

# Patient information

## Ankle Sprain - Children

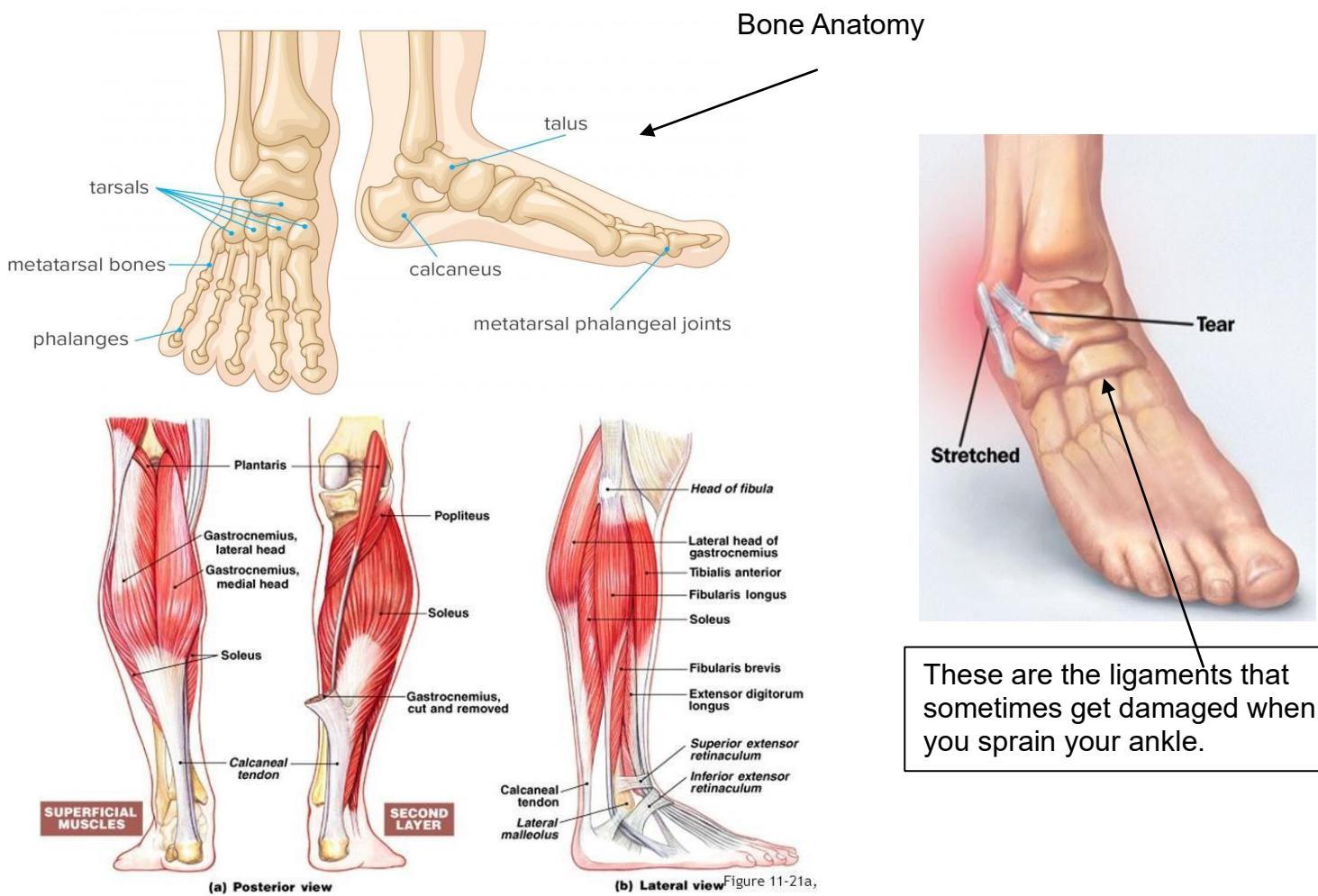
### What is an ankle sprain?

Ankle sprains are one of the most common injuries in children. Ankles are made up of bones, muscles and ligaments. Ligaments are tough, stretchy tissue that holds the bones together. The ligaments help to stop the ankle joint from moving around too much.

Ankle sprains usually happen when there is a sudden movement or twist- often when the foot rolls over- and the ligaments are overstretched. This causes tears and bleeding (which show as bruising and swelling) around the ankle joint.

These movements are more likely to happen when a person is running, jumping or quickly changing direction e.g in sports such as basketball, netball or football.

