

Clinical Assessment and Management of Chronic Ankle Instability



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Quick Takeaways

- 40% of people will develop chronic ankle instability after their first ankle joint injury
- The 2 biggest factors contributing to chronic ankle instability are a lack of referral to follow up interventions and an expedited return to sport
- Objective assessment: An absence of sulcus sign on the anterior draw test provides high probability the ATFL is not completely ruptured
- The use of lace up ankle brace has been shown to significantly reduce reinjury incidence in certain cohorts of athletes
- Limb asymmetry of 4cm or more in anterior reach direction of the Star Excursion Balance test is predictive of ankle joint sprains



Key Learnings

1 Following ankle injury the midfoot and subtalar joint can often become stiff and rigid. 'ankle strategy' balance can be improved through targeted manual treatment of these areas to improve ability to pronate against inversion moments.

2 When prescribing balance exercises make sure they are appropriately challenging to the sensorimotor system - they are not so easy that they can be completed with minimal errors, whilst they are not so difficult that they cannot be completed at all.

3 Chronic ankle instability occurs as a result of a combination of unaddressed mechanical and functional instabilities