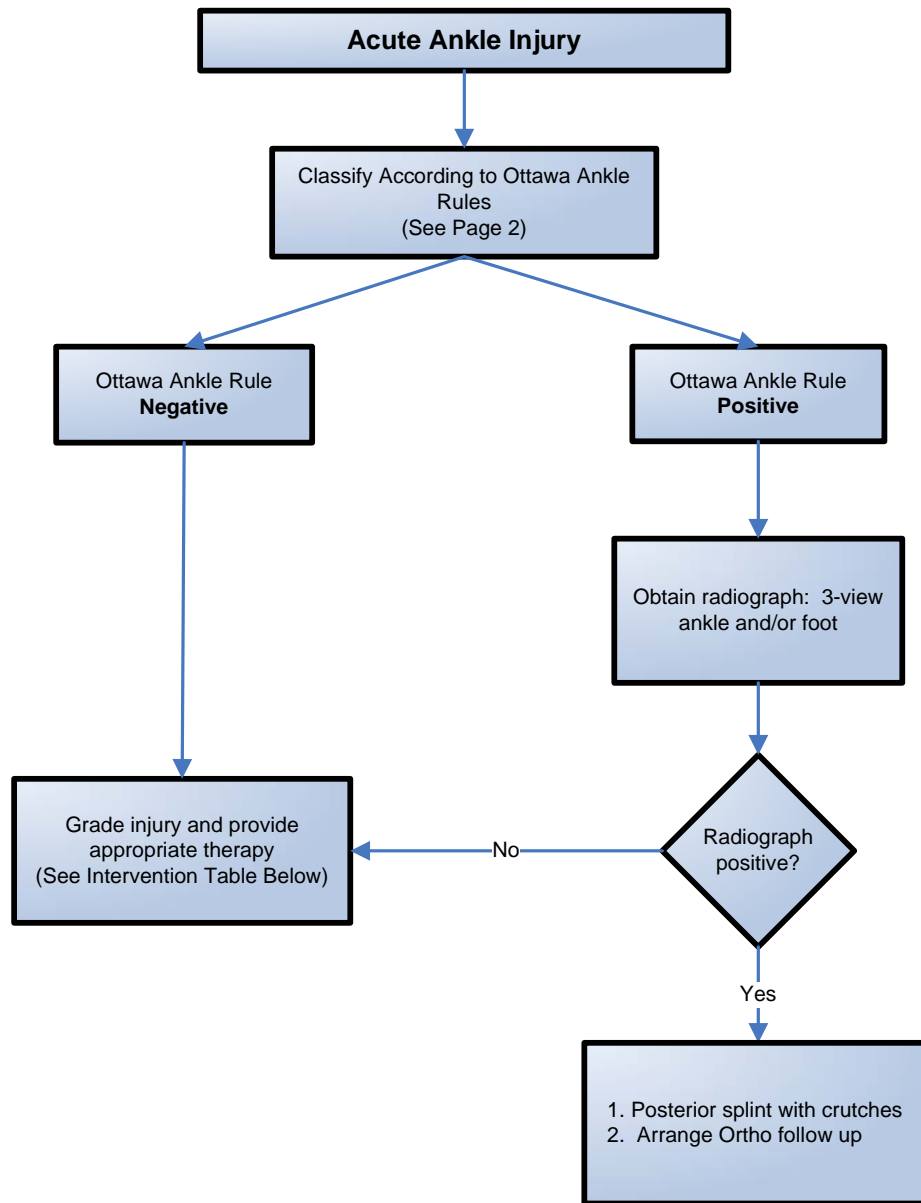


EmergencyKT: Ankle Injury



<u>GRADE</u>	<u>INTERVENTION</u>
I	Early functional therapy without immobilization or crutches.
II	1. Early functional therapy with AirCast or lace-up brace +/- crutches. 2. Consider posterior splint if edema is significant early in disease course. 3. Consider Orthopedic follow-up in 7 – 10 days.
III	1. Early functional therapy 2. Posterior splint 3. Orthopedic follow-up in 7 – 10 days

