dorsiflexion to plantarflexion Point your foot up and down within a comfortable range of movement.	
<input type="checkbox"/> Inversion to eversion Keep heels on floor and hip and knee still. Bring toes in towards each other,	
<input type="checkbox"/> Seated heel raise In sitting, have feet flat on floor. Lift heels up off floor as high as able, keeping toes in contact with the floor. Slowly lower down. Then lift up toes off the floor, keeping heel on the floor.	

Mid Stage Exercises

<input type="checkbox"/> Resisted dorsiflexion Hook an exercise band around top of foot. Bring foot up towards you then lower down.	
<input type="checkbox"/> Resisted plantarflexion Hook an exercise band underneath foot. Push down in to resistance.	
<input type="checkbox"/> Resisted inversion Loop an exercise band around a sturdy object or have someone hold it. Place something under heel. Alternatively, hook over other foot and cross leg over other leg. Keep heel still and curl inside border of the foot in.	

<input type="checkbox"/> Resisted eversion Loop an exercise band around both feet. Keep heel still and bring toes out to side.	
<input type="checkbox"/> Heel raises Use a wall or hard surface for support if needed. Rise up on to tip toes as high as able. Hold for 3 seconds, then slowly lower down.	
<input type="checkbox"/> Single leg balance Begin by using a wall or surface to support. Stand on one leg and aim for 30 seconds. Once able to do this, practise standing on one leg without holding on to a surface.	
<input type="checkbox"/> Squat Stand with feet hip width apart. Squat down as far as feels comfortable, then push back up again. If ankle feels stiff, place a rolled up towel under heel to make it easier.	

How Often to Complete the Exercises

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PALS@nhs.net

Opening times:

The PALS telephone lines are open Monday to Friday from 8.30am to 4.00pm. Please be aware that you may need to leave a voicemail message, but we aim to return your call within one working day.

If you are unable to understand this leaflet, please communicate with a member of staff.