

ORTHOPAEDIC EVIDENCE

NEWSLETTER

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CHRONIC COMPLAINTS AFTER ANKLE SPRAINS: A SYSTEMATIC REVIEW ON EFFECTIVENESS OF TREATMENTS

J Orthop Sports Phys Ther 2014;44(11):862–871. Epub 9 October 2014. doi:10.2519/jospt.2014.5221

A total of 20 randomized controlled trials and 1 controlled clinical trial were analyzed. Different treatments were compared including training programs, physiotherapy, chiropractic/manual therapy, surgery, postoperative training, and functional treatment.

Study Findings:

A training program was more effective than conservative treatment in the case of pain and function outcomes.

Two studies found a decrease of recurrences after a proprioceptive training program. Early mobilization following surgery also produced better outcomes.

Conclusions:

In chronic ankle complaints after an ankle sprain, a training program gives better results for pain and function, and a decrease of recurrent ankle sprains, than a wait-and-see policy. There was insufficient evidence to determine the most effective surgical treatment, but evidence suggests that postoperative, early mobilization was more effective than a plaster cast.



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FIBULAR MALALIGNMENT IN INDIVIDUALS WITH CHRONIC ANKLE INSTABILITY

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3-D analysis of computed tomography-based bone models was used to determine if individuals with chronic ankle instability had abnormal fibular alignment

Study Findings:

The fibula of the chronically unstable ankle was significantly more lateral than the unaffected, healthy side. There was no significant difference in anterior-posterior position of the fibula in chronic versus healthy ankles.

Conclusions:

The significantly more lateral position of the fibula in chronically unstable ankles may contribute to recurrent lateral ankle sprain or giving-way episodes.

Physiotherapists have multiple tools to address the fibular position in unstable ankles including manual therapy, taping and bracing techniques, exercise prescription for stability and are, therefore, in an ideal position to assist in the rehabilitation of these individuals.

WEIGHT BEARING VS NON-WEIGHT BEARING EXERCISE FOR PERSONS WITH DIABETES AND PERIPHERAL NEUROPATHY

Arch Phys Med Rehabil. 2013 May;94(5):829-38. doi:10.1016/j.apmr.2012.12.015. Epub 2012 Dec 28

29 patients with diabetes mellitus and peripheral neuropathy participated in a 12 week exercise program for 1 hour 3 times a week.

The weight bearing (WB) group performed exercise while standing or walking and the non-weight bearing (NWB) group while sitting or lying down.

Study Findings after 12 weeks:

Improvement in the 6 minute walk test better in the WB group

Improvement in average daily step count better in the WB group

Improvement in hemoglobin A1c values better in NWB group

During the 12 weeks 7 patients had a lesion and 1 an ulcer in the WB group and 5 patients had a lesion and 3 an ulcer in the NWB group

Conclusions:

Diabetics with peripheral neuropathy are advised to take part in a weight bearing exercise program in order to improve their walking ability

Physiotherapists are an excellent resource when it comes to setting up and implementing an appropriate program for this population