Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MUSCULOSKELETAL

Sprained ankle

recovering properly, so it does not happen again

A sprain is a stretch or tear of the ligaments that hold the ankle together, usually from rolling the foot inwards. Swelling and bruising can be dramatic without meaning the injury is severe. The part most people skip — balance retraining — is the part that stops it recurring.

Get an X-ray if

- you **could not put weight on it immediately** after the injury and cannot take four steps now;
- there is **bone tenderness along the back edge or tip of either ankle bone** — the bony lumps on the inside and outside;
- there is **bone tenderness on the outer edge of the midfoot**, or on the inner side of the midfoot below the ankle;
- the ankle or foot looks **deformed or out of shape**.

Seek help urgently if the foot is numb, cold, pale or blue, if pain is severe and worsening despite painkillers, or if the skin over the injury is broken. We can assess you and arrange X-ray quickly through our CQC-registered imaging partners. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

The first 72 hours

1. **Protect, but keep weight going through it.** Use the ankle as much as pain allows, with crutches only if you genuinely cannot walk. Putting weight through the joint early speeds recovery.
2. **Ice for comfort.** A wrapped ice pack for 10 to 20 minutes, every two to three hours for the first day or so. Never place ice directly on skin.
3. **Elevate.** Rest the foot above the level of your heart whenever you are sitting or lying — this does more for the swelling than anything else.
4. **Move it gently from day one.** Small ankle movements several times an hour keep the joint from stiffening and help the swelling drain.
5. **Avoid HARM** for the first 72 hours — **H**eat, **A**lcohol, **R**e-injury and **M**assage over the injury all increase bleeding and swelling.

Pain relief

Paracetamol, or an anti-inflammatory such as ibuprofen taken by mouth or applied as a gel, at the dose on the packet. Check with a pharmacist first if you have asthma, stomach problems, kidney disease or take blood thinners.

A compression bandage is optional, not essential

Tubular bandages feel supportive but have little evidence behind them for healing. If you use one, it should never be tight enough to cause throbbing, numbness, tingling or colour change in the toes — take it off at night.

What recovery looks like

Week 1

swelling and bruising peak, then start to settle. Walking with a limp is normal

Weeks 2–6

movement and strength return; start balance work

6–12 weeks

back to sport for most people. Mild swelling by evening can persist for months

Bruising tracking down into the foot and toes over the first few days is normal and follows gravity — it is not a sign the injury is worsening.

Exercises

Start the first two as soon as you can move the ankle, and add balance work once you can stand comfortably on the leg. Ten repetitions of each, three times a day.

- **Ankle alphabet.** With the foot in the air, slowly draw each letter of the alphabet with your big toe. It moves the joint through every direction without you having to think about it.
- **Up and down, in and out.** Point the foot down, then pull the toes up towards you. Then turn the sole inwards and outwards. Slow and controlled, to the point of a stretch rather than sharp pain.
- **Calf stretch.** Stand facing a wall, injured leg back, heel down, and lean forwards until you feel a stretch in the calf. Hold 30 seconds, repeat three times.
- **Heel raises.** Holding a worktop for balance, rise onto your toes and lower slowly. Build towards doing it on the injured leg alone.
- **Balance work — the important one.** Stand on the injured leg alone for 30 seconds, holding something at first, then without. Progress to doing it with your eyes closed. Aim for a few minutes a day.

> **Why balance matters.** A sprain damages the position sensors in the ligaments as well as the ligaments themselves. If those are not retrained, the ankle keeps giving way and repeat sprains follow — this is the single commonest reason people end up with a chronically unstable ankle. Balance training measurably reduces that risk, and it costs nothing but a few minutes a day.

Come back to be seen if

- you still cannot put weight through the ankle after three to five days;
- the ankle keeps giving way, or feels unstable on uneven ground;

- there is no real improvement after six weeks;
- pain is focused on the bone rather than the soft tissue, or is worsening;
- you need to get back to sport, a physical job, or a specific event and want a structured plan.

Assessment, physiotherapy and fast X-ray

Same-day appointments, imaging arranged quickly, seven days a week, 9am–7pm.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **X-ray** · **Physiotherapy** · **Orthopaedics** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE guidance on ankle sprains, and on the Ottawa ankle rules for deciding when imaging is needed. It is general information and does not replace advice from a clinician who has examined you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.