Flex Therapist CEUs

Comprehensive Management of Ankle Sprains: Anatomy, Diagnosis, and Treatment Protocols

- 1. Which anatomical feature of the ankle is primarily responsible for stabilizing the talus during dorsiflexion by creating a snug fit in the ankle mortise?
- A. Anterior talofibular ligament
- B. Broader anterior portion of the talar dome
- C. Calcaneofibular ligament
- D. Subtalar joint
- 2. Lateral ankle stability is primarily maintained by which muscle during rapid direction changes, counteracting inversion forces?
- A. Peroneus longus
- B. Gastrocnemius
- C. Tibialis anterior
- D. Flexor hallucis longus
- 3. In the context of ankle sprains, what is the typical role of the posterior tibialis muscle?
- A. It aids in dorsiflexion and inversion of the foot
- B. It stabilizes the lateral ankle during inversion
- C. It supports the medial longitudinal arch and limits excessive pronation
- D. It acts as the primary plantarflexion force during toe-off
- 4. When considering the application of evidence-based physical therapy treatment for ankle sprains, which technique focuses specifically on enhancing proprioceptive feedback?
- A. Manual therapy
- B. Neuromuscular retraining
- C. Bracing options
- D. Soft tissue mobilization
- 5. Which ligament complex is most commonly injured in lateral ankle sprains and primarily restrains inversion during plantarflexion?
- A. Deltoid ligament complex
- B. Posterior talofibular ligament
- C. Calcaneofibular ligament

D. Anterior talofibular ligament

- 6. Which ligament is most commonly injured during a lateral ankle sprain due to its position and role in stabilizing the ankle during plantarflexion and inversion movements?
- A. Posterior talofibular ligament (PTFL)
- B. Anterior talofibular ligament (ATFL)
- C. Deltoid ligament
- D. Calcaneofibular ligament (CFL)
- 7. What is a key reason why early and comprehensive management of ankle sprains is crucial in clinical practice?
- A. To reduce muscle tightness in the calf
- B. To ensure rapid recovery and prevent any recurrence
- C. To avoid long-term dysfunction and chronic instability
- D. To enhance proprioceptive capability in other joints
- 8. In a Grade III ankle sprain, what primary characteristic differentiates it from other grades of sprains?
- A. Mild pain with minimal swelling
- B. Complete ligament rupture and significant joint instability
- C. Moderate ligament tear with some joint laxity
- D. Presence of inflammation without bruising
- 9. What type of sprain typically occurs due to a forced external rotation of the foot, often associated with high-energy sports?
- A. High ankle sprain involving the distal tibiofibular syndesmosis
- B. Lateral ankle sprain affected by inversion movements
- C. Medial ankle sprain caused by eversion mechanism
- D. Chronic instabilty sprain from repeated injuries
- 10. Which strategy can physical therapists use to empower individuals to maintain long-term ankle health and function after a sprain?
- A. Focusing exclusively on strengthening exercises
- B. Advising rest and avoidance of all risk activities
- C. Increasing cardiovascular endurance through unrelated exercises
- D. Providing patient education on activity modification and self-management techniques

11. What percentage of ankle sprains result from lateral injury mechanisms, such as plantarflexion and inversion?
A. 75%
B. 85%
C. 90%
D. 80%
12. Which testing method helps determine the need for ankle radiographs in the event of an ankle sprain?

- A. Anterior Drawer Test
- B. Ottawa Ankle Rules
- C. Talar Tilt Test
- D. Eversion Stress Test

13. Which grade of ankle sprain most commonly requires 8 to 12 weeks for functional recovery due to complete ligament rupture?

- A. Grade 1
- B. Grade 2
- C. Grade 3
- D. Syndesmotic Grade 2

14. Which factor is NOT an intrinsic risk for recurring ankle sprains?

- A. Weakness in peroneal muscles
- B. High arches (pes cavus)
- C. Poor neuromuscular control
- D. Inadequate warm-up before activity

15. According to the PEACE & LOVE principle, what is emphasized during the initial phase of ankle sprain management?

- A. Protection, Elevation, Avoid anti-inflammatories, Compression, Education
- B. Continuous anti-inflammatory medication
- C. Complete rest and immobilization
- D. Surgical intervention for all severities

16. Which structure is typically injured in a syndesmotic ankle sprain?

- A. Anterior talofibular ligament
- B. Deltoid ligament
- C. Anterior inferior tibiofibular ligament

D. Calcaneofibular ligament

17. Which of the following is NOT a recommended treatment in the acute phase for a Grade III lateral ankle sprain?

- A. Complete immobilization in a cast
- B. Active ankle exercises
- C. Cryotherapy for pain management
- D. Non-weight-bearing status

