

## Press Archive



The AskLeuko Site has been created to answer Sports Injury related questions. Please feel free to e-mail your questions to [askleuko@bsnmedical.com](mailto:askleuko@bsnmedical.com) and our professional Physiotherapy Panel will respond.

I am the coach of an amateur football team. If an athlete sprains the ligaments of the ankle, how would I handle the situation in the first 48 hours? JM

Dear JM,

The most common ligaments injured in an ankle sprain are the outside/lateral ligaments.

The sprain must be treated from the moment it happens and the player must be helped off the field without putting any weight on the foot and further injuring the ligaments.

The first aid principles are as follows (RICE):

- **Rest:** Activities and massage will increase bleeding and therefore increase tissue damage.
- **Ice** the injury for at least 20 minutes every two hours as often as possible.
- Use a **Compression** bandage, like BSN CoPlus to slow down the swelling which is caused by the damaged tissue.
- **Elevate:** Lift the foot to assist drainage away from the injury and towards the heart. At night, put a pillow lengthways under the mattress to keep the foot up.

**Note: If you feel that the injury is severe, refer the player to a doctor or physiotherapist.**



**STRAPPING TIPS:**

**TIP 1: PLANTAR FASCIITIS**

Plantar fasciitis is an overuse condition of the plantar fascia at its attachment on the calcaneus. This pathology resembles a tendonosis and it is caused by a foot structure which puts strain on the fascia. Biomechanically, the foot may be flat or high arched with an over pronating gait. Activities which aggravate the condition include running or dancing. Incorrect footwear will also place the fascia at risk. There are many other aggravating factors such as muscle inflexibility and diminished ankle dorsiflexion which must be taken into account.

**Leukotape P 3.8cm strapping is used as an essential part of the treatment**

- To support the longitudinal arch and control pronation.
- To control the calcaneal neutral position
- Proprioceptively

**The application of the strapping technique is as follows:**

1. The patient lies prone with his foot over the edge of the plinth.
2. Two strips of Leukotape P are used as anchors round the foot. The first strip is just proximal to the metatarsal heads. The second, proximal to the first, overlaps the first by a third. N.B. The anchors must not be too tight.
3. This anchor gives the stability for the next two strips.
4. Starting on the lateral side of the anchor, tape along the lateral side of the foot to the heel.
5. Tape right around the heel and then tape across the medial calcaneus and plantar aspect of the foot to end on the lateral side of the anchor where you began. The last section of the tape is at 45 degrees to the anchor. Repeat a mirror image of the first tape by starting and ending on the medial side of the foot at the anchor.
6. Place two strips over the anchor starting laterally to medially to support the medial arch ( Only one anchor is shown in the photograph. The second anchor would be more proximal. )
7. Always question your patient after you have completed the strapping to ensure that the tape is comfortable.

Please forward any queries or comments with respect to injuries, techniques or Leuko products to [askleuko@bsnmedical.com](mailto:askleuko@bsnmedical.com) for advice from the Leuko Strapping Panel, who are members of the South African Society of Physiotherapy. Selected questions will be loaded onto the BSN medical website [www.bsnmedical.co.za](http://www.bsnmedical.co.za) for reference purposes.

**Refer to the Leuko Strapping Guide for basic guidelines.**

## **TIP 2: ANKLE SPRAIN**

Much has been written about the treatment of a sprained ankle. The Leuko Strapping Guide shows different ways of strapping the ankle, depending on whether it is an acute ankle sprain or an ankle which needs to be taped for "return to play". It is this "return to play" period which may put the ankle joint at risk if not correctly strapped.

The ligaments which stabilize the ankle joint are the ligaments which are injured in an ankle sprain. It is usually the lateral ligaments but sometimes it is the medial. This in turn has an effect on the subtalar joint.

The talus plays a very important role in gait and the stresses on this bone are enormous. It's stability

depends on strong ligaments. If the player returns to sport when the ligaments have not completely healed the heel lock taping method utilizing Leuko Sportstape Premium 38mm or Leukotape P 38cm. strapping is used for this stability. The heel lock is placed over the normal strapping such as the Figure of Six.

**The application of the strapping technique is as follows:**

1. The physiotherapist must be able to strap under the foot and ankle therefore the calf must rest on, for example, a kitbag to give the area height and space.
2. Because the ankle has already been strapped, an anchor is not necessary.
3. Tape 1: Starting on the anterior lateral aspect of leg just above the ankle, the strapping passes around the posterior aspect of the Achilles Tendon.
4. It then runs at 45 degrees over the medial calcaneus, passing under the foot and ending on the anterior aspect of the foot.
5. Tape 2: This is a mirror image of the first tape and passes at 45 degrees over the lateral calcaneus.
6. The aim of this strapping is to lock the heel by forming a triangle of rigid taping.
7. Always question your patient after you have completed the strapping to ensure that the tape is comfortable and that the ankle feels stable.

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