Ankle Pain

Schmitt-Thompson Clinical Content

DEFINITION

- Pain in the ankle.
- Not due to a traumatic injury.
- Minor muscle strain and overuse are covered in this guideline.

PAIN SEVERITY is defined as:

- **Mild (1-3):** Doesn't interfere with normal activities.
- **Moderate (4-7):** Interferes with normal activities (e.g., work or school), awakens from sleep, or limping.
- **Severe (8-10):** Excruciating pain, unable to do any normal activities, unable to walk.

INITIAL ASSESSMENT QUESTIONS

1. ONSET: "When did the pain start?"
2. LOCATION: "Where is the pain located?"
3. PAIN: "How bad is the pain?" (Scale 1-10; or mild, moderate, severe)
 - MILD (1-3): Doesn't interfere with normal activities.
 - MODERATE (4-7): Interferes with normal activities (e.g., work or school) or awakens from sleep, limping.
 - SEVERE (8-10): Excruciating pain, unable to do any normal activities, unable to walk.
4. WORK OR EXERCISE: "Has there been any recent work or exercise that involved this part of the body?"
5. CAUSE: "What do you think is causing the ankle pain?"
6. OTHER SYMPTOMS: "Do you have any other symptoms?" (e.g., calf pain, rash, fever, swelling)
7. PREGNANCY: "Is there any chance you are pregnant?" "When was your last menstrual period?"

TRIAGE ASSESSMENT QUESTIONS (TAQs)

See More Appropriate Guideline

Followed an ankle injury

Go to Guideline: Ankle Injury (Adult)

Foot pain is main symptom

Go to Guideline: Foot pain (Adult)

Thigh or calf pain is main symptom

Go to Guideline: Leg Pain (Adult)

Ankle swelling is main symptom

Go to Guideline: Ankle Swelling (Adult)

Thigh or calf swelling is main symptom

Go to Guideline: Leg Swelling and Edema (Adult)

Go to ED Now

Entire foot is cool or blue compared to other foot

R/O: iliofemoral arterial occlusion (ischemic foot)

CA: 41, 80, 1

[1] Swollen joint AND [2] fever

R/O: septic arthritis, cellulitis

CA: 41, 81, 1

Go to ED/UCC Now (or PCP Triage)

[1] Red area or streak AND [2] fever

R/O: cellulitis, lymphangitis. Note: It may be difficult to determine the rash color in people with darker-colored skin.

CA: 42, 1003, 1006, 1

Patient sounds very sick or weak to the triager

Reason: Severe acute illness or serious complication suspected.

CA: 42, 80, 1

See HCP (or PCP Triage) Within 4 Hours

[1] SEVERE pain (e.g., excruciating, unable to walk) AND [2] not improved after 2 hours of pain medicine

R/O: forgotten trauma, severe joint effusion, severe arthritis, gout

CA: 43, 1001, 3521, 89, 1

[1] Thigh or calf pain AND [2] only 1 side AND [3] present > 1 hour

R/O: deep vein thrombosis (DVT). Note: The patient will likely need a physical exam and duplex ultrasound of the leg. In some healthcare organizations the emergency department may be the best source of care for expediting this evaluation.

CA: 43, 1001, 3521, 89, 1

[1] Calf swelling AND [2] only 1 side

R/O: deep vein thrombosis (DVT). Note: The patient will likely need a physical exam and duplex ultrasound of the leg. In some healthcare organizations the emergency department may be the best source of care for expediting this evaluation.

CA: 43, 1001, 3521, 89, 1

[1] Looks infected (e.g., spreading redness, pus) AND [2] large red area (> 2 inches or 5 cm)

R/O: cellulitis, erysipelas

CA: 43, 1001, 3521, 89, 1

See PCP Within 24 Hours

Looks like a boil, infected sore, or deep ulcer

CA: 44, 1043, 126, 1001, 3521, 1225, 1

[1] Redness of the skin AND [2] no fever

R/O: early cellulitis, inflammatory arthritis

CA: 44, 1001, 3521, 1225, 1

[1] Very swollen joint AND [2] no fever

R/O: forgotten trauma, arthritis

CA: 44, 1001, 3521, 1225, 1

See PCP Within 3 Days

[1] MODERATE pain (e.g., interferes with normal activities, limping) AND [2] present > 3 days

R/O: sciatica, arthritis

CA: 45, 1001, 3521, 1225, 1

[1] Swollen joint AND [2] no fever or redness

R/O: degenerative arthritis

CA: 45, 13, 1001, 3521, 1225, 1

See PCP Within 2 Weeks

[1] MILD pain (e.g., does not interfere with normal activities) AND [2] present > 7 days

R/O: muscle strain, sciatica, arthritis, bursitis

CA: 46, 1001, 3521, 1225, 1

Ankle pain is a chronic symptom (recurrent or ongoing AND present > 4 weeks)

R/O: arthritis

CA: 46, 7, 1001, 3521, 1068, 1225, 1

Home Care

Ankle pain

CA: 48, 5, 1001, 3521, 12, 6, 1

Caused by overuse from recent vigorous activity (e.g., basketball, jogging, pickleball, tennis)

R/O: muscle strain, overuse

CA: 48, 2, 119, 120, 1001, 3521, 3, 1260, 6, 1

CARE ADVICE (CA)

1. **Care Advice** given per Ankle Pain (Adult) guideline.

2. **Reassurance and Education - Overuse:**
   • *Definition*: Muscle strain and joint irritation are very common following vigorous activity. Such activities include sports like tennis and basketball, jogging, and certain types of work.
   • *Symptoms*: People often describe a widespread soreness and aching in the over-used muscles and joints.
   • *Here is some care advice that should help.*

3. **Avoid Overuse:**
   • You should try to avoid (or reduce) any exercise or activity that makes the pain worse for the next 3 days.

5. **Reassurance and Education - Ankle Pain:**
   • The symptoms you describe do not sound serious. You have said that there is no redness, swelling, or fever. You have said that there has been no recent major injury.
   • Ankle pain can be caused by mild arthritis and other minor problems.
   • *Here is some care advice that should help.*

6. **Call Back If:**
   • Severe pain lasts over 2 hours after pain medicine
   • Moderate pain (interferes with normal activities, limping) lasts over 3 days
   • Mild pain lasts over 7 days
   • Signs of infection occur (spreading redness, warmth, fever)
   • You become worse

7. **Reassurance and Education - Ongoing Ankle Pain:**
   • It doesn't sound serious, but ongoing or recurrent ankle pains deserve a medical examination.
   • You should see your doctor (or NP/PA)
   • *Here is some care advice that should help.*

12. **Expected Course:**
   • Pain from a mild sprain or joint irritation usually gets better within a week.
   • If this does not get better during the next week, you should make an appointment to see your doctor (or NP/PA).

13. **Use a Cold Pack if Overuse Injury:**
   • Put a cold pack or an ice bag (wrapped in a moist towel) on the area for 20 minutes.
   • Repeat every 4 hours while awake.
   • Continue this for the first 48 hours (2 days).
   • This will help decrease pain and swelling.
   • *Caution:* Avoid frostbite.

40. **Call EMS 911 Now:**

- Immediate medical attention is needed. You need to hang up and call 911 (or an ambulance).
- *Triager Discretion:* I'll call you back in a few minutes to be sure you were able to reach them.

41. **Go to ED Now:**

- You need to be seen in the Emergency Department.
- Go to the ED at _____ Hospital.
- Leave now. Drive carefully.

42. **Go to ED/UCC Now (or PCP Triage):**

- **If No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next hour. Go to the ED/UCC at _____ Hospital. Leave as soon as you can. **Caution:** See Sources of Care below when considering where to send the patient.
- **If PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the provider on-call now. If you haven't heard from the provider (or me) within 30 minutes, go directly to the ED/UCC at _____ Hospital.

Note to Triager:

- Use nurse judgment to select the most appropriate source of care.
- Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.
- Do not send these patients to Retail Clinics. Retail Clinics have limited services and are not able to manage these patients.

Sources of Care:

- **ED:** Patients who may need surgery, need hospitalization, sound seriously ill or may be unstable need to be sent to an ED. Likewise, so do most patients with complex medical problems and serious symptoms.
- **UCC Is Open:** Some Urgent Care Centers (UCCs) can manage patients who are stable and have less serious symptoms or minor injuries. The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.
- **Office Is Open:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.

