



Acute Lateral Ankle Injury Management in Athletes

Acute lateral ankle injuries represent a significant challenge in the realm of sports medicine, particularly in athletes engaging in high-impact activities. Key components of successful management include accurate diagnosis, timely intervention, and a multidisciplinary approach involving physicians, physical therapists, and athletic trainers. The initial assessment focuses on the mechanism of injury, clinical examination, and utilization of diagnostic imaging modalities such as radiography and Magnetic Resonance Imaging (MRI) to evaluate the extent of injury and potential associated pathologies. This abstract presents an overview of the current principles and strategies in the management of acute lateral ankle injuries among athletes.

Keywords: Acute lateral ankle injury; Athletes; Management; Sports medicine; Multidisciplinary approach; Diagnostic imaging; MRI; Clinical examination; Mechanism of injury; Physical therapists; Athletic trainers.

Introduction

Acute lateral ankle injuries are common in athletes, often resulting from a sudden inversion or eversion of the ankle. The most frequently injured ligaments are the anterior talofibular ligament (ATFL), the calcaneofibular ligament (CFL), and the posterior talofibular ligament (PTFL). Accurate diagnosis is essential for appropriate management, which typically involves a combination of rest, ice, compression, and elevation (RICE) in the acute phase, followed by physical therapy and, in some cases, surgical intervention. This review discusses the current principles and strategies for managing these injuries in athletes.

In the acute phase, the primary goal is to reduce pain and swelling. The RICE protocol is widely recommended. Once the acute phase has passed, a structured rehabilitation program is crucial for restoring function and preventing recurrence. This program should include range-of-motion exercises, strengthening of the peroneal muscles, and proprioceptive training. Athletes should return to sport only when they have regained full strength and stability. In some cases, surgical repair of the ligaments may be necessary, particularly for high-level athletes or those with persistent instability. The use of bracing and taping can provide additional support during the recovery process.

Conclusion

Effective management of acute lateral ankle injuries in athletes requires a multidisciplinary approach. Accurate diagnosis, timely intervention, and a structured rehabilitation program are key to a successful outcome. Physical therapists and athletic trainers play a vital role in the recovery process, ensuring that athletes return to sport safely and with full function.

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