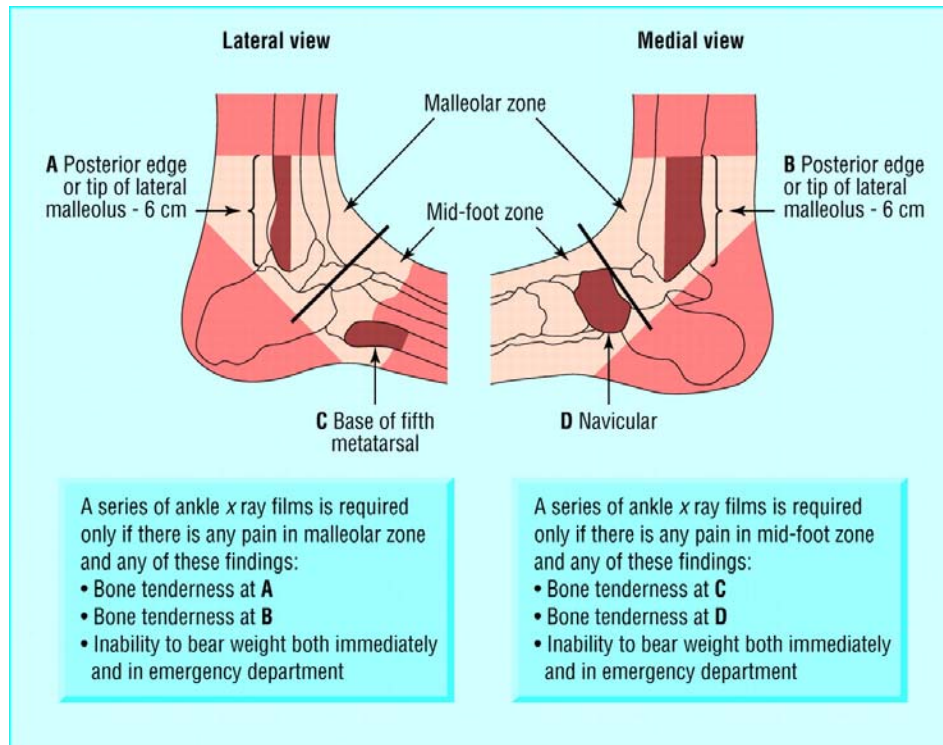


TABLE 1
Classification of Ankle Sprains

Grade	Signs and symptoms
I: partial tear of a ligament	Mild tenderness and swelling Slight or no functional loss (i.e., patient is able to bear weight and ambulate with minimal pain) No mechanical instability (negative clinical stress examination)
II: incomplete tear of a ligament, with moderate functional impairment	Moderate pain and swelling Mild to moderate ecchymosis Tenderness over involved structures Some loss of motion and function (i.e., patient has pain with weight-bearing and ambulation) Mild to moderate instability (mild unilateral positivity of clinical stress examination)
III: complete tear and loss of integrity of a ligament	Severe swelling (more than 4 cm about the fibula) Severe ecchymosis Loss of function and motion (i.e., patient is unable to bear weight or ambulate) Mechanical instability (moderate to severe positivity of clinical stress examination)

Adapted with permission from Lateral ankle pain. Park Ridge, Ill.: American College of Foot and Ankle Surgeons, 1997: preferred practice guideline no. 1/97. Retrieved September 2000, from: http://www.guidelines.gov/FRAMESETS/guideline_fs.asp?view=full_summary&guideline:000854&Search_string+ankle+sprains.

Bachmann LM et al. Accuracy of Ottawa ankle rules to exclude fracture of the ankle and mid-foot: systematic review. BMJ. 2003; 326: 417-420.

Wolfe MW et al. Management of ankle sprains. AFP. 2001. 63(1): 93-104.