

# Sporting Ankles

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As we all know, ankle inversion injuries are common sports injuries that we typically see in our clinic.

I am sure we all know patients (and, let's be honest, some coaches as well...) that under-play the consequences. After the initial searing pain has subsided, they limp home, reach for the pain-killers, chuck a packet of frozen peas on the swollen ankle, put the foot up for an hour or two, and hobble around for a couple of days.

Then they resume training as usual...

Some patients are lucky enough to get away with it in the short-term, but as we all know even simple sprains can lead to recurring problems down the track, in the form of reduced balance and power, recurrent instability and other complications.

**In short, what we assume to be simple sprains can often turn into more complicated injuries that need highly specialised care.**

So I reckon this latest ***Peak Performance Special Report*** is likely to be a runaway best seller. And one that represents extraordinary value for money, given the quality of the information provided.

*Sporting Ankles - and how to care for them* has been specially written to answer the information needs of Manual Therapists working with these conditions.

The specially-chosen team of contributors takes a comprehensive, 360-degree approach to the ankle □ looking, in turn, at prevention, injury, and rehabilitation. It includes how easy it is to misdiagnose or simply to miss altogether the true problems.

**This book has contributions from a wealth of expertise, including:**

- **Mark Alexander** is sports physiotherapist to the Australian Olympic Triathlon team, lecturer/coordinator of the Master in sports physiotherapy programme at La Trobe University, Melbourne, and managing director of BakBalls, a self-treatment device for back pain.
- **Nick Cullen** is a consultant orthopaedic surgeon with a special interest in disorders of the foot and ankle; based at the Foot and Ankle Unit, Royal National Orthopaedic Hospital, Stanmore, UK.
- **Sean Fyfe** is a physiotherapist, strength and conditioning coach and elite tennis coach.

- **Nick Grantham** is a strength and conditioning coach who has worked with elite athletes for the past 10 years, including Olympic and Paralympic finalists and many sports professionals.
- **David Joyce** is Head of Performance for Hull FC. An Australian physiotherapist, he has worked for the English Premier League, the English Institute of Sport and the English Rugby Premiership. He teaches on the Msc in sports physiotherapy at the University of Bath.
- **Trevor Langford** is a sports therapist for Middlesbrough Football Club Youth Academy and Senior Squad.
- **Ulrik Larsen** is an APA sports physiotherapist, practice principal with Optima Sports Medicine in Brisbane, Australia, and founder of Rehab Trainer.
- **Ryan Shulman** is a medical practitioner and former sports physiotherapist.
- **Scott Smith** is a manipulative physiotherapist working at Albany Creek Physiotherapy in Brisbane.
- **Darren Stanborough** is a sports physiotherapist and sports scientist working in the English Premier League with Fulham Football Club.
- **Lauren Young** is a trainee at the Whittington Hospital and Watford General Hospital in the UK. Her main interests are emergency medicine and sports injuries.

In just 88 pages you'll learn everything you need to know about this critical body part  and all of it explained clearly and concisely by our expert team.

Imagine how much it would cost to get this sort of expert information in a face-to-face setting with any one of these highly-qualified individuals!

**Instead, for a fraction of the price of a 60-minute personal consultation with any one of them, you get to read and digest the very latest injury prevention and rehabilitation advice from all eleven of these sports medicine practitioners.**

It's essential information for **Manual Therapists** with a serious interest in preventing and/or recovering from ankle injuries in sport for years to come.

**And right now you have a chance to order your copy of this brand new report.**

What's more, I'll make sure you get **free postage and packing** as well.

What if ***Sporting Ankles - and how to care for them*** doesn't meet your needs and expectations? No problem, you can return it for a full refund within 30 days. No quibbles, no questions asked.

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## Chronic Instability: why do some athletes twist their ankles so frequently?

Sprains to the lateral ligaments of the ankle are responsible for more time lost from sports participation than any other injury. And the rate of recurrence has been reported to be as high as 80%. Common examples are: landing from a jump onto an opponent's shoe in netball, and reaching for a wide volley in tennis.

The mechanism of recurrent ankle sprains is not thought to be dramatically different from that of an initial sprain. The question is: why do some people go on to suffer chronic ankle instability?

In the opening chapters of *Sporting Ankles - and how to care for them* we look at some of the mechanical and functional control issues among athletes that may help us get closer to answering that question.

First we look at the three most common causes of mechanical ankle instability, i.e. repeated episodes of 'giving way' because of structural abnormalities within the ankle complex. What we quickly learn is that there is no such thing as a "simple ankle sprain"...

