



# LATERAL LIGAMENT SPRAIN

## WHAT IS LATERAL ANKLE LIGAMENT TEAR?

The lateral ligament complex is a group of ligaments that support the ankle, which is the hinge joint that joins the lower leg and foot together. The lateral ligament complex is made up of 3 major ligaments: anterior talofibular ligament (ATFL), calcaneofibular (CFL) and posterior talofibular ligament (PTFL). The role of a ligament is to join a bone to another bone, and when a lateral ligament sprain occurs there is a tearing of one or more of these ligaments.

## INJURY FACTS:

A lateral ligament tear is one of the most common injuries in sports. It is often associated with sports including sharp changing in direction including netball and basketball, but is also extremely common in all football codes.

## MECHANISM OF INJURY:

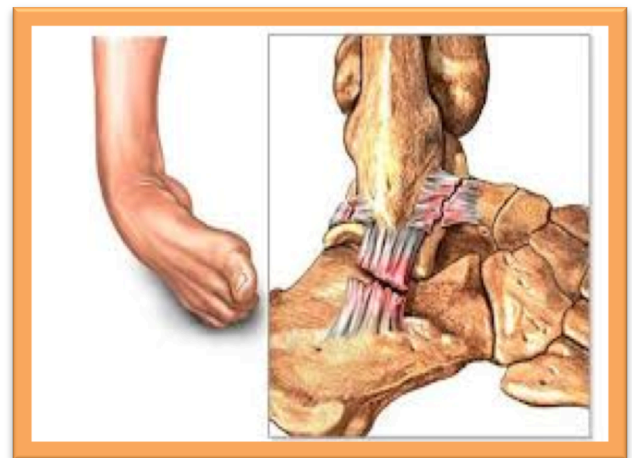
Lateral ligament injury usually occurs when the ankle rolls into inversion (inwards), normally whilst changing direction or when landing on another person's body. A large portion of body weight is put through the ligaments causing them to stretch or tear. More severe injuries can result in fractures.

## SIGNS AND SYMPTOMS:

- Immediate swelling;
- The sensation of a 'pop' or 'snap'
- Lateral ankle pain;
- Inability or difficulty when weight bearing;
- Bruising into the ankle, foot and sometime up the leg;
- Loss of balance;
- Feeling of instability;
- Pins & needles and numbness.

## CONTRIBUTING FACTORS:

- Uneven surfaces;
- Poor footwear or lack of ankle taping;
- Previous ankle injuries which may have been poorly rehabilitated;
- Landing on another's leg/foot;
- Poor balance and proprioception;
- Weakness of supporting muscles;
- Poor warm-up;
- Quick direction changes during sport;





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## DIAGNOSIS:

A thorough subjective history will guide the physiotherapist in the right direction with common reports including immediate swelling, painful weight bearing, a 'snap' at the time of injury and localised pain. On objective examination there may be a limp on gait, pain on palpation of the lateral ligaments and through the peroneal muscle group, swelling on observation, muscle weakness and ligament laxity on stress testing.



## PHYSIOTHERAPY TREATMENT OPTIONS:

- Mobilization techniques
- Dry Needling
- Strength
- Balance and proprioception training
- Return to sport assessments
- Cryotherapy
- Taping
- Electrotherapy
- Brace fitting and crutch provision
- Pain management
- Massage
- Stretching

## HELPFUL HINTS:

- RICER protocol should be applied. Rest, Ice, Compress, Elevate and referral during the first 48-72 hours following injury.
- No HARM (No Heat, Alcohol, Running or Massage) protocol is utilised during the first 48 hours following injury.