### Anatomy of the Foot and Ankle



## What are the symptoms of an Ankle Sprain?

Signs and symptoms vary depending on the severity of the injury. They may include:

- Swelling, which develops in minutes or over several hours - this is caused by soft tissue damage.
- Pain around the outside part of the ankle joint.
- Bruising which shows up within 2 to 3 days of the injury.

## What symptoms might need to be reviewed further by your GP?

- Regular or constant night pain
- Reluctance to weight bear
- Worsening swelling not improved with elevation and rest
- Ankle pain with hip or knee pain
- New limp without pain
- New altered foot positioning i.e foot turning outwards on one side
- Pain not settled with rest or reduction of activity
- Early morning stiffness that takes more than 20 minutes to resolve

## Initial management at home

If your child has sprained their ankle, you can care for them at home using first aid principles (the Rest, Ice, Compression, Elevation (RICE) strategy) and ankle exercises. Treatment should start immediately and continue for the next 2 to 3 days.

**Rest** - rest the injured ankle and initially avoid activities that cause a lot of pain.

**Ice** - apply ice to the injured area for 10 to 15 minutes wrapped in a towel (be cautious of ice burns). Ice the injury every 2 to 4 hours for 2 to 3 days when your child is awake.

**Compression** - use a firm bandage that is not too tight and does not stop circulation or cause extra pain. The bandage should cover from just above the ankle right down to the foot. Do not cover the toes. This should be worn for 2 to 3 days when your child is awake.

**Elevation** - raise the ankle whenever possible to help reduce the swelling. For example, raise your child's injured leg and rest it on some pillows while they are watching TV, reading or resting.

## What is the physiotherapy management?

- Following the initial management of your ankle it is important to fully regain the range of movement and strength of the ankle to prevent risk of further injury.
- The below exercises can be helpful to increase the movement and strengthen weaker muscles around the foot and ankle.

## Exercises to trial



Ankle Circles - Lying on your back or in sitting, move your ankles around in both anticlockwise and clockwise circles.

Repeat 10 times.



**Alphabet Ankle** - Lying on your back or sitting, use your toes and ankle to draw the letters of the alphabet. Start with 'a' and then progressing through to 'z'.



**Ankle stretch with a towel** - Sitting on the floor gently pull your foot towards you with the towel.

You will feel a stretch in the back of your calf. Hold this for 30 seconds.



**Straight-Line Walking** – Challenge your balance by slowly walking in a line placing one foot directly in front of the other.

Try to walk in a straight line and progress the number of steps you can do.



**Heel Raises** - Standing upright holding a wall/table for balance if required. Slowly raise up onto your toes and then control the movement back down.

Repeat to challenge your calf muscles.



**One Leg Stand Passing a Ball** - Start practicing standing on one leg to challenge your balance. Once you have achieved this for 30seconds make the exercise harder by playing throw and catch on one leg or pass the ball around you to challenge your ankle stability further.

## How quickly will my exercises start to make a difference?

Usually you won't feel any noticeable difference for at least three weeks, but your ankle pain should start to feel normal again after about eight weeks. If you find the exercises increase your pain or it hurts your ankle then you should stop doing them. If the exercises fail to work you should see your Consultant or GP to ask for a referral to physiotherapy for a more in depth assessment and individualised treatment programme.

## How soon will I be able to return to normal activities?

If you are experiencing severe pain or you find that the exercises aren't being effective it is advisable to stop all sports for a few weeks. After a few weeks slowly reintroduce the exercises and sport and pace your return to previous level.

## Sources of information

- [www.nhs.uk/conditions/sprains-and-strains/](http://www.nhs.uk/conditions/sprains-and-strains/)
- National Institute of Clinical Evidence - [www.nice.org.uk/guidance/ph17/documents/promoting-physicalactivity-for-children-consultation-on-the-draft-guidance3](http://www.nice.org.uk/guidance/ph17/documents/promoting-physicalactivity-for-children-consultation-on-the-draft-guidance3)

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Disclaimer

Please note this is a generic ESHT information sheet. If you have specific questions about how this relates to your child, please ask your doctor. Please note this information may not necessarily reflect treatment at other hospitals.

## Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: [eshtr.patientexperience@nhs.net](mailto:eshtr.patientexperience@nhs.net)

## Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

**If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.**

**Tel: 0300 131 4500 Email: [esh-tr.AccessibleInformation@nhs.net](mailto:esh-tr.AccessibleInformation@nhs.net)**

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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## **Reference**

The following clinicians have been consulted and agreed this patient information:

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The directorate group that has agreed this patient information leaflet:

URGENT CARE

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Responsible clinician/author: Emergency Department Consultants

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