43. **See HCP (or PCP Triage) Within 4 Hours:**

• **If Office Will Be Open:** You need to be seen within the next 3 or 4 hours. Call your doctor (or NP/PA) now or as soon as the office opens.

• **If Office Will Be Closed and No PCP (Primary Care Provider) Second-Level Triage:** You need to be seen within the next 3 or 4 hours. A nearby Urgent Care Center (UCC) is often a good source of care. Another choice is to go to the ED. Go sooner if you become worse.

• **If Office Will Be Closed and PCP Second-Level Triage Required:** You may need to be seen. Your doctor (or NP/PA) will want to talk with you to decide what's best. I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again. **Note:** If on-call provider can't be reached, send to UCC or ED.

Note to Triager:

• Use nurse judgment to select the most appropriate source of care.

• Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.

Sources of Care:

• **ED:** Patients who may need surgery or hospital admission need to be sent to an ED. So do most patients with serious symptoms or complex medical problems.

• **UCC:** Some UCCs can manage patients who are stable and have less serious symptoms (e.g., minor illnesses and injuries). The triager must know the UCC capabilities before sending a patient there. If unsure, call ahead.

• **OFFICE:** If patient sounds stable and not seriously ill, consult PCP (or follow your office policy) to see if patient can be seen NOW in office.

44. **See PCP Within 24 Hours:**

• **If Office Will Be Open:** You need to be examined within the next 24 hours. Call your doctor (or NP/PA) when the office opens and make an appointment.

• **If Office Will Be Closed:** You need to be seen within the next 24 hours. A clinic or an urgent care center is often a good source of care if your doctor's office is closed or you can't get an appointment.

• **If Patient Has No PCP:** Refer patient to a clinic or urgent care center. Also try to help caller find a PCP for future care.

Note to Triager:

• Use nurse judgment to select the most appropriate source of care.

• Consider both the urgency of the patient's symptoms AND what resources may be needed to evaluate and manage the patient.

45. **See PCP Within 3 Days:**

• You need to be seen within 2 or 3 days.

• **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment. A clinic or urgent care center are good places to go for care if your doctor's office is closed or you can't get an appointment. **Note:** If office will be open tomorrow, tell caller to call then, not in 3 days.

• **If Patient Has No PCP:** A clinic or urgent care center are good places to go for care if you do not have a primary care provider. **Note:** Try to help caller find a PCP for future care (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

46. **See PCP Within 2 Weeks:**
- You need to be seen for this ongoing problem within the next 2 weeks.
- **PCP Visit:** Call your doctor (or NP/PA) during regular office hours and make an appointment.
- **If Patient Has No PCP:** A primary care clinic is where you need to be seen for chronic health problems. **Note:** Try to help caller find a PCP (e.g., use a physician referral line). Having a PCP or "medical home" means better long-term care.

47. **Home Care - Information or Advice Only Call.**

48. **Home Care:**
- You should be able to treat this at home.

49. **Call PCP Now:**
- You need to discuss this with your doctor (or NP/PA).
- I'll page the on-call provider now. If you haven't heard from the provider (or me) within 30 minutes, call again.

50. **Call PCP Within 24 Hours:**
- You need to discuss this with your doctor (or NP/PA) within the next 24 hours.
- **If Office Will Be Open:** Call the office when it opens tomorrow morning.
- **If Office Will Be Closed:** I'll page the on-call provider now. **Exception:** from 9 pm to 9 am. Since this isn't urgent, we'll hold the page until morning.

51. **Call PCP When Office Is Open:**
- You need to discuss this with your doctor (or NP/PA) within the next few days.
- Call the office when it is open.

52. **Go to L&D Now:**
- You need to be seen.
- Go to the Labor and Delivery Unit or the Emergency Department at _____ Hospital.
- Leave now. Drive carefully.

80. **Another Adult Should Drive:**
- It is better and safer if another adult drives instead of you.

81. **Bring Medicines:**
- Bring a list of your current medicines when you go to the Emergency Department (ER).
- Bring the pill bottles too. This will help the doctor (or NP/PA) to make certain you are taking the right medicines and the right dose.

89. **Call Back If:**
- You become worse

119. **Use a Cold Pack for Pain:**

- Put a cold pack or an ice bag (wrapped in a moist towel) on the area for 20 minutes.
- Repeat in 1 hour, then every 4 hours while awake.
- Continue this for the first 48 hours (2 days).
- This will help decrease pain.
- *Caution:* Avoid frostbite.

120. **Use Heat After 48 Hours for Pain:**

- If pain lasts over 48 hours (2 days), put heat on the sore area.
- Use a heat pack, heating pad, or warm wet washcloth.
- Do this for 10 minutes three times a day.
- This will help increase blood flow and improve healing.
- *Caution:* Avoid burn. Do not sleep on a heating pad.

126. **Antibiotic Ointment - Infected Area:**

- Put a small amount of antibiotic ointment on the infected area 3 times a day.
- You can get this over-the-counter (OTC) at a drugstore.
- Use Bacitracin ointment (OTC in U.S.) or Polysporin ointment (OTC in Canada) or one that you already have.
- Cover the area with a clean gauze or an adhesive bandage (such as a Band-Aid).
- *Read the package instructions on all medicines that you use.*

1001. **Pain Medicines:**

- For pain relief, you can take either acetaminophen, ibuprofen, or naproxen.
- They are over-the-counter (OTC) pain drugs. You can buy them at the drugstore.
- **Acetaminophen - Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4 to 6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take is 10 pills a day (3,250 mg total). *Note:* In Canada, the maximum is 12 pills a day (3,900 mg total).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 6 to 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take is 6 pills a day (3,000 mg total). *Note:* In Canada, the maximum is 8 pills a day (4,000 mg total).
- **Ibuprofen (such as Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take is 6 pills a day (1,200 mg total).
- **Naproxen (such as Aleve):** Take 220 mg (one 220 mg pill) by mouth every 8 to 12 hours as needed. You may take 440 mg (two 220 mg pills) for your first dose. The most you should take is 3 pills a day (660 mg total). *Note:* In Canada, the maximum is 2 pills a day (one every 12 hours; 440 mg total).
- Use the lowest amount of medicine that makes your pain better.

1003. **Pain and Fever Medicines:**

- For pain or fever relief, take either acetaminophen or ibuprofen.
- They are over-the-counter (OTC) drugs that help treat both fever and pain. You can buy them at the drugstore.
- Treat fevers above 101° F (38.3° C). The goal of fever therapy is to bring the fever down to a comfortable level. Remember that fever medicine usually lowers fever 2 to 3° F (1 to 1.5° C).
- **Acetaminophen - Regular Strength Tylenol:** Take 650 mg (two 325 mg pills) by mouth every 4 to 6 hours as needed. Each Regular Strength Tylenol pill has 325 mg of acetaminophen. The most you should take is 10 pills a day (3,250 mg total). *Note:* In Canada, the maximum is 12 pills a day (3,900 mg total).
- **Acetaminophen - Extra Strength Tylenol:** Take 1,000 mg (two 500 mg pills) every 6 to 8 hours as needed. Each Extra Strength Tylenol pill has 500 mg of acetaminophen. The most you should take is 6 pills a day (3,000 mg total). *Note:* In Canada, the maximum is 8 pills a day (4,000 mg total).
- **Ibuprofen (such as Motrin, Advil):** Take 400 mg (two 200 mg pills) by mouth every 6 hours. The most you should take is 6 pills a day (1,200 mg total).

1006. **Pain and Fever Medicines - Extra Notes and Warnings:**

- Follow these dosing instructions unless your doctor (or NP/PA) has told you to take a different dose.
- Acetaminophen is thought to be safer than ibuprofen or naproxen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different maximum dosage instructions for Tylenol in Canada than in the United States. Bayer, the company that makes Aleve, has different dosage maximum instructions for Aleve in Canada and the United States.
- **Caution:** Do not take acetaminophen if you have liver disease.
- **Caution:** Do not take ibuprofen or naproxen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen or naproxen for more than 7 days without consulting your doctor. If you take blood thinners, ibuprofen and naproxen can increase the risk of bleeding.
- *Before taking any medicine, read all the instructions on the package.*

1043. **Cleaning an Infected Wound:**

- Wash the infected area with soap and water daily.
- *Bleeding:* Put direct pressure on the wound for 10 minutes to stop any bleeding. Use a clean cloth or gauze pad.

1068. **Pain Diary:**

- Keep a pain diary.
- Write down the date, time, place, what you were doing at the time, how bad it is, how long it lasts, what makes it better, etc.
- *Reason:* Try to find the cause or some of the triggers.

1225. **Call Back If:**

- Fever occurs
- You become worse

1260. **Wear the Right Shoe for the Right Activity:**

- Wear the correct type of supportive shoes for your exercise or activity.
- Wear running shoes that are made for runners.
- Warm up and gently stretch before your exercise or activity. Gently stretch after the exercise or activity.
- Walk or run on a softer surface (such as dirt, grass) when possible.

3521. **Pain Medicines - Extra Notes and Warnings:**

- Follow these dosing instructions unless your doctor (or NP/PA) has told you to take a different dose.
- Acetaminophen is thought to be safer than ibuprofen or naproxen in people over 65 years old. Acetaminophen is in many OTC and prescription medicines. It might be in more than one medicine that you are taking. You need to be careful and not take an overdose. An acetaminophen overdose can hurt the liver.
- McNeil, the company that makes Tylenol, has different maximum dosage instructions for Tylenol in Canada than in the United States. Bayer, the company that makes Aleve, has different dosage maximum instructions for Aleve in Canada and the United States.
- Some people with muscle and joint pain benefit from using OTC topical pain medicines (such as the topical NSAID diclofenac). Do NOT also take NSAIDs by mouth while using a topical NSAID.
- **Caution:** Do not take acetaminophen if you have liver disease.
- **Caution:** Do not take ibuprofen or naproxen if you have stomach problems, kidney disease, are pregnant, or have been told by your doctor to avoid this type of anti-inflammatory drug. Do not take ibuprofen or naproxen for more than 7 days without consulting your doctor. If you take blood thinners, ibuprofen and naproxen can increase the risk of bleeding.
- *Before taking any medicine, read all the instructions on the package.*

FIRST AID

N/A

BACKGROUND INFORMATION

Key Points:

- Serious signs and symptoms of ankle pain are severe pain, unable to walk, ankle swelling with fever or unilateral calf pain and/or swelling.
- Consider the possibility of deep vein thrombosis (DVT) in anyone with unexplained calf swelling and pain, especially if symptoms are predominantly unilateral.

Causes

Some more common causes of ankle pain are:

- Achilles tendonitis
- Arthritis (e.g., degenerative, gouty, infectious, traumatic)
- Bursitis
- Cellulitis

- Overuse injury, tendonitis
- Trauma (e.g., contusion, dislocation, fracture, sprain, strain)

Some more **serious causes** of ankle pain are:

- *Deep vein thrombosis (DVT):* Typically, there is calf pain and / or swelling rather than ankle pain.
- Septic arthritis (infection of joint)

Triager Tips

Here are some more serious signs and symptoms in a person with ankle pain.

- Ankle swelling with fever (R/O: septic arthritis)
- Severe pain, unable to walk
- Unilateral calf pain and/or swelling (R/O: deep vein thrombosis)

Caution - Deep Vein Thrombosis (DVT)

Consider the possibility of DVT in anyone with unexplained calf swelling and pain, especially if symptoms are predominantly unilateral.

Risk factors include:

- Hypercoagulable states (e.g., pregnancy, cancer)
- Leg or venous injury (e.g., fracture, prior DVT, leg surgery)
- Venous stasis (e.g., casting, long distance travel, prolonged bed rest)

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SEARCH WORDS

ACHILLES TENDON
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ANKLE
ANKLE PAIN
ANKLE PAINS
ANKLE ULCER
ANKLES
ARTHRITIS
BURSA
BURSITIS
JOINT
JOINT PAIN
JOINTS
LEG
LEGS
RHEUMATISM

TENDINITIS
TENDONITIS

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