

Physiotherapy treatment does not benefit ankle sprains

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Physiotherapy given to patients with simple ankle sprains does not benefit recovery when compared to basic self management of the injury at home, reveals a study published by *The BMJ* today.

Fewer than half of patients had not reached 'excellent recovery' by six months after injury, and there was little clinical difference between those who had received [physiotherapy](#) versus usual standard care.

Experts say the finding is important because management of [ankle sprains](#) has substantial financial costs, and alternative treatments should be sought to help recovery.

Ankle sprains are one of the most common musculoskeletal injuries and are associated with a high number of visits to an emergency department. Morbidity has been reported among 30-70% of patients, from six months to seven years after injury.

Most ankle sprains are mild or moderate ligament sprains, but clinical standards for the treatment of these injuries are not well defined. In addition, there is a lack of high quality evidence on role of physiotherapy.

So a team of Canadian researchers carried out the largest randomised controlled trial to evaluate the benefits of physiotherapy for ankle sprains.

The study included 503 patients, aged 16-79 years, presenting with mild or moderate ankle sprain injuries to one of two hospitals in Kingston, Canada, between 2009 and 2013. They were randomly assigned to a control group where they received usual care, or usual care plus physiotherapy.

Usual care consisted of medical assessment and a one page written summary of instruction for basic management of the injury at home.

Recommendations focused on ankle protection, rest, ice, application of compression bandage, elevation, use of painkillers, graduated weight bearing activities and information about expected recovery.

The physiotherapy group included a regime of up to seven 30 minute sessions, along with usual care.

Participants were required to complete a questionnaire assessing recovery at 1, 3 and 6 months. Questions focused on pain, symptoms, function in activities of daily living, function in sport and recreation, and quality of life.

Results show that 43% (90/208) of participants in the physiotherapy group and 38% (75/195) in the [control group](#) had not reached 'excellent recovery' by six months.

However, a limitation of the study may be that the strict protocol for the recruitment of patients may have led to bias in the sample

The authors conclude: "While there was not a clinically important effect with the standardised physiotherapy regimen provided to our participants, there is potential for the investigation of alternative interventions that would reduce morbidity in patients with these injuries."

In a linked editorial, Chris Bleakley from Ulster University writes that the randomised controlled study is "an important addition to the evidence base," but also calls for patients, practitioners and researchers to consider other rehabilitative exercises that can influence treatment success.

Clinical benefit of rehabilitative exercises might depend on the nature, intensity, and duration of treatment, he says. The maximum of seven lots of 30 minutes of supervised physiotherapy in the latest study might be a "lower dose" when compared to other studies.

He also says there's an "urgent need to diversify the exercise content of treatments beyond the ankle," such as the knee, hip, and in the torso, which can be implicated in long term problems.

More information: Effect of early supervised physiotherapy on recovery from acute ankle sprain: randomised controlled trial, www.bmj.com/content/355/bmj.i5650

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