The ankle is one of the most common sites of acute musculoskeletal injury. Exclusion criteria: fracture or immediate RTP on the day of sprain occurrence. The single inclusion criterion: sprain sustained during sport season, which resulted in ≥ 1 day of lost participation.

Foot and Ankle Ability Measure (FAAM) was completed at the time of injury clinical assessment results and 4-up assessments upon RTP, 1 week after RTP, and 2 weeks after RTP.

Terms and functional status with patient ratings of pain, functional status, and level of confidence. Post- and ankle Mobility—Foot sub-scale (FAAM-S).

0-10 scale for Single Number Function Rating (SNFR) and Single Number Confidence Rating (SNCR).

Follow-up assessment upon RTP, 1 week after RTP, and 2 weeks after RTP.

CLINICAL RELEVANCE

• Severity of early post-injury physical impairments has been related to duration of disability following lateral ankle sprain, but self-reported functional limitations may provide a stronger prediction of disability duration.

• The SNCR correlation with FAAM-S upon RTP was strong, and its correlation with SNFR was good, but a combination of confidence and functional status probably influences the number of days required for RTP.

• Daily acquisition of SNFR and SNCR may establish a pattern that will facilitate estimation of the amount of time required for injury recovery and successful RTP.

Injury: SNCR for each case presented in Table 1

Course of RTP

Moderate RTP correlation between FAAM-S and SNCR (r=.73; p=.039). No discernible relationships were evident between post-injury assessment results and isokinetic testing results.

RESULTS

• Post-injury clinical assessment results and 4-month post-injury SNCR for each case presented in Table 1

• Change in status from Post-Injury Day 1 through 2 weeks after RTP presented in Figures 1-3

• Number of days to RTP demonstrated linear relationships to FAAM.

• Moderate RTP correlation between FAAM-S and SNCR (r=.64; p=.085).