Children’s Hospital Of Wisconsin

Co-Management Guidelines
To support collaborative care, we have developed guidelines for our community providers to utilize when referring to, and managing patients with, the pediatric specialists at Children’s Hospital of Wisconsin. Co-management guidelines provide protocols for jointly managing patient cases between community providers and our pediatric specialists.

Ankle Sprain

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Referring provider’s initial evaluation and management:</th>
<th>When to initiate referral to Sports Medicine/Orthopedic Clinic:</th>
<th>What can referring provider send to Sports Medicine/Orthopedic Clinic?</th>
<th>Specialist’s workup will likely include:</th>
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<tbody>
<tr>
<td>Mechanism of Injury</td>
<td>Physical Exam</td>
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<tr>
<td>• Rotational/twisting mechanism (ie. inversion, eversion)</td>
<td>• Inspection, palpation, ROM, strength</td>
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<tr>
<td>• “High ankle sprain” (syndesmosis injury) - Forced dorsiflexion + eversion</td>
<td>• Special tests: o Anterior drawer, Talar tilt tests for lateral ankle laxity o Syndesmotic squeeze test to assess for syndesmotic injury</td>
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<td>Signs and symptoms</td>
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<tr>
<td>• Pain</td>
<td>Physical Exam</td>
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<tr>
<td>• Swelling</td>
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<tr>
<td>• Bruising</td>
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<td>• Limping or difficulty bearing weight</td>
<td>Diagnostic Tests Radiographs indicated if the following are present per the Ottawa ankle and foot rules:</td>
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<tr>
<td>• Instability</td>
<td>• Ankle: o Bony tenderness over the medial or lateral malleolus o Inability to bear weight (4 steps) immediately after injury, in ED or physician’s office</td>
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<td>• Foot: o Bony tenderness of the base of the 5th metatarsal o Bony tenderness of the navicular</td>
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<td>Differential Diagnosis</td>
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<tr>
<td>• Ankle fracture</td>
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</table>

1. Using Epic
   - Please complete the external referral order
   - In order to help triage our patients and maximize the visit, the following information would be helpful include with your referral order:
     - Urgency of the referral
     - What is the key question you would like answered?
     - Note: Our office will call to schedule the appointment with the patient.

2. Not using Epic external referral order:
   - In order to help triage our patients maximize the visit time, please fax the above

If no fracture initially diagnosed:
   - History and physical exam
   - Potentially repeat x-rays
   - Potentially advanced imaging (CT or MRI)
   - Boot or brace
   - Plan for rehabilitation, including possible PT referral, and return to play

If confirmed fracture:
   - History and physical exam
   - Potentially repeat x-rays
   - Potentially advanced imaging (CT or MRI)
   - Immobilization in boot vs cast +/- crutches depending on type of injury
- Salter Harris injury in skeletally immature patients
- Posterior malleolus fracture
- Medial malleolus fracture
- Juvenile Tillaux fracture
- Triplane fracture
- Syndesmosis injury
- Maisonneuve fracture
- Foot fracture

- Inability to bear weight (4 steps) immediately after injury, in ED or physician’s office

**Recommended views**

- Ankle - AP/lateral/mortise (weightbearing if possible)
- Foot – AP/lateral/oblique (weightbearing if possible)
- If clinically indicated:
  - Tibia/fibula – AP/lateral

**Management:**

- If no fracture:
  - Rest, Ice, Compression, Elevation
  - Ibuprofen/acetaminophen as needed for pain
  - ACE bandage wrap or lace-up ankle brace for compression/support
  - Crutches for protected weightbearing if limping/difficulty weightbearing. Wean off as tolerated.
  - For severe sprains, consider walking boot if available and able to be applied and fitted appropriately

- If fracture present:
  - Apply splint
  - Crutches – no bearing weight
  - Refer to Orthopedics/Sports Medicine

**Return to activity after ankle sprain:**

- Physically ready to return:
  - Able to ambulate and perform sport-specific activities (i.e., running, jumping, and cutting) pain-free and with normal mechanics
  - Psychologically ready to return
  - Should perform ankle exercises for ROM, strength, and neuromuscular control prior to return
  - Recommend lace-up ankle brace with PE/sports to decrease risk of re-injury

It would also be helpful to include:

- Chief complaint, onset, frequency
- Recent progress notes
- Labs and imaging results
- Other Diagnoses
- Office notes with medications tried/failed in the past and any lab work that may have been obtained regarding this patient’s problems.
References:


