CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Lateral ankle ligament injury

What you're feeling

Most ankle ligament injuries happen on the outside of the ankle, when your foot rolls inwards underneath you. This is called an inversion injury. The ligament at the front of the outer ankle, known as the anterior talofibular ligament or ATFL, is usually the first one hurt. If the injury is more severe, the ligament below it, the calcaneofibular ligament, can tear as well.

You will typically remember a twisting moment, followed by pain, bruising and swelling on the outer side of your ankle. The swelling can be large. Standing or putting weight on the foot hurts, and the slightest attempt to roll the ankle inwards is extremely painful. The sore spot is usually just below and slightly in front of the bone that sticks out on the outside of your ankle.

Everyday tasks that load the outer ankle become hard. Walking across a room, standing while you cook, climbing stairs and pushing off to walk quickly can all hurt. Uneven ground, such as a kerb or a grassed lawn, is a common trigger. The pain often flares after activity and can throb at night in the first days.

Some things about your ankle can make this injury more likely. If your foot naturally sits in a high-arched, rolled-outwards position, it is easier to roll over the outer edge. If you have sprained this ankle before, you are more likely to do it again.

It is worth knowing that a twisted ankle is not always just a sprain. The same injury can sometimes involve a small fracture or an injury to the tendons that run down the outside of your ankle. That is why your surgeon examines your whole leg and foot, not just the sore spot, and may order X-rays to check for a break.

If pain, swelling or a feeling of the ankle giving way lasts six weeks or longer, further scans such as an MRI may be needed to see what else is going on.

What's actually happening

Your ankle is a hinge held together by bone and by straps of strong tissue called ligaments. The three ligaments on the outer side of your ankle work like guy ropes on a tent. They stop your foot from tipping inwards when you walk, run or land.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

When your foot rolls under you, those ropes get overstretched or torn. More than 75% of ankle ligament injuries happen on this outer side. The front rope, the ATFL you read about above, is the weakest of the three, so it goes first. If the twist is worse, the lower rope tears too, and in a severe injury all three give way.

Doctors describe this in grades. A grade I sprain means the ligament is stretched but not torn. A grade II means a partial tear. A grade III means the ligament is fully torn. Most of these injuries, even full tears, settle without surgery.

Some ankles keep feeling loose after the initial injury heals. This is called chronic instability. The ligament may heal in a stretched-out position, like an elastic band that has lost its snap. The ankle also relies on nerves that sense where your foot is in space, and these can be dulled after repeated sprains. The result is that feeling of the ankle giving way on uneven ground or during sport, which you read about above.

The shape of your ankle joint plays a part too. The outer ankle bone, the fibula, sits in a groove in the shin bone. Some people have a groove that holds the fibula less firmly, which may make the joint easier to destabilise when the ligaments are hurt.

If your ankle keeps giving way despite proper rehabilitation, surgery can tighten or rebuild the outer ligaments to restore that rope-like support.

What we can do about it

Dr Kieran Hirpara, an orthopaedic surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your specific injury. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. At that first visit we take a history, examine your ankle and arrange imaging where it is needed.

Most ankle sprains settle without surgery. In the first days we start you on rest, ice, compression and elevation, often called RICE, with limited weight bearing if standing or walking is very painful. As symptoms allow, you move back onto protected, progressive weight bearing. Physiotherapy then works on balance, on your sense of where the foot sits in space, and on strengthening the muscles along the outside of your ankle. This training lowers the chance of spraining the ankle again. Wearing a functional brace alongside that training further reduces the risk of the sprain coming back. We usually give this approach around six weeks to show what it can do.

Pain relief is straightforward in this phase. Simple pain medication and anti-inflammatories, taken as your GP or pharmacist directs, help you keep moving while the ligament settles.

Surgery comes into the picture when the ankle keeps giving way despite proper rehabilitation, or when a badly stretched ligament has not healed back to its old strength. The operation tightens or rebuilds the outer ligaments of the ankle to restore that rope-like support, and it is considered once non-operative care has not given enough improvement. Some high-level athletes with a fresh, complete tear may be offered early repair rather than a trial of physiotherapy first. Whether surgery suits you is a decision we make together, weighing what your ankle needs against what matters to you.

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What to expect

For most people, a sprained ankle settles. The majority of these injuries, even full tears, get better without surgery. Over the first weeks the pain and swelling ease, and you walk more normally as the ligament heals.

Some ankles do not settle so neatly. About one in three people still have ankle symptoms after an acute sprain, and changes in the joint itself show up in many of them. If your ankle keeps giving way, or pain and swelling last six weeks or longer, that points to something more than a simple sprain. Scans such as an MRI can show what else is going on.

The way you progress in the first weeks matters. Being unable to jump and land within two weeks of a first sprain, or still having poor balance and low self-reported function at six months, makes it more likely the ankle will become unstable long term. That is why the early rehabilitation and balance work described above matter so much.

If the ankle is left loose and keeps rolling, the repeated giving way can wear the joint surface over time. Most cases of ankle arthritis traced to injury start with ligament damage, so a persistently unstable ankle is worth treating rather than ignoring.

When non-operative treatment has not been enough, surgery to tighten or rebuild the outer ligaments can restore stability. Most people who have a simple operation for a loose ankle report afterwards that the ankle feels stable, and one year on, X-rays typically show a stable ankle with full movement. The outlook for a straightforward twist without visible instability is the same as for a fully unstable ankle repaired at the time of injury.

Surgery is not a guarantee of returning to exactly where you were. Among children and teenagers who had the modified Broström procedure, about one in four had sprained the ankle again by five to ten years later, and nearly half had not returned to their previous level of sport. That was seen most in athletes and in those whose lower ligament, the calcaneofibular ligament, was also injured.

Whatever path your ankle takes, the honest picture is this: most ankles settle with the right early care, some need surgery to stay stable, and a small number carry some symptoms long term.

When to see someone

Most twisted ankles settle with simple care, but some signs mean your ankle needs a closer look. See your GP if you cannot put weight on the foot at all, if the bone on the outside or inside of your ankle is tender to press, or if the outer edge of your foot or the base of your little toe hurts. These spots can point to a broken bone rather than a sprain, and X-rays may be needed. Ask for a specialist review if pain, swelling or a feeling of the ankle giving way lasts six weeks or longer, if the ankle keeps rolling during sport or on uneven ground, or if it locks, catches or clicks. Numbness on the top of your foot after the injury also deserves review.

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