

ANKLE

Chronic ankle instability

Recurrent ankle sprains and giving way: rehabilitation, bracing and ligament repair options.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding the condition

After a sprain, some people continue to feel that the ankle gives way. This may involve ligament looseness, reduced balance or muscle control, or associated tendon and cartilage injury. Examination distinguishes these causes; imaging is used when it will change treatment.

Treatment options

Physiotherapy emphasises balance, strength and movement control. Supportive footwear and an ankle brace may help. Surgery is considered when significant instability persists despite suitable rehabilitation. Associated high-arched alignment or joint damage may need separate attention.

What a procedure may involve

A Broström-Gould repair tightens and reinforces the lateral ankle ligaments. Some repairs use tape reinforcement; reconstruction with tendon tissue may be needed if the native tissue is inadequate. Additional arthroscopy or alignment correction is sometimes appropriate.

Risks and benefits to discuss

The aim is a more reliable ankle with fewer sprains. Risks include ongoing or recurrent instability, stiffness, scar pain, nerve symptoms, infection, wound problems, blood clots and irritation from anchors or reinforcement. Surgery does not replace rehabilitation or guarantee unrestricted sport.

Any operation also carries bleeding and anaesthetic risks. Occasionally, complex regional pain syndrome causes prolonged pain and sensitivity. Your health and the extent of surgery change your personal risk.

RECOVERY AND YOUR CONSULTATION

Chronic ankle instability

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Protect the repair with the prescribed cast, boot or brace. Follow limits on weight bearing and ankle positions; turning the ankle inward too early may stress the repair. Physiotherapy progresses from permitted motion to strength, balance and sport-specific control.

Expected outcomes and recovery

Recovery takes months and is assessed through function rather than a calendar alone. Return to running or cutting sports requires adequate strength and balance plus clearance from your team. Swelling or confidence may take longer to settle.

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.

Your consent discussion

Ask which treatment best addresses your symptoms, what alternatives are reasonable, what the main risks mean for you, and what recovery will involve at home and work. This guide supports that discussion; consent is completed with your treating team. Your individual written instructions take priority.

Sources and further reading

RNOH: Lateral ligament reconstruction

<https://www.rnoh.nhs.uk/patients-and-visitors/patient-information-guides/lateral-ligament-reconstruction-ankle>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Chronic ankle instability

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Chronic ankle instability

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

When to seek urgent help

Seek prompt advice for rapidly increasing pain, spreading redness, wound discharge, fever, new numbness or a cast or boot causing pressure. New calf pain or swelling needs urgent assessment. Chest pain or breathlessness needs emergency help: call 999.