

## Diagnosis

### Referral

Chronic ankle sprain  
Additional data

### History-taking

Inversion trauma in case history?  
Repeated sprain / "giving way" complaints?  
Recent repeated sprain with inflammatory symptoms?  
Influence on daily activities/work/sport/hobby?  
Health problem/expectations of treatment/treatment goals of patient  
Record three mean patient complaints in the way of activities by use of the "Patient Specific Complaints"

### Physical examination

Observation:	- Signs of inflammation - Static posture and any postural abnormalities
Palpation:	- Signs of inflammation - Pain provocation
Assessment of functioning	- Gait pattern - Active stability - Strength - Mobility

Use the Nijmegen gait analysis to assess the patient's gait

### Analysis

What is the relation between disorders in anatomical properties and functions, limitations in activities and participation problems  
Can the negative factors for recovery be influenced?  
Can the positive factors for recovery be influenced?

Is physical therapy justified and necessary?

yes

no ► Consult the referring physician

Is there a matter of functional instability or other pathology that is part of these guidelines?

yes

no ► Consult the referring physician or treatment, but not according to the KNGF-guidelines on chronic ankle sprain

Is there a matter of a disorder without new tissue damage?

yes

no ► Treatment according to KNGF-guidelines on acute ankle sprain; follow recommendations from KNGF-guidelines on chronic ankle sprain

Treatment according to KNGF-guidelines on chronic ankle sprain

## Therapy

Disorder with new tissue damage



KNGF-guidelines on acute ankle sprain



### Goals

- to be able to bear full weight on the foot
- to be able to flex the foot normally
- diminution of the swelling

Disorder without new tissue damage



KNGF-guidelines on chronic ankle sprain



### Goals

1. recovery of functions and functioning
  - a balancing load-bearing with load-bearing capacity
  - b recovery of the normal dynamic gait
  - c return to active stability
  - d restoration of endurance
2. prevention of relapse



### Content of physical therapy

- at 1a, 2: inform/advise
- at 1b, c,d: training of functions and functioning
- at 2: Use of tape or brace



### Evaluation

- check the reaction of the ankle to increasing load-bearing
- subjective: Patient Specific Complaints, feeling that the ankle is giving way, pain
- objective: gait (Nijmegen gait analysis), muscle strength, quality of movement, coordination, endurance