



FIRST AID



PITCHSIDE ASSESSMENT OF ANKLE INJURIES

Many sporting injuries are not treated appropriately partly due to the fact they aren't seen by a suitable practitioner early enough. The correct immediate treatment to most minor injuries can reduce their long-term effects. This article takes a look at how to conduct a quick pitchside examination. Although it focuses specifically on the ankle the basic principles can be applied to most preliminary assessments of injuries.

Grasp the opportunity

To carry out a pitchside examination before the ankle has had a chance to become more painful and swollen is a luxury to be grasped. After the initial pain of the injury there will be a lull before the inflammatory pain, swelling and muscle spasms prevent such a thorough investigation. Take this opportunity to rule out fractures indicated by obvious deformity or crepitus (bone grating) around the joint and ligament rupture suggested by increased joint laxity particularly compared to the uninjured joint.

The findings will depend on the delay in presentation following injury. Pain is likely to increase over the first 24 hours as swelling reaches a maximum.

The pitchside examination

1. Find out (if you did not witness it):
 - a. How the injury happened
 - b. In what position was the ankle at the moment of injury
 - c. Where the pain occurred
2. Look for any obvious deformities in shape, which may indicate a fracture – compare with the uninjured ankle
3. If there is no deformity, can the injured person put weight on the ankle and, if so, how well. Ability to weight-bear is suggestive of a strain or partial tear rather than a complete rupture
4. Move the ankle individually in all ranges of movement (dorsiflexion, plantarflexion, inversion, eversion,

and inversion and eversion in dorsiflexion and plantarflexion) and identify what movements cause the greatest pain. Also try resisting these movements gently

5. Palpate for crepitus around the joint – crepitus may indicate fracture
6. Test for ligament laxity – significant laxity may indicate ligament rupture
7. Ascertain any past history of damage to either ankle

Pitchside first aid kit

It helps to have a well-prepared first aid kit to provide the best initial response to a player's injuries. The first aid bag should be waterproof with easily located sections for separate items so that the correct items can be quickly found and applied.

Contents

- Sterile dressings – for all cuts and more serious wounds
- Plasters for more minor wounds and protection from infection
- Conforming bandages – used for securing dressings
- Crepe and cohesive bandages – to support injured limbs
- Triangular bandages – used to make slings for injured arms
- Sterile gauze pads – to act as packing under a bandage or dressing
- Safety pins, adhesive tapes – for securing bandages
- Cold pack or ice bag – for reducing the swelling and pain

Ankle sprain classification and management

The following grading system and corresponding management can be applied to ankle sprains affecting the lateral ligament complex.

1 GRADE Mild sprain with no instability

Presentation – In a mild sprain there is minimal functional loss, little swelling and often tenderness localised to the anterior talo-fibular ligament (ATFL) component only. There is no joint instability and the patient is able to weight-bear.

Treatment – Grade 1 sprains are normally adequately managed using the PRICE regimen.

Protect – support to prevent further damage

Rest for 24 – 48 hours

Ice – a bag of semi-frozen peas is adequate (applied for 20 minutes maximum every few hours)

Compression – with double-layered elasticated support bandages

Elevation – above the level of the waist.

2 GRADE Incomplete tear with mild instability

Presentation – Moderate or severe pain is experienced. There is moderate functional loss, difficulty in walking or inability to bear weight and the patient may require a stick or crutches. Swelling is present over the lateral ligament with associated tenderness over the ATFL and calcaneo-fibular ligament components.

Treatment – Most Grade 2 sprains benefit from physiotherapy referral.

3 GRADE Ligament rupture with marked instability

Presentation – Ligament rupture in which there is marked functional loss. The patient is unable to bear weight and requires the use of crutches. There is usually substantial soft tissue swelling and tenderness. There is laxity on stressing the ligaments.

Treatment – In Grade 3 sprains specialist orthopaedic referral is required immediately with adjunctive physiotherapy.