Lateral Ankle Sprains

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David is a APA Sports physiotherapist, who opened Zone 34 Sports Physiotherapy aiming to combine experienced physiotherapists with a high performance gym space. Working with basketball teams and players remains a core focus of David's work, working with; Australian Boomers mens national basketball team, Sydney Kings NBL and Sydney University Flames WNBL.

Quick Takeaways

- Lateral ankle sprains are most common injury per 1000 hours of play + highest time loss injury in basketball.
- The medial talar dome can be assessed through palpation in plantarflexion. If pain reduces as the ankle is moved into dorsiflexion while palpation is maintained = high suspicion of subchondral bone oedema (may affect timeline for return to impact).
- FHL can be assessed by dorsiflexing the foot with maximal 1st MTP extension. A loss of 1st MTP extension indicates tightness in FHL.
- Dorsiflexion mobilisation with movement can be altered to mobilise the knee over little toe, middle toe and big toe increasing range in all aspects of the talocrural joint.
- Tip toes walking can be used to train neutral foot position at ground contact to minimise risk of supination injury.

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Key Learnings

1 A commonly missed differential diagnosis for ankle sprain is bifurcate ligament rupture. This presents as focally tender at anterior calcaneal process, pain on forefoot + calcaneal adduction/supination but normal anterior draw test.

2 Deltoid ligament contusion may limit ability for timely return to run - low dye tape/prefab orthotics may help to reduce load on deltoid ligament by preventing overstretching of the ligament during foot pronation

3 900 mins of targeted exercise is required to reduce the risk of ankle sprains by up to 40%