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

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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

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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

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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

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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

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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)

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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

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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

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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

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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

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11. What percentage of ankle sprains result from lateral injury mechanisms, such as plantarflexion and inversion?

A. 75%
B. 85%
C. 90%
D. 80%

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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.

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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.

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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.

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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.

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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.

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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

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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

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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

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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

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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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