

Mastering Ankle Sprains: A Comprehensive Guide to Management

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Abstract

Ankle sprains are ubiquitous injuries encountered in both athletic and non-athletic settings, characterized by damage to the ligaments surrounding the ankle joint. While often perceived as minor injuries, improperly managed ankle sprains can lead to chronic instability, recurrent injury, and long-term functional impairment. This article aims to provide a comprehensive guide to the management of ankle sprains, encompassing initial assessment, acute management strategies, rehabilitation protocols, and preventive measures to optimize recovery and reduce the risk of recurrence.

• Ankle sprains; ubiquitous injuries; ankle joint; chronic instability

Ankle sprains stand as one of the most prevalent musculoskeletal injuries encountered in clinical practice, affecting individuals across diverse age groups, activity levels, and lifestyles. While often perceived as minor injuries, improperly managed ankle sprains can lead to chronic instability, recurrent injury, and long-term functional impairment [1]. This introduction sets the stage for a comprehensive guide to the management of ankle sprains, emphasizing the importance of understanding their epidemiology, etiology, clinical manifestations, and employing evidence-based strategies to optimize recovery and reduce the risk of recurrence [2].

Ankle sprains are among the most common injuries encountered in both athletic and non-athletic populations, with estimates suggesting millions of cases annually worldwide. They typically occur when the ankle is forced beyond its normal range of motion, leading to stretching or tearing of the ligaments. Common causes include sports-related activities, uneven surfaces, and accidental slips or falls [3, 4].

Ankle sprains present with symptoms such as pain, swelling, bruising, and difficulty bearing weight. The severity of symptoms varies depending on the extent of ligamentous injury, with mild sprains causing minimal discomfort and severe sprains resulting in significant functional impairment [5].

Ankle sprains are ubiquitous injuries, accounting for a significant proportion of musculoskeletal trauma seen in emergency departments, sports medicine clinics, and primary care settings worldwide [6]. Their impact extends beyond the immediate injury, often resulting in pain,

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4. Bal BS, Greenberg D, Li S, Mauerhan D, Schultz L, et al. (2008) Tibial post failures in a condylar posterior cruciate substituting total knee arthroplasty. *J Arthroplasty*. 23: 650-655.
 5. Boesen MP, Jensen TT, Husted H (2004) Secondary knee instability caused by fracture of the stabilizing insert in a dual-articular total knee. *J Arthroplasty*. 19: 941-943.
 6. Brooks DH, Fehring TK, Griffin WL, Mason JB, McCoy TH (2002) Polyethylene exchange only for prosthetic knee instability. *Clin Orthop Relat Res*. 405:182-188.
 7. Callaghan JJ, O'Rourke MR, Goetz DD, Schmalzried TP, Campbell PA, et al. (2002) Tibial post impingement in posterior-stabilized total knee arthroplasty. *Clin Orthop Relat Res*. 404: 83-88.
 8. Chiu YS, Chen WM, Huang CK, Chiang CC, Chen TH (2004) Fracture of the polyethylene tibial post in a NexGen posterior-stabilized knee prosthesis. *J Arthroplasty*. 19: 1045-1049.
 9. Clarke HD, Math KR, Scuderi GR (2004) Polyethylene post failure in posterior stabilized total knee arthroplasty. *J Arthroplasty*. 19: 652-657.
 10. Colizza WA, Insall JN, Scuderi GR (1995) The posterior stabilized total knee prosthesis: assessment of polyethylene damage and osteolysis after a ten-year minimum follow-up. *J Bone Joint Surg Am*. 77: 1713-1720.