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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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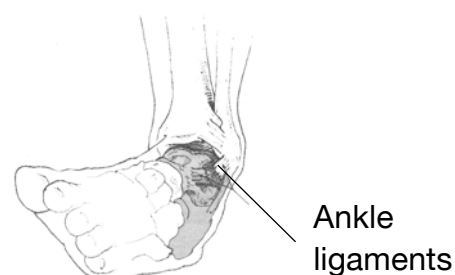
Ankle instability in children (page 1 of 2)

What is ankle instability?

Ankle instability is characterised by the ankle 'giving way' or feeling wobbly, often happening on uneven surfaces. It occurs when the outer part of the ankle is weak and frequently gives way while standing, walking, running or any activity that puts weight on the ankle.

What causes ankle instability?

Ligaments are strong, flexible bands that join bones together. Ankle instability often occurs after ligament sprains that are not fully healed, causing the ankle to be hypermobile (have too much movement). There are two main



ligaments that support the ankle. The outer ligaments stop the ankle from twisting, rolling and sliding forwards. When you sprain your ankle, the ligaments can be stretched or torn.

How can I help?

Your physiotherapist can help your child to regain a full range of ankle movement, improve muscle strength, improve the balance and stability of the ankle.

The following steps will help you treat and manage your child's weak ankle:

In the early stages:

- your child should wear supportive, correctly fitted and well fastened shoes as this will help with foot posture and walking
- high heeled shoes should be avoided
- ice can be applied to your child's ankle following periods of lots of activity. Use a frozen bag of peas or vegetables to help ease pain and reduce swelling. Place a wet towel under any ice pack to protect the skin.

If pain or stiffness persist

Some children have weak or tight muscles which are not supportive or active enough to keep the ankle joint stable. If this is the case your child may be given some exercises by the physiotherapist. Your child can begin ankle exercises by spelling out the alphabet with their foot, which will take the ankle through its full range of movement.

- Children's feet come in a wide range of shapes and sizes, some however, put extra stress on ankle ligaments causing instability. To reduce these stresses insoles may be advised for shoes and these will be fitted by an orthotist. Orthotists provide a range of splints, braces and special footwear to aid movement, correct deformity and relieve discomfort.
- Children should enjoy active play every day, such as walking, playing in the garden or at the park or indoor soft play. Active play encourages bone growth, improves muscle strength and tone which will enhance your child's balance, motor skills and stability.

Ankle activities/exercises

Activities can be carried out to improve ankle stability and balance and avoid the chance of re-injury. Build up your child's exercise levels to return to active play and sports slowly.

Ask your child to stand on one leg and try not to wobble (making it more difficult by asking your child to keep their eyes closed or catch a ball). This can be included in your child's daily routine very easily, for example standing on one leg while brushing teeth.

- ★ ball skills - for example stopping a rolled tennis ball under a foot. Try with alternate feet
- ★ dribbling a football
- ★ riding a scooter
- ★ balancing along a line on the floor, carefully placing the feet down
- ★ obstacle courses, for example walking over uneven surfaces such as on pebbles or sand.

These are more challenging activities:

- ★ hopscotch
- ★ skipping
- ★ hopping
- ★ trampoline.

If any of these activities is painful, stop. Try easiest activities first.

Your child should carry out physical activities little and often. They should not disrupt a child's normal routine, and therefore should be fun and disguised as games and activities.

If you have any concerns regarding the advice on this sheet or to discuss your child's progress please contact your physiotherapist.

Your child's physiotherapist is _____