

ANKLE IMPINGEMENT

This is a common condition in footballers. The player will often present to the trainer or Physiotherapist with pain across the front of the ankle, with no apparent recent injury such as the more common "rolling" the ankle.

Players will complain of

- 1. Pain across the front line of the ankle joint
- 2. Pain when the foot is fully pointed such as whilst kicking
- 3. Pain on pushing off from a standing start or from sudden change of speed or direction.

Many of these players have had previous ankle injuries, and these symptoms gradually come on over some weeks. They usually get progressively worse as the season goes on if not addressed, and can get to the stage where the player trains and plays less and less.

The cause of this problem is often "Anterior Ankle Impingement" meaning pinching of the ligamentous capsule at the front of the ankle. To understand this injury further, imagine a paper thin layer of tough fibrous tissue across the front of the ankle attached to the bottom of the tibia, and the talus or bone in the top of the foot. As the ankle points down (plantarflexion), this tissue is stretched as when kicking. As the ankle is bent up (dorsiflexion), the tissue is pinched or caught between the bones. This pinching is the impingement.

Normally an ankle has enough room not to pinch the capsule, but if the capsule is somewhat swollen, or the bones slightly worn at the front causing burring or "osteophytes", the capsule can literally be pinched. This explains why the pain occurs with kicking and with pushing off. The problem gets progressively worse, as the pinching causes more inflammation and swelling, which means there is less room, and more pinching.

Examination will also show pain on pressure at the end of range plantarflexion and dorsiflexion. An x-ray is often taken, and will sometimes show the bony burrs that almost look like sharp edges. Often there may be other bony material or loose bodies in the front of the ankle joint. The player will also be tender to touch across the front of the ankle.

This injury is probably one of the most common reasons why so many AFL players have ankle operations in the off season, to clear out any debris, and smooth off some of the bone at the front of the joint that may be impinging.

However, you can't do this during the season, as it will take some weeks after the operation until they could recommence any running. So the treatment for this condition is often management to control the swelling, and minimise the aggravation. Here are the steps to follow:-

- 1. **Diagnosis:** Have the problem diagnosed by your Physiotherapist and/or Sports Physician/Doctor.
- 2. **Minimise Aggravations:** The Trainer liaises with the coach to minimise any aggravation at training. The player needs to avoid painful kicking and/or pushing off on that foot.
- 3. **Follow the advice** of your Physiotherapist and Sports Physician in regards to medications and local treatment which are both essential to control any swelling and pain.
- 4. RICER treatment after games and training.
- 5. **Strap** for support, and if required to limit painful end of range movements (speak to your Physio on how this can best be done).
- 6. **Rest:** Some players may be best having a week off to settle the problem, especially if they are getting worse and finals are coming.
- 7. Stretches: Often tight calves can aggravate this condition.

173 Bell Street, Coburg 3058

Phone: 9354 9181 Fax: 9354 2018 Email: admin@coburgphysio.com.au

8. **Follow up:** At the end of the season get in to see the Physiotherapist and Sports Physician to ensure it is not a problem next year.

Many players finish the season, and the pain calms down. This does not mean it is fixed, and may just be waiting to happen again next year, but even worse. If treatment or an operation are required to settle the problem and correct it, the more recovery time available the better. **Don't wait for it to get better!**

This common ankle problem need not interfere with an otherwise successful year for a player, and they should in most cases be able to see the year out if properly managed by the trainer, Physiotherapist and Sports Physician as a team.