

# Ankle Sprains

The most common sports injury on earth — and the most under-rehabilitated. Treat it right the first time, and you avoid the sprain that keeps coming back.

**Most heal in 2–6 weeks · Rehab prevents re-sprains · Balance training is key**

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## What is it?

An ankle sprain stretches or tears the ligaments stabilising the joint — most commonly the outer (lateral) ligaments after the foot rolls inward. Sprains are graded 1 (stretch), 2 (partial tear) or 3 (complete tear).

The injury itself heals well; the problem is incomplete rehabilitation, which leaves up to 30% of people with a wobbly, repeatedly-spraining ankle.

## Causes & risk factors

Landing on an opponent's foot, stepping on uneven ground, sports with jumping and cutting, unsupportive footwear, and — the biggest single risk factor — a previous poorly-rehabilitated sprain.

Weak hip muscles and poor balance quietly set the stage.

## Symptoms

Pain and swelling over the outer ankle, bruising appearing over 1–2 days, difficulty bearing weight, and a feeling of instability. Severe sprains may 'pop'.

Suspect more than a sprain — get an X-ray — if you cannot take four steps, or there's tenderness directly on the bony prominences (malleoli), the base of the fifth metatarsal or the midfoot (the Ottawa rules your clinician applies).

## Diagnosis & investigations

Examination locates the injured ligaments and screens for associated injuries commonly missed: fractures, syndesmosis ('high ankle') sprains and peroneal tendon problems. X-rays only when indicated; MRI is reserved for high-grade injuries, suspicion of cartilage damage or pain that isn't following the expected recovery curve.

## Non-surgical treatment

Almost all sprains — including complete grade 3 tears — are treated without surgery. Early phase (first 48–72 hours): protect, elevate, compress, ice for comfort, and avoid excessive anti-inflammatories which may slightly slow ligament healing. Then: early movement, weight-bearing as tolerated (with a brace for comfort), and progressive rehab.

Functional rehab beats rigid immobilisation — long casting weakens the ankle.

## When surgery helps

Reserved for specific situations: associated fractures, syndesmosis injuries with instability, osteochondral (cartilage) lesions, and chronic instability that persists after 3+ months of quality rehabilitation — where ligament repair or reconstruction (Broström-type procedures) gives reliable results.

First-time simple sprains essentially never need surgery.

## Recovery & rehabilitation

Grade 1: back to sport in 1–3 weeks. Grade 2: 3–6 weeks. Grade 3: 6–12 weeks. The non-negotiable middle step is rehabilitation: calf and peroneal strengthening, and above all balance/proprioception training — single-leg stands progressing to unstable surfaces and sport drills.

Return to sport when hopping and cutting are pain-free and balance matches the other side; taping or a lace-up brace during sport for the first few months reduces re-injury.

## Prevention tips

Balance training twice a week, strong calves and hips, ankle braces or taping during high-risk sport if you've sprained before, decent footwear, and never skipping the last phase of rehab — the boring exercises are the ones that prevent the next sprain.

## Frequently asked questions

### How do I know it's not a fracture?

If you can't bear weight for four steps, or have tenderness directly on the ankle bones or the outer midfoot, you need an X-ray. When in doubt, get it checked — a missed fracture costs far more time than an X-ray.

### Should I ice or heat?

Ice in the first 2–3 days for comfort and swelling; after the acute phase, either is fine — use what feels good. Neither speeds healing much; movement and progressive loading do.

### My ankle still gives way months later. Is that normal?

No — recurrent giving-way suggests chronic instability from incomplete rehab or ligament insufficiency. A dedicated strengthening and balance program fixes most; persistent cases respond well to ligament repair surgery.

### Are anti-inflammatory tablets bad after a sprain?

Short courses are reasonable for significant pain, but routine high-dose NSAIDs in the first days may slightly blunt ligament healing. Paracetamol, ice and elevation are sensible first choices.

### When can I run again?

Once you can walk briskly pain-free, hop on the injured leg comfortably, and balance on it as well as the other side — typically 2–4 weeks for mild sprains. Build up gradually on even ground first.

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**Questions about your specific case?** Book a video, audio or in-clinic consultation with an OssifiDE orthopaedic surgeon: visit [ossifide.com/consultation.html](https://ossifide.com/consultation.html), WhatsApp **+91 90760 79000**, or email [ossifide@gmail.com](mailto:ossifide@gmail.com).