Current practice for safe return-to-play after lateral ankle sprain: A survey among French-speaking physicians

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Purpose

This study aimed to understand the criteria used by physicians to decide on a safe return-to-play after a lateral ankle sprain.

Methods

1. Development of a French survey reviewed by physicians experts
2. Accepted by the University Hospital Ethic Committee of Liège (Belgium)
3. An electronic link was send to the physicians by e-mail address from the December 6th 2018 to the February 25th 2019

Results (our survey)

Criteria used in daily practice | How many physicians use quantitative measures ? | Which Measures ? (n) | Rehabilitation-Oriented-Assessment Recommendations (Delahunt et al. 2018)
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**Pain 90%**
- 51% Numeric rating scale (50) Numeric rating scale
- Foot and Ankle Disability Index (FADI)

**Functional 82%**
- *p=0.02 Physicians with sport specialty select significantly more a Numeric rating scale.
- 31% Gait analysis
- Hop test
- Analysis of sport movement
- SEBT / YBT
- Bipodal balance
- Unipodal balance

**Instability 73%**
- 4% Cumberland Ankle Instability Tool : CAIT (1)
- Lower Extremity Functional Scale : LEFS (2)

**Range of motion 61%**
- *p=0.02 Physicians with sport specialty select significantly more the range of motion criteria.
- 27% Goniometer (18)
- Metric measures (1)

**Proprioception 47%**
- 18% Isokinetic machine (1)
- Goniometer (2)
- Myolux (6)

**Laxity 39%**
- *p=0.01 Physicians without sport specialty select significantly more the laxity criteria.
- 17% Anterior drawer test (4)
- Talar-lift-test (3)

**Strength 38%**
- 20% Isokinetic machine (4)
- Hand-held-dynamometer (1)
- Myolux (3)

**Swelling 31%**
- 24% Figure-of-eight (3)
- Perimetric measures (4)

Discussion & Conclusion

Although some physicians seem aware of assessing criteria to decide a safe return-to-play after a lateral ankle sprain, few of them are using the recommendations in daily practice. Assessing the patient with quantitative and qualitative measures could help the physicians to make a decision to return-to-play. However, up to now, few physicians use quantitative measures in daily practice. Sports medical education seems to be a factor that increase the use of quantitative methods but it is not significant for all criteria. It is also surprising to see the low consideration of the strength criteria which could be a risk factor to be re-injured.