

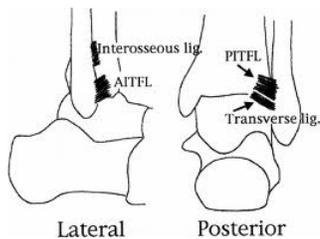
Foot & Ankle Injuries

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'High Ankle Sprain' – Syndesmosis Injury

The 'syndesmosis' of the ankle is the ligament complex that supports the *distal tibiofibular* joint.



This is where the two long bones of the lower leg, the *tibia & fibula*, join just above the ankle. There are three main ligaments that make up this complex.

An injury to this joint occurs with movements that cause separation of the tibia and fibula. Because large forces are required to separate these bones, there will often be other injuries in conjunction with tibiofibular ligament tears. There may be tearing of the medial (or *deltoid*) ligament of the ankle. And often there will be an associated fracture. Sometimes there will be a fibular fracture higher up towards the knee.

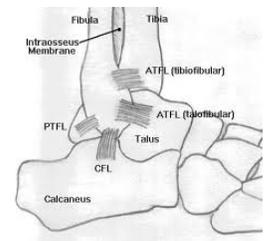


The injury can occur in conjunction with a severe lateral ankle sprain. Generally however the mechanism of injury is different, with the leg twisting on a fixed foot rather than the foot rolling under the leg. This is common in contact sports, particularly



rugby league, union, and American football. In these sports, tackles by one or multiple players put very large forces through the ankle, and players twist as they are wrestled to the ground.

A sprain at the distal tibiofibular joint is often misdiagnosed as a lateral ankle ligament sprain. There is speculation that up to 10% of ankle injuries involve this joint, and up to 35% in the rugby codes. The



diagnosis will be made through tests of where the main tenderness is located, and with certain movement tests that stress this joint. An

XRay may show widening of the joint and possibly an associated fracture. An MRI will often be ordered for greater accuracy.

Treatment

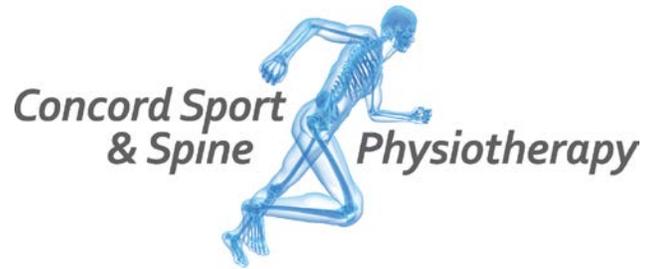
If the injury is minor, the treatment will be rest and graduated rehabilitation, similar to the treatment for a standard ankle sprain. However these injuries generally heal significantly more slowly than lateral ankle ligament injuries.

Surgery

When there is widening of the joint and particularly if there is associated fracture, surgery will be



required. The ligaments will be repaired, and the joint stabilized with a screw or 'tightrope' wire. After healing, there may be a prolonged recovery time, as stiffness and recurrent swelling tend to settle slowly.



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