18. Regarding the healing timeline for syndesmotic sprains, which statement is accurate?

- A. They generally heal faster than lateral sprains
- B. They typically resolve without immobilization
- C. Recovery time is equivalent to Grade I lateral sprains
- D. They often require a longer recovery due to the extent of injury

19. What is a key cognitive component in managing patients with recurrent ankle sprains?

- A. Surgical intervention
- B. Patient education on loading restrictions
- C. Exclusive reliance on compression and elevation
- D. Avoidance of balance training

20. Which rehabilitation technique is important for restoring dorsiflexion after ankle sprain?

- A. Posterior talar glide mobilization
- B. Anterior talar glide mobilization
- C. Static stretching of the hamstrings
- D. Isometric quadriceps strengthening

21. Which of the following statements about the subacute phase treatment for a Grade III ankle sprain is correct?

- A. Manual lymphatic techniques are used to directly apply mechanical stress to the affected joint structures.
- B. Grade 1-2 talocrural glides are introduced meticulously to prevent joint stiffness.
- C. Heavy soft tissue mobilization is prioritized to restore biomechanical function rapidly.
- D. High-load manual therapy is administered to increase dorsiflexion and enhance ligament recovery.

22. What is a critical aspect of proprioceptive training for a Grade 2 ankle sprain during the chronic phase?

- A. Only static exercises with very minimal proprioceptive challenge to avoid re-injury risk.
- B. Exercises emphasizing agility without focusing on directional changes.
- C. Emphasis on dynamic joint control during rapid and reactive movements with unexpected perturbation drills.
- D. Strength-exclusively exercises targeting plantarflexion while avoiding proprioceptive stimulation.

23. What therapy is indicated during the late phase of rehabilitation for a Grade III syndesmotic (high) ankle sprain?

- A. Direct rotational therapy focusing on the affected tibiofibular joint.
- B. Manual therapy involving high-load techniques immediately at the injury site.
- C. High load techniques around the distal tibiofibular joint to ensure rigid fixation.
- D. Proximal joint manual therapy combined with selective weight-bearing exercises.

24. In return-to-sport criteria for a Grade 1 ankle sprain, which condition is critical before resuming full activities?

- A. Joint movement exclusively with assisted devices to guarantee safety.
- B. Full, pain-free passive and active ankle ROM and minimal compensatory movement.
- C. Strength above 50% of the contralateral side including endurance exercises.
- D. Balance and proprioceptive challenges limited to a single plane to prevent strain.

25. What defines an early progress marker in rehabilitation from a Grade 2 ankle sprain during the intermediate functional phase?

- A. Complete avoidance of weight-bearing exercises to prevent ligament stress.
- B. The patient's ability to initiate partial weight-bearing only with maximum support.
- C. Ability to perform controlled proprioceptive tasks such as single-leg stance on foam and lateral step-downs.
- D. Focus solely on passive range of motion with minimal functional engagement.

26. What is the main reason for utilizing gait training during the subacute phase of a Grade 3 ankle sprain rehabilitation?

- A. To improve overall cardiovascular fitness
- B. To enhance joint stability and restore normal biomechanics
- C. To increase muscle hypertrophy in the lower limb
- D. To focus on proprioceptive input independent of joint stability

27. When considering a return-to-sport decision after an ankle sprain, which of the following is NOT essential?

- A. Demonstrating psychological readiness
- B. Achieving at least 90% of performance compared to the uninvolved limb

- C. Undergoing progressive sport integration without symptoms
- D. Verification of ligament structural integrity

28. Which intervention is essential in the acute phase of a Grade 2 lateral ankle sprain to prevent further joint stiffness and aid in long-term recovery?

- A. Immediate full weight-bearing activities
- B. Complete immobilization of the ankle
- C. Exclusive focus on ankle strengthening exercises
- D. Early mobilization within pain-free limits

29. What is a key component of an effective prevention program for athletes at high risk of ankle sprains?

- A. Exclusive focus on static stretching before play
- B. Routine deep tissue massage therapy
- C. Incorporating neuromuscular control and strength exercises three times per week
- D. Daily use of custom orthotics without additional exercises

30. After suffering a Grade 3 ankle sprain, which factor might necessitate delaying an athlete's return to sport?

- A. Persistent chronic instability or residual deficits
- B. Completion of the progressive sport integration protocol
- C. Symmetric muscle strength and pain-free range of motion
- D. Psychological readiness and compliance with rehabilitation

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