

# Ankle Instability

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Ankle sprains are very common injuries among athletes and non-athletes alike. Most of these injuries will heal properly and allow for an eventual return to full activities and normal function. Occasionally, however, some patients may continue to have symptoms of instability at the ankles that persist long after the original injury.

An ankle sprain occurs when the ankle joint is forced into a position that causes stretching or tearing of the ligaments that connect the bones together. The most common type of sprain is to the lateral ankle ligaments, which are located at the outside half of the ankle joint. When the ankle twists into inversion – the foot turns inward, and the ankle turns outward – the lateral ligaments are placed under tension and may stretch or rupture. This will cause pain, bruising, swelling, and difficulty with motion and weight bearing.

Initial treatment for ankle sprains is rest (with crutches if necessary), ice, compression with an ACE wrap, and elevation (R.I.C.E.). Motion exercises and eventually strengthening exercises are started and activities may be gradually progressed. Following this regimen will allow most people to recover to normal or near-normal function. In some people, however, the ligaments do not properly heal, or heal in a stretched-out position. These patients may develop symptoms of instability at the ankle. They may experience the ankle “giving out” while walking on uneven surfaces, a feeling of looseness or weakness in the ankle, or repeated ankle sprains with seemingly minor twists. Many people who have chronic ankle instability will simply give up the activities that give them trouble. They may choose to forego participating in sports or vigorous exercise rather than risk further injury to their ankles, perhaps unaware of possible treatment options for this condition.

Chronic ankle instability is initially treated with physical therapy and bracing. Exercises to strengthen the stabilizing muscles and tendons around ankle are often effective for reducing or relieving symptoms of instability. Using a lace-up brace during more risky activities (sports, walking/running on uneven ground) can help to prevent recurrent ankle sprains and further injury.

If symptoms persist despite these treatments, surgery can be considered. There are several different options. Most commonly, the stretched-out lateral ankle ligaments (anterior talofibular ligament and calcaneofibular ligament) are cut and then repaired in an overlapping fashion to shorten and thus tighten the ligaments. This is called a Brostrom, or Modified Brostrom procedure. Sometimes it is necessary to use one of the adjacent peroneal tendons to create new ligaments. Either of these procedures can be done on an outpatient basis, but casting or bracing of the ankle is required for 4-6 weeks following surgery. Sometimes physical therapy is helpful after surgery as well. The surgery is generally very effective for relieving the pain and “giving out” symptoms, and will allow patients to resume the activities they enjoy, and if desired, participate in sports as well.