FITNESS & EXERCISE

How to Get Back on a Sprained Ankle

The safest return starts with calming the injury, ruling out serious damage and rebuilding movement before you test your usual activity.

Step 1: Stop, then look closely

Your ankle folds under you. There may be a pop, then pain, swelling or bruising. Your first impulse might be to stand up, shake it off and discover whether you can keep going. Don't work through pain from an injury. If a particular movement hurts, stop: continuing the activity may cause further harm.

A sprain means one or more ligaments-the tissues connecting bones at a joint-have been stretched or torn. Sprains range from minimal stretching to a complete tear. But not every painful, swollen ankle is a sprain. An ankle injury can also involve a broken bone, tendon or cartilage, and those possibilities cannot be sorted out by determination alone.

Severe pain, swelling or bruising; an obvious change in shape; or being unable to put any weight on the ankle moves this out of home-care territory. Seek medical care. Pain and swelling that persist for more than a few days, or symptoms that worsen rather than settle, also need a health care provider's assessment.

A clinician may ask how the injury happened, examine the ankle and order imaging. An X-ray can evaluate the bones, while magnetic resonance imaging (MRI) can examine soft tissues. Some serious injuries require a splint, brace or cast, and occasionally surgery. Most musculoskeletal sports injuries do not require surgery, but that is not a reason to guess which injury you have.

Step 2: Use an ice pack and bandage

If there are no signs of a serious injury, home care is a reasonable first move. Rest the ankle by limiting activities that use it and avoiding weight on it. This is not surrendering your fitness. It is giving an acutely injured joint a quieter starting point.

Use a cold pack, an ice bag or crushed ice in a plastic bag, always wrapped in a towel. Cold can help with pain and inflammation, but do not leave it on for longer than 20 minutes at once because prolonged exposure can cause a cold injury. Do not apply heat immediately after the injury, when it can increase inflammation and swelling.

An elastic bandage can compress the area and may help reduce swelling. It should not be so tight that it cuts off circulation. Elevate the ankle on pillows above the level of your heart when possible. Together, rest, cold, compression and elevation are the standard early home measures for a minor injury.

These measures are the beginning, not proof that the ankle is merely sprained. If you cannot tolerate weight, the pain is severe or the joint looks deformed, put down the bandage and get medical care. The same applies when pain or swelling fails to improve after a few days. Home care has a boundary, and persistent pain is part of it.

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Step 3: Rebuild with a rehabilitation plan

The misleading moment often arrives when the swelling eases. The ankle looks less dramatic, so normal activity begins to feel reasonable. Yet a sprain may take anything from a few weeks to many months to heal completely. The calendar alone cannot tell you whether the ligament and the rest of the joint are ready for what you want to do.

Later care may include exercise and physical therapy. A rehabilitation plan is designed to rebuild strength and range of motion while easing residual pain. It can include exercises performed at home as well as work with a physical therapist. Rehabilitation before returning to the activity that caused the injury can help restore your previous level of activity and reduce the chance of another injury.

There is no ankle-specific return test or timetable in the evidence provided here, so beware of a universal date that promises you will be ready. Recovery depends on the injury, and rehabilitation should fit the injured part rather than an arbitrary deadline. A physical therapist or physiatrist can develop that plan when the injury is more serious, recovery stalls or your return demands more from the ankle.

A previous injury is itself a risk factor for another sports injury. So are poor technique, increasing activity intensity too quickly, training too often or for too long, hard running or jumping surfaces, inadequate shoe support and improper equipment. Getting back on the ankle is not just about whether today's movement is possible. It is about whether the return has been prepared.

Step 4: Return with supportive shoes

Your first return should not be an attempt to prove the ankle is fixed. Resume the activity only

after the injury has healed and any recommended rehabilitation has prepared you for it. If pain appears with a movement, stop rather than pushing through. Pain is the point at which the experiment ends.

Build back gradually instead of making a sudden leap in intensity. Use the correct technique and proper equipment for the activity. Shoes should provide enough support, particularly when running or jumping is involved. If a health care professional has recommended a brace, splint or other support, use it as directed rather than improvising your own return plan.

This is also where confidence can outrun tissue. Feeling impatient does not distinguish a mild ligament stretch from a larger injury, and a quieter ankle is not automatically a fully recovered one. If pain persists during the return, contact a health care provider. Primary care can manage many injury-related problems and refer you to physical therapy, sports medicine or orthopaedic care when needed.

For your next week, choose one ordinary activity you want to regain and prepare for it with supportive shoes and any professionally recommended ankle support. Begin gradually, stop if the movement hurts and note what the ankle can tolerate without forcing it. Getting back on it takes less bravado than equipment: supportive shoes, the right brace if prescribed, and permission to stop.

Where this comes from

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