



**MALAYSIAN ASSOCIATION OF
SPORTS MEDICINE
(MASM)**

THINGS NOT TO MISS IN ANKLE INJURY

Assoc Prof Dr Abdul Halim Mokhtar

Consultant Sports Physician, UMMC

President, MASM

CHRONIC ANKLE INSTABILITY

- Recurrent give way
- The insecure sensation
- Can be subtle, or, producible on more challenging situation
- Treatment – start conservative (non-operative) first
- Non surgical and surgical are both effective in treating chronic ankle instability (Cochrane Review: de Vries et al, 2011) Lack of evidence to show surgery is better than non-surgical (Cochrane Review: Kerkhoffs et al (2007))
- **Keypoint: chronic and unstable (recurrent inversion injury)**

PERONEAL SUBLUXATION AND DISLOCATION

- Mech: rapid dorsiflexion in inversion injury (leading to rapid reflective correction of the peroneal tendons)
- Persistent pain in the posterolateral of the ankle
- Commonly co-exist with lateral ligament injury
- Dislocation usually result in instability
- Requires surgical correction
- **Keypoint: persistent pain posterolateral, and co-existing history/finding of ATFL**

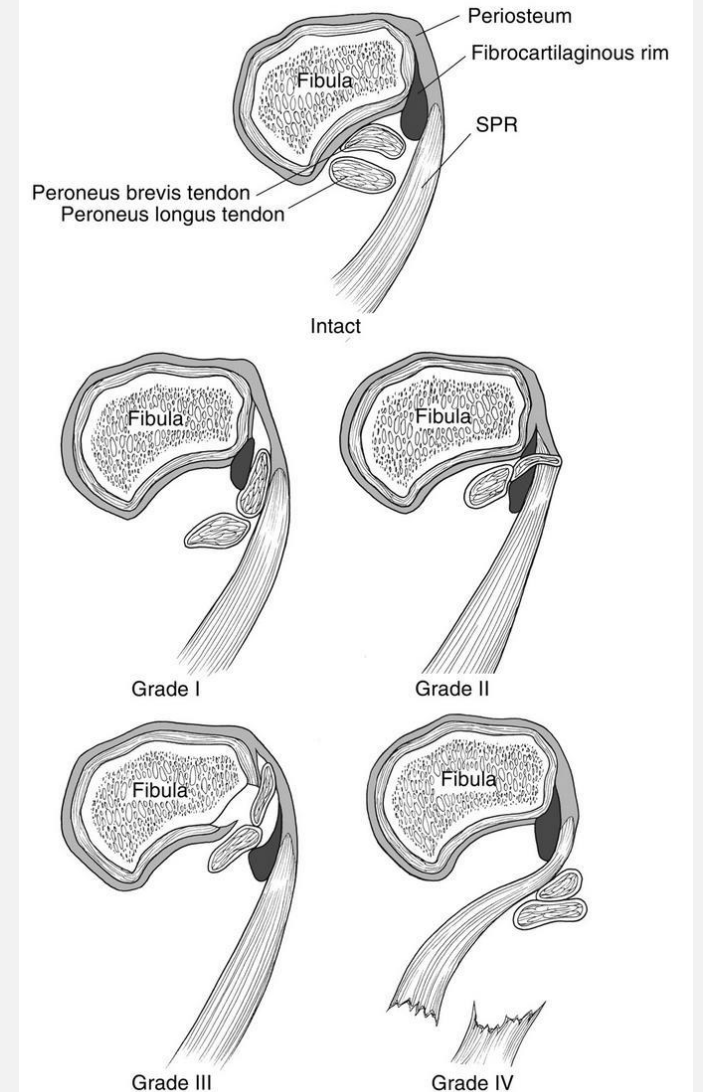
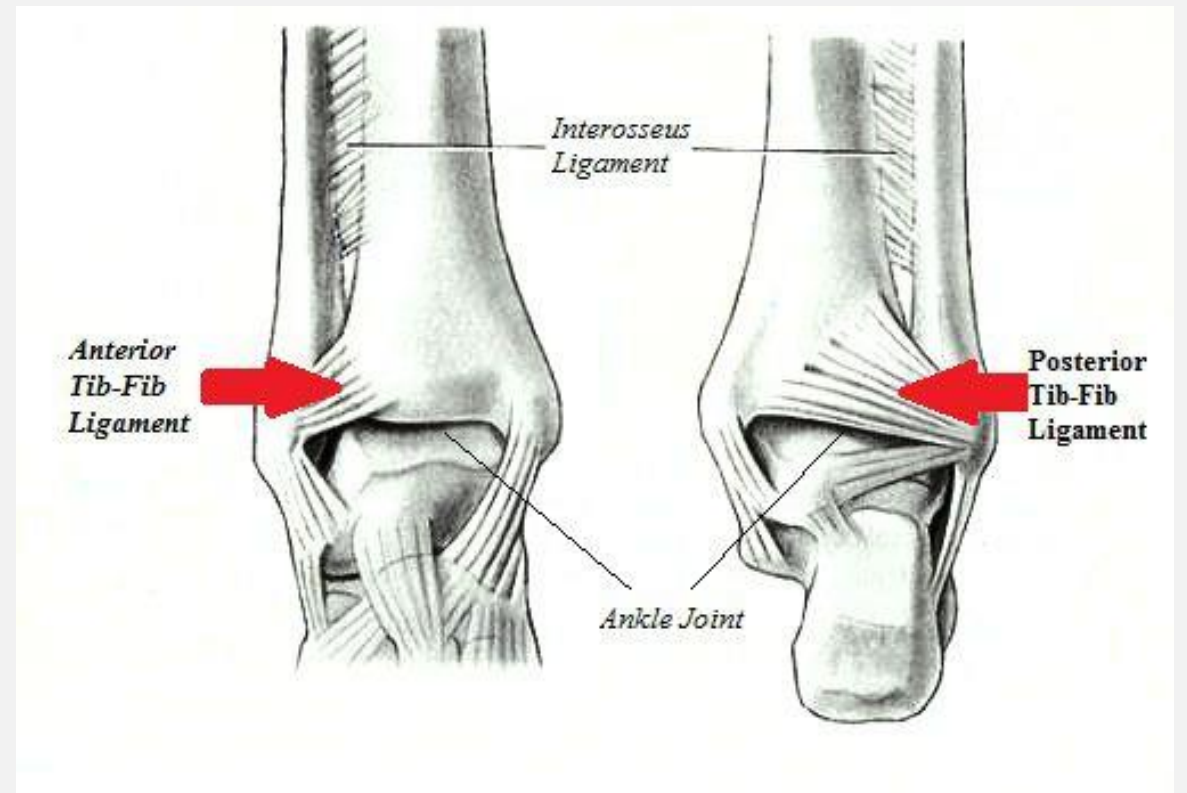