Then our attention switches to functional ankle instability. This refers to the repeated 'giving way' of a person's ankle without there being a specific mechanical cause. In examining the interaction between mechanical and functional issues, we arrive at a better understanding of what causes ankle sprains amongst athletes.

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## **Ankle Inflexibility: why tight ankles can spell real trouble for sports people**

You don't have to have had an ankle injury to have tight ankles. But for athletes it is very common that after even a minor injury, let alone surgery or a longer immobilisation of an ankle joint, the result is a less flexible ankle. In particular, there is a risk of reduced movement in dorsiflexion. If this is not rehabilitated properly, it can place greater biomechanical demands on the body during sport that increase the risk of the athlete developing an overuse injury.

Dorsiflexion is something we all tend to take for granted in daily life and in sport. Lunging, ascending and descending stairs, squatting and getting into and out of a car all require it. In running, active dorsiflexion is essential to achieve heel strike at the terminal stage of the swing phase, while a maximum passive dorsiflexion angle is required during mid-stance phase, to transfer load ready for toe push off.

In sports with multidirectional movement patterns (eg, tennis, football, rugby and hockey), the athlete must dorsiflex effectively into both inversion and eversion, so as to transfer load and direction. At the catch of the rowing/sculling stroke, maximal passive dorsiflexion enables the rower to exploit knee and hip flexion, thereby optimising lower limb power output and function.

In *Sporting Ankles - and how to care for them* we take a comprehensive look at tight ankles, and the practical implications for athletes. First we identify the three causes of tight ankles, then we examine each one in turn. In conclusion we spell out the implications for an athlete of having inadequate dorsiflexion  and show you how to recognise if this might be the case for you.

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## Sports Injury Case Studies: four real life stories with an important message for physiotherapists

In *Sporting Ankles - and how to care for them* we've included four real life, individual case studies; personal stories of athletes who got injured in quite ordinary circumstances... and what was done to get them back onto the road to recovery.

- First, there's Fraser, a promising young Australian Rules football player who had sustained an ankle sprain of the most common kind, when the ankle rolls outwards. Unfortunately any hopes he and his coach had of a quick return to training proved unfounded - until his physio stepped in and found a way forward... as you'll find out on p. 30 of *Sporting Ankles - and how to care for them*.
- Then there's Lauren Young, a club and county hockey player who turned her ankle one evening while running down a dimly-lit country lane. She suffered repeated ankle sprains over the next three years until her problem was properly diagnosed and treated.
- As for Matt, he's an 18-year-old professional footballer who has just injured himself in early pre-season training. The question is: will he be out for the full season, or will modern medicine work its stuff? You'll find out on page 70 of our report.
- Finally, there's Mel, a mountain running enthusiast. Much of her week revolves around training - or at least it did until she began to suffer repeated ankle sprains. Her rehabilitation even went to the extent of teaching her a different way to run! The outcome was positive - as you'll learn in *Sporting Ankles - and how to care for them*

In all four individual case histories we provide full details of the original injury, explain the assessment process and diagnosis - then round off each story with a practical description of the prescribed treatment and the clinical outcome.

**It's powerful stuff and highly illuminating!**

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## Emergency Treatment: how to speed up your recovery from minor ankle sprains

The next section of *Sporting Ankles - and how to care for them* sets out an emergency treatment procedure for minor ankle sprains that been used in elite sport for years □ but is hardly known outside of this rarefied setting.

I suspect the reason is simple: it is extremely uncomfortable. But it works!

I have seen athletes on crutches after sustaining diagnosed Grade 2 / 2+ ankle sprains who were able to walk without crutches with only a minimal limp after their first session of this therapy, and who were back training after three to four days, albeit with a lot of tape support.

An ankle sprain produces internal bleeding, inflammatory processes, pain and swelling. The brain also gets involved, producing muscle inhibition and a reduction in proprioception, which usually forces the injured athlete to limp in an effort to reduce pain.

This treatment procedure, however, successfully 'tricks' the brain into allowing the ankle to move through a normal range of movement without pain.

First, you'll learn how to work out how severe is a particular ankle sprain, using the 6 diagnostic criteria we use to grade sprains. Then we take you through each of the 12 steps that make up this comprehensive and highly successful treatment protocol.

**Quite frankly, the report is worth getting for this chapter alone!**

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## Serious Sprains: how to avoid an end to your sporting career

The chances are that anyone who has done any kind of weightbearing sport has had a sprained ankle.

