ICSI
INSTITUTE FOR CLINICAL SYSTEMS IMPROVEMENT

Executive Summary – March 2006

Ankle Sprain

Scope and Target Population:

Patients aged 5 years and older presenting with acute lateral ankle pain caused by inversion of the ankle.

Clinical Highlights and Recommendations:

- Same-day visits should be scheduled for patients experiencing sudden, intense pain with rapid onset of swelling, cold or numbness in the foot, presence of gross deformity, complicating conditions (e.g., diabetes, neuropathy), a work-related injury and/or the inability to bear any weight.
- Treatment of the non-emergent and home treatment group should follow the PRICE Principle (Protection, Relative Rest, Ice, Compression/Support, Elevation).
- An ankle radiograph series (AP, lateral and mortis views) should be obtained if there is pain in the malleolar zone and bone. Be aware that Salter Harris Type I fractures of the distal fibula may be present with normal x-rays.
- A foot radiographic series is only required if there is any pain over the bones of the mid-foot, including bone tenderness at the base of the fifth metatarsal or base of the navicular bone, or inability to bear weight at the time of the evaluation.
- Rehabilitation of confirmed ankle sprains should include flexibility exercises, strengthening and balance exercises and follow a reasonable return-to-work progression.
- Effective rehabilitation of the ankle injury combined with a prophylactic ankle bracing has been shown to significantly reduce the reoccurrence of ankle sprain.

Priority Aims:

1. Improve the appropriate use of diagnostic imaging for patients presenting with acute ankle sprain injuries.
2. Improve patient education for patients with acute ankle sprain injuries.