

Randall Children's Hospital

Co-Management and Referral Guidelines

Initial Management of Ankle Sprains

Randall Children's Orthopedics

Phone: 503-413-4488

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Introduction

Ankle sprains are injuries to the ligamentous structures supporting the ankle mortise. In adolescents they are most commonly caused by a rotational injury to the ankle. The bony structures remain intact.

Evaluation and Management

Evaluation

On exam of the sprained ankle, there is often diffuse pain, swelling and tenderness. Tenderness should be concentrated over one or more ligaments supporting the ankle. There should be modest pain with dorsiflexion and/or plantarflexion and more pain with passive inversion or eversion.

If the patient can bear weight and there is no bony tenderness over the malleoli, the proximal fibula, the calcaneus or the structures in the foot, then X-rays are not indicated. If the exam is concerning (bony tenderness, inability to bear weight), obtain a three-view X-ray of the ankle (AP, mortise and lateral views). If the X-ray is normal, treatment for a sprain should be initiated with follow-up as appropriate for the severity of the injury.

Treatment

- Immediate RICE (rest, ice, compression and elevation) therapy must be initiated.
- Analgesics and non-steroidal anti-inflammatories will help manage pain. Provide concrete dosing guidelines.
- Semi-rigid, upright splints are appropriate in the short term, especially for more severe (grade 2 or 3) sprains and can help with stability.
- Crutch use during the acute phase is appropriate.
- After the initial phase, begin range of motion to prevent stiffness and gradual, but consistent return to activities.
- Physical therapy for motion, strengthening and proprioceptive training has been shown to reduce re-injury.

When to refer

- Refer to pediatric orthopedics early if there is fracture, question of syndesmotic injury (a sprain of the syndesmotic ligaments that connect the tibia and fibula on the lower leg — also known as a high ankle sprain) or tendon rupture.
- After the initial sprain, refer if the patient has persistent instability, recurrent sprains or failure to respond to rehabilitation.

(continued)



Referral process

Randall Children's Orthopedics

To make a referral, refer via Epic or [fax the Randall Children's Hospital–Specialty Referral form](#) to 503-413-2419 (Oregon) or 360-487-1033 (Washington).

For urgent referrals, call Legacy One Call Consult & Transfer: 1-800-500-9111 to speak with the on-call orthopedic surgeon.

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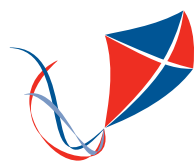
Additional Resources

American Academy of Orthopedic Surgeons, Sprained Ankle:

<http://orthoinfo.aaos.org/topic.cfm?topic=a00150>

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Find this and other co-management/referral guidelines online at: legacyhealth.org/randallguidelines



**RANDALL CHILDREN'S
HOSPITAL**

LEGACY EMANUEL