But there is a vast difference between mild sprains and moderate to severe lateral ligament sprains that actually damage the ankle. With these, incorrect care can easily turn a recovery time from 3-4 months into a 12-18 month epic.

What are the signs and symptoms that distinguish a sprained ankle that is damaged? Only by identifying these features can we undertake the crucial early management, and predict which sprains will require longer time frames for recovery.

We are not talking here about mild ankle sprains that will always get better regardless of what is done to them □ most athletes will 'walk them off' because there is no real damage to the ankle. Nor are we considering medial ankle sprains, acute forefoot/mid-foot injuries, or the obviously severe injuries that need orthopaedic referral.

In this section of *Sporting Ankles - and how to care for them* we're focusing on the tricky lateral ligament sprains in which damage to the ankle is unlikely to show up positive on X-ray.

Commonly these injuries have a history of having occurred with some heavy weight-bearing and rotation force; they produce significant swelling, pain, lack of normal range of movement; and the individual will be unable to walk and/or run without pain and aggravation.

A typical situation is that an athlete will have been given an all-clear on X-ray but then will still be in pain a few weeks later, and feeling very frustrated as they'd expected to be back on the field within two to four weeks. The most common mistake that clinicians, coaches and athletes make is to under-rate the severity of damage and return to activity too early.

The fatal assumption is that when the X-ray is negative, then the damage can't be too bad□.

First, let's paint a couple of painful pictures to help us understand how a damaged ankle sprain happens. The first few days is the critical phase for diagnosis because it immediately determines the management and time frames for full recovery. You should be able to answer the following questions for the athlete:

- Are further investigations warranted?
- Do they need a referral to a specialist?
- Do they need a cast or crutches?
- Roughly how long will their rehabilitation take?

Without a good working diagnosis, none of these questions can be answered. So, in this section of *Sporting Ankles - and how to care for them* we take you through both the crucial first week post-injury in which *primary* damage can be assessed, and then to the situation where, after three weeks, the patient continues to experience pain for the next 4-8 weeks and where *secondary* damage is evidently involved.

You'll learn how to recognise each one of a range of ankle injury symptoms  and what one can do to alleviate them.

The discussion includes coverage of the relatively rare, but potentially serious, syndesmosis injuries. While uncommon, the danger of longer terms problems such as early onset osteoarthritis or chronic ankle instability and pain is very real if there is any delay in diagnosis of the injured ankle.

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## Dance Injuries: prevention, diagnosis and treatment

Dancers put high stresses through their feet and ankles, often at the extremes of the range of movement of certain joints. Among female dancers in particular, the vulnerability of the foot and ankle is frequently compounded by the risk of injury as a result of the 'female triad' (nutritional deficiencies, amenorrhea and osteopenia).

Up to 40% of all dance injuries occur to the foot and ankle. Injuries may be acutely traumatic or chronic overuse. Chronic injuries may result from repetitive fatigue or impingement syndromes. Early recognition of signs and symptoms and prompt treatment will help to speed the dancer's return to performance, and can be career-saving.

So in *Sporting Ankles - and how to care for them* we investigate the causes of both acute trauma and chronic sprains. Next, we look at fractures and chronic overuse injuries. Our coverage ranges from diagnosis to rehabilitation  including practical examples of what dancers and teachers can do to address the issues raised.

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## Pool-based Rehabilitation: how to considerably speed up your recovery from injury

The final section of *Sporting Ankles - and how to care for them* focuses on the many ways in which recovery can be enhanced by the inventive use of the pool.

First we look at the key properties of water, and how these combine to the benefit of the injured athlete. Because what is commonly misunderstood is how an alteration in fluid dynamics can be used to manipulate the intensity of the training session. And that there are ways in which such training can be made to increase or decrease muscular-skeletal loading.

**The bottom line: you'll discover that pool based rehabilitation training is not for the faint-hearted!**

Finally, we turn to the specific workouts themselves. We cover all aspects of training, from cardiovascular through strength and power, to control and balance. Each workout is described in detail, so you can try any of one of them out for yourself.

We even include details of a sample anaerobic training session that is sure to tax the very fittest of athletes!

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## Details of your discount offer

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instead of the full price of \$59.99 (£36.50).**

*Sporting Ankles - and how to care for them* is one of a series of special reports from *Peak Performance*, the sports science newsletter. This practical work book is not available elsewhere.

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