



Medical Athletic Jargon

Part I—The Ankle

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Below is a “sports dictionary” of terms that you may hear to describe injuries and conditions to the ankle.

Lateral ankle sprains are the most common injury in sports! This injury is to one or more of the three ligaments (structures connecting bone to bone) on the outside of the ankle. The injury usually occurs when just at the moment of loading the foot with body weight, the ankle rolls in a downward and inward direction. The athlete describes a popping or tearing sensation on the outside of the ankle with pain and loss of support. Swelling and tenderness is on the outside of the ankle.

Medial ankle sprains comprise less than 10% of all ankle sprains. This injury usually occurs during landing on another player’s foot or jumping and landing with the foot turned out. The pain and swelling is on the inside of the ankle.

High ankle sprains result in more impairment to performance than the lateral and medial sprain. Weight bearing x-rays are usually taken to check for more than 6 millimeters of clear space (spreading) of the tibia and fibula. Return to sports may take up to three months.

Peroneal tendon subluxation or dislocation: This condition is usually caused by a single traumatic event. Snow skiing and football are the sports with the highest incidence of this condition. Two peroneal tendons (tendons connect muscle to bone) located in a tunnel at the end of the fibula (a bone on the outside of the lower leg) are injured by a sudden upward motion of the ankle. Protectively, there occurs a violent reflexive contraction of the muscles on the outside of the lower leg (peroneal muscles) causing the subluxation.

Avulsion fractures mean that the ligament attachment pulls off a chip fracture of bone.

Achilles Tendonitis (tendon inflammation) is common in runners and jumping athletes such as basketball players, dancers and racquet sports. Tendonitis is usually associated with a recent history of increased sports activities. This may be an increase in intensity of working out, increase in mileage, change in running surface, or even a change in shoes. There is a reported aching or burning pain at the back of the heel.

Achilles Rupture occurs predominantly in adult males between the ages of 30 and 50. A pop is felt behind the ankle. The person feels like they have been shot or kicked in the heel. Rupture requires surgical repair.

Next issue look for Part II—The Foot



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Below is a “sports dictionary” of terms that you may hear to describe injuries and conditions to the foot.

Plantar fasciitis is a chronic inflammation of the support structures on the bottom of the foot which attach to the bottom of the heel (calcaneus). Pain may lessen with activity only to reoccur after rest and with the first steps of the morning. The cause of plantar fasciitis is almost always tight calf muscles with mechanical stress to the arch of the foot. Overuse, poor mechanics or improper shoes are also factors.

Turf toe is an injury to the largest joint of the great toe (MTP joint). It generally occurs on hard surfaces while wearing flexible shoes. The great toe is hyperextended tearing the joint capsule and ligaments. Tape and a rigid shoe are used to block toe extension during recovery which may take 1 to 6 weeks.

Stress fractures most often occur in running athletes and explosive athletes (such as sprinters). There is an aching and swelling in the area of the fracture. Stress fractures may occur in the foot, lower leg, hip or pelvis. A CT scan is used to confirm the fracture. A stress fracture can be envisioned to be like an egg shell that is cracked but still stable. The athlete is removed from sports that involve impact. If the fracture is in the foot, a spring steel insole may be added to the shoe or very stiff shoes may be worn. As with most fractures, healing takes 6 to 8 weeks of protection.

Warts are a common problem in athletes. Warts are tumors caused by a variety of human papillomavirus. Skin callus formation is susceptible to papillomavirus. Plantar warts are transmitted in showers and spread in the moist environment of shoes.

Fungal foot infections are more common in athletes due to increased moisture from sweat, shared towels, moist footwear, locker room floors and minor skin injuries.

Blisters are caused by the repetitive friction of rubbing on the skin surface. This shearing force separates the skin into two layers. The result is that the space between the layers fills with fluid. New skin forms in 10 to 14 days. Proper fitting shoes, socks and use of lubricants can prevent blister formation.

Next issue look for Part III—The Shin