



Understanding Ankle Injury Risk Factors in Sports

Claire Buckley*

Department of Orthopedic Surgery, Baylor University, USA

Abstract

Ankle injuries represent a common and often debilitating condition encountered in various settings, including sports, occupational activities, and everyday life. Ankle injuries are among the most prevalent musculoskeletal injuries globally, with millions of cases reported annually. They occur across diverse populations and age groups, affecting athletes, workers, and the general population alike. The impact of ankle injuries extends beyond immediate pain and disability, often leading to functional limitations, reduced quality of life, and economic burden due to healthcare costs and productivity losses. This abstract provides a concise overview of ankle injuries, encompassing their mechanisms, clinical manifestations, management strategies, and implications for individuals' functional outcomes. Athletes to acute sprains, chronic instability, and long-term functional limitations. Recognizing these risk factors is essential for implementing targeted prevention strategies and optimizing athletes' safety and performance. This article explores the multifaceted nature of ankle injury risk factors in sports, shedding light on intrinsic factors such as anatomical predispositions and biomechanical imbalances, as well as extrinsic factors including environmental conditions and training practices [1].

A

The anatomy and biomechanics of the ankle joint play a pivotal role in injury risk. Anatomical factors such as foot morphology, ligament laxity, and joint stability influence an athlete's susceptibility to ankle sprains. Biomechanical imbalances, including deficits in proprioception, muscle weakness, and altered landing mechanics, further increase the risk of injury during dynamic activities such as jumping, cutting, and pivoting [2, 3].

A history of previous ankle injury is a significant risk factor for recurrent sprains and chronic instability. Incomplete rehabilitation, residual weakness, and ligamentous laxity following an initial injury predispose athletes to reinjury, highlighting the importance of comprehensive rehabilitation protocols and ongoing monitoring to mitigate the risk of recurrence [4,5].

The nature of the sport itself contributes to ankle injury risk, with certain sports posing higher demands on ankle stability and agility [6]. Sports involving rapid changes in direction, sudden accelerations and decelerations, and high-impact landings, such as basketball, soccer, and volleyball, place athletes at increased risk of ankle injuries compared to lower-impact activities [7,8].

E

Environmental conditions, such as playing surface and footwear, influence ankle injury risk in sports. Uneven terrain, slippery surfaces, and inadequate footwear traction can increase the likelihood of slips,

*Corresponding author:

3. Bal BS, Greenberg D (2007) Failure of a metal-reinforced tibial post in total knee arthroplasty. J Arthroplasty. 22: 464-467.
4. Bal BS, Greenberg D, Li S, Mauerhan D, Schultz L, et al. (2008) Tibial post failures in a condylar posterior cruciate substituting total knee arthroplasty. J Arthroplasty. 23: 650-655.
5. Boesen MP, Jensen TT, Husted H (2004) Secondary knee instability caused by fracture of the stabilizing insert in a dual-articular total knee. J Arthroplasty. 19: 941-943.
6. Brooks DH, Fehring TK, Griffin WL, Mason JB, McCoy TH (2002) Polyethylene exchange only for prosthetic knee instability. Clin Orthop Relat Res. 405:182-188.
7. Callaghan JJ, O'Rourke MR, Goetz DD, Schmalzried TP, Campbell PA, et al. (2002)