

Ankle sprains: patient perceptions of function and performance of physical tasks.

A mixed methods approach.

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Introduction: Ankle sprains are common and often become recurrent problem. As a result patients may suffer significant time off work and restriction in activities of daily living.

Study Design: A concurrent nested strategy using a smaller qualitative study within a larger quantitative study

Participants: Forty participants who presented with an acute sprained ankle and underwent physiotherapy treatment.

Methods: Participants and physiotherapists completed various questionnaires at the initial and discharge treatment. Additionally participants completed the questionnaires at six weeks following discharge when they also underwent specific physical testing for strength, balance, proprioception and agility. Ten participants completed a semi-structured interview.

Results: The key findings from this study provide evidence that while physiotherapists and patients have a similar perception of the severity of an ankle sprain at the initial visit this perception is not maintained at discharge. Patients have a lower self perception at time of discharge and this was confirmed by both the questionnaire and interview results. The study also found that performing functional tasks is valuable in assisting patients gain a greater appreciation of their function. This study found significant differences for joint position sense and performance agility testing between the injured and uninjured ankles. The clinical implications of the joint position sense and performance agility testing findings are still unclear and in particular what influence these deficits have on patient's perceptions of their recovery or additionally any influence on the high recurrence of ankle sprains.

Conclusions: The relevance of these findings indicates that physiotherapists need to be aware that patients are likely to have lower self expectations of the ability of their recovering ankle at discharge. Hence there is a need for physiotherapists to spend more time clarifying patient's concerns and fears prior to discharge and incorporate strategies to improve patient confidence in their management plan.