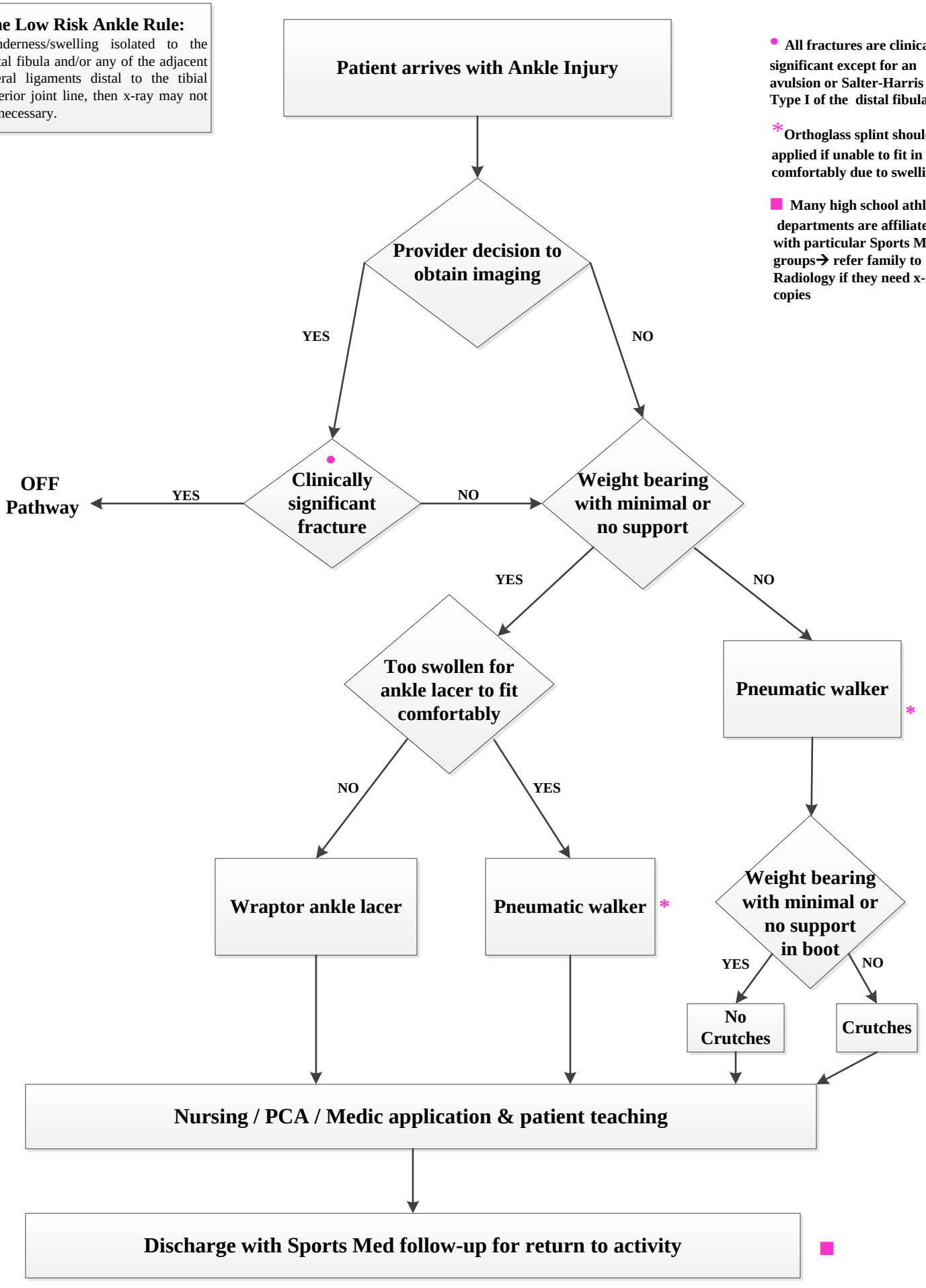
