Ohio Orthopedic Center of Excellence

Ankle Sprains: #1 Cause of Soccer Players's Emergency Room Visits

By Peter H. Edwards, Jr., M.D.

Ankle sprains are not only the biggest reason athletes visit the emergency room, but are also the most common soccer injury. Sprain is the term that describes an injury to a ligament. All sprains are graded I-III.
Grade I injuries are mild and do not involve any tearing of ligament fibers. Grade II sprains result in tearing of some, but not all, of a ligament's fibers. Grade III tears are complete tears of the ligament.

Ankle sprains occur in athletes of all ages, but teenage athletes are more likely to experience severe injuries than young athletes.

Understanding the Ankle's Structure
The ankle has four major ligaments. The anterior talofibular (ATFL) and calceaneofibular (CFL) ligaments are on the outside. The large deltoid ligament is on the inside. The syndesmotic ligament is actually a group of smaller ligaments that connect the two bones of the leg near the ankle. Each ligament helps hold certain parts of the ankle in place. The ATFL and CFL keep the ankle from rolling outward. The deltoid keeps the ankle from buckling inward. The syndesmotic ligaments keep the ankle from twisting apart at the bottom of the leg.

Causes of Ankle Sprains
Ankle sprains happen when a force is placed on the foot that stresses the ligament to the point of injury or failure. Sprains most often occur when a soccer player steps in a hole and "rolls" his or her ankle. The player feels immediate pain on the outside of the ankle and varying degrees of swelling and bruising, depending on the severity of the injury. Grade I sprains are mild enough that the athlete often may continue playing only to feel sorer after the game. In Grade II/III injuries, the athlete usually cannot continue playing, and his or her ankle will swell and bruise over the first one to three days. Crutches are often needed initially. Syndesmosis sprains, though less common, are usually more severe and often occur with ATFL/CFL sprains.

Treating Your Injury
Initial treatment for all sprains is the same: Rest Ice Compression Elevation, otherwise known as the RICE method. Thereafter, consult your sports medicine physician to evaluate any significant injury. Often, fractures and other ankle injuries appear to be a sprain. Coaches and parents should not try to determine the nature of the injury. An X-Ray may be required to identify fractures that may mimic ankle sprains. Control of swelling and pain treatment often involves physical therapy to speed recovery and ensure the player's return of strength and balance. However, only five percent of all ankle sprains result in an injury that requires surgical treatment. This usually involves a delayed reconstruction if the ankle becomes unstable and repeatedly sprains.

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