Image from orthobullets.com

HIGH ANKLE SPRAIN

- 0.5% of ankle sprains without fracture
- Mech: External rotation injury
- Treatment: conservative (if without fracture)
- But takes longer time to heal than the common lat lig tear (twice the time)
- Keypoint: **mechanism of injury and location of pain**



OSTEOCHONDRAL INJURY

- Traumatic vs non-traumatic
- Difficult to treat
- cartilage – slow healer
- Traumatic – usually the lateral dome- fracture
- Non-traumatic – OCD – usually medial dome
- Needs MRI
- **Keypoint: chronic pain and swelling (especially after activity); MRI**



TUMORS IN THE ANKLE (AND FOOT)

- Suspect when history, clinical findings, and sometimes progress do not synch..
- My experience - atypical history... be critical
- Soft tissues tumors around the ankle are benign eg fibroma, lipoma
- Metastatic fracture...
- Primary site? - prostate, breast, lung, kidney, colon
- **Keypoints: atypical history**

OTHER POSSIBLE PROBLEMS

- Inflammatory arthritis eg gouty arthritis
- Osteoarthritis
- Impingement syndrome

THE ACTUAL PATHOLOGY DOESN'T ALWAYS
MANIFEST THE FIRST TIME YOU ATTEND THE
INJURY

- So, review the patient and be critical especially if the injury doesn't heal according to your expected timeline

CONCLUSION

RECAP

- Revise your applied anatomy of the ankle – Approach the Ankle as a region
- When you do the ankle examination, tie up with the applied anatomy
- Common things are common... we learn the common ankle injuries

RECAP

- The general rehabilitation of common ankle injuries and specific ones – individualised targets, the practical things that you can apply in your setting
- Know the common surgery of the ankle – how to diagnose and overview on the management
- Appreciate the diagnostic use of ultrasound

RECAP

- Learn on the ankle injections – the structures around the ankle
- Common injections check the anatomical landmarks and if you have the facility, do US guided
- Considerations on RTP and RTW following ankle injury
- And, not to miss several uncommon ankle conditions

CLOSING

WHAT SHOULD YOU LOOK FORWARD TO?

- Malaysian Association Sports Medicine's Annual Scientific Meeting 2019
National Conference on Women, Exercise & Sports 2019 - – 5th-6th Oct 2019
- International Conference of Sports Medicine – March/April 2020 (TBC)
- Sports Medicine & Science Lecture Series
- Sports Medicine & Science Workshop series eg. Healthy aging
- And, tell us what do you want....We will consider...

THANK YOU