

RUNNING INJURIES -PART 4

ANKLE SPRAIN

REHABILITATION

By Dr. Boyd Williams
Certified Chiropractic Sports Physician

Running Injuries, Part 3 discussed early treatment measures for the sprained ankle. Estimates are that one third of all ankle sprains result in re-injury and chronic instability. If chronic ankle weakness is to be avoided, rehabilitation measures for this injury must begin in the first few days after the sprain occurs. In the past, most athletes were allowed to return to activity as soon as the pain was tolerable. Now, research has shown that a proper rehabilitation plan, promoting a gradual return to activity, is the best defense against repeated sprains and chronic instability.

The purpose of the first phase of rehabilitation is to increase motion and strength. Gentle, pain-free stretching is first employed: lifting the foot upward as with a towel and stretching the foot downward by pointing the toes. Proper joint movement must also be restored as well, by assessment of and correction to abnormal ankle and foot biomechanics. This will also help minimize swelling and pain. Repetitive motion exercises also should be employed, by pointing and lifting the toes without resistance.

As swelling and pain decrease, inward and outward ankle movements should begin. This is best accomplished by drawing the ABC's in the air with the big toe or by using a wedge or round wobble board with the athlete seated, allowing controlled side to side motion of the ankle. As these movements become easier, movement should progress to a full 360 degrees on the wobble board, while yet remaining seated. Later the athlete should go through the same sequence while standing, applying increasing body weight to the healing ankle. Strength training should begin using isometric exercises, followed by isokinetic exercises with rubber tubing and later, ankle weights. These discussed rehab therapies are available at most sports medicine clinics.

The second phase of rehabilitation is the gradual return of functional athletic activity. During the first phase of rehabilitation, the individual should continue cardiovascular exercise to maintain aerobic fitness, this is best achieved by swimming or using a stationary bike. In the second phase of rehabilitation, running may be re-introduced first as jogging in a pool, then running in the pool, to jogging on level ground and lastly to sprinting on level ground. Improved ankle stability is achieved by running large curves and figure eights, later progressing to sharper curves with tighter turns. Once again, this training should begin at half speed, later progressing to full speed. Upon successful pain-free completion of this rehabilitation program, the athlete will be prepared to return to regular practice and renewed competition.

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