Chronic Ankle Instability Keeps Rolling Along

Welcome to this special issue of Athletic Training & Sports Health Care, dedicated to novel therapeutic interventions for chronic ankle instability (CAI).

For years, lateral ankle sprains have been known to be the most common injury associated with physical activity and athletic participation, and recent data continue to support this notion. Unfortunately, the evidence indicates that approximately 33% of individuals who have had an initial lateral ankle sprain will develop residual lifelong symptoms, which are often, but not universally, defined as CAI. Some evidence even suggests that as many as 75% of individuals who sprain their ankle will develop residual impairments. Most recently, a strong link has been drawn between CAI and the development of post-traumatic ankle osteoarthritis. Given the high incidence of CAI, it is no surprise that hundreds of articles have been published on both the elusive underlying mechanisms of CAI and the effectiveness of a wide array of therapeutic interventions.

Yet, despite the volume and quality of this body of work, the incidence of CAI development remains a significant public health problem and a major burden of health care systems worldwide. The continued high incidence of CAI, growing population of those with post-traumatic ankle osteoarthritis, and consequent health care burdens clearly indicate that current treatments for CAI are not effective enough. Thus, the goal of this special issue of Athletic Training & Sports Health Care is to explore just a few of the novel approaches to treating CAI currently being investigated via in-depth literature reviews and original research reports.

As a researcher, I am delighted to have this forum to discuss these novel therapeutic interventions as well as new twists on the “oldies but goodies” intervention list. Indeed, not all of the interventions you will read about in this issue of the journal are completely new to the treatment of musculoskeletal injuries or the residual symptoms associated with lateral ankle sprains. For example, balance training is perhaps the most effective therapeutic intervention known for lateral ankle sprains and CAI. However, a “dynamic systems” twist may make balance training even better.

Similarly, manual therapies have been used for centuries but have never become mainstream choices when treating individuals with CAI. Some of the authors featured in this issue revisit these readily

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available modalities and show that we may want to include a hands-on approach.

In my opinion, the most exciting feature of this special issue is the common focus on exploring the possibility of treating CAI-related impairments via the sensory pathways, as opposed to the traditional rehabilitation focus on intervening via the motor pathways.

Whether you are a clinician, educator, or researcher, I hope that you find the articles within this issue interesting, informative, and even a little controversial.

I would like to thank our distinguished group of authors for their hard work and dedication to making this special issue a success. In addition, I would like to thank the manuscript reviewers for their contributions to making this special issue a reality. Special thanks must also go to Tom Kaminski, PhD, ATC, FACSM, FNATA, Editor-in-Chief, and Jaime Harker, ELS, Managing Editor, for their careful guidance and help along the way.

REFERENCES