Physiotherapy — left ankle, not recovered at six weeks

Jordan Ellis, born 4 February 1990, MRN 0000-6605. Grade II lateral ligament sprain of 20 May, reviewed at two weeks and again at six. **The two-week review was on track and the six-week one is not**, which is the whole reason for this brief.

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WEEKS

Target to first appointment

INJURED
20 May 2026

REFERRED
1 July 2026

PRIORITY
Routine

CODED AS
S93.4

IMAGING
Not indicated, twice assessed

WORKING
Yes, full duties

Why now. At two weeks he was walking without a limp and the plan was to review only if he was not back to normal by six. He is not. Inversion remains limited at about seventy per cent of the other side and he has not returned to running.

There has been no new injury, no giving way, and no swelling since week three. **This is stiffness and confidence rather than a missed diagnosis.**

On examination. No bony tenderness at either malleolus or the fifth metatarsal base. Anterior drawer remains negative. Full weight bearing, no effusion, and dorsiflexion is now full and symmetrical.

Single-leg balance is held for about eight seconds on the left against more than thirty on the right, which is the clearest objective difference and the one he notices.

Calf circumference is 1cm smaller on the left, consistent with six weeks of reduced loading rather than with anything else.

What has been tried. The home programme was given at the first visit and added to at the second. He has done it most days and can demonstrate it correctly.

Weeks 0–2	Rest, ice, elevation. Ibuprofen for six days, then stopped.
Weeks 2–6	Daily range and strength work; single-leg balance three times a day.
Not tried	Supervised rehabilitation, taping, or a graded running programme.

What is asked. Assessment and a supervised programme, with a graded return to running. He is motivated, compliant with what he has been given, and needs progression rather than instruction.

No imaging is requested and none is indicated on either assessment.

Background. Otherwise well. No inflammatory joint disease, no previous ankle injury on either side, and no diabetes or neuropathy. He plays five-a-side twice a week in an ordinary season and had been running about twenty kilometres a week before the injury.

No regular medicines. No allergies recorded. Non-smoker, alcohol within limits.

Red flags excluded. No night pain, no rest pain, no systemic symptoms, no history of malignancy. Neurovascular examination normal on both assessments, with symmetrical pulses and normal sensation throughout the foot.

Both assessments were documented against the Ottawa rules and neither met the criteria for imaging.

What he has been told. That six weeks is within the normal range for a sprain of this grade, that the referral is for progression rather than because anything has been missed, and that he is not going to make it worse by using it.

He is not anxious about the ankle. He is frustrated by it, which is a different problem and one that supervised progression usually answers.

Practical. He works shifts and can attend before 14:00 on weekdays. He drives, needs no transport and no interpreter, and has asked to be contacted by text rather than by letter.

Direct line **0000 000 0000** during surgery hours. Specimen layout, not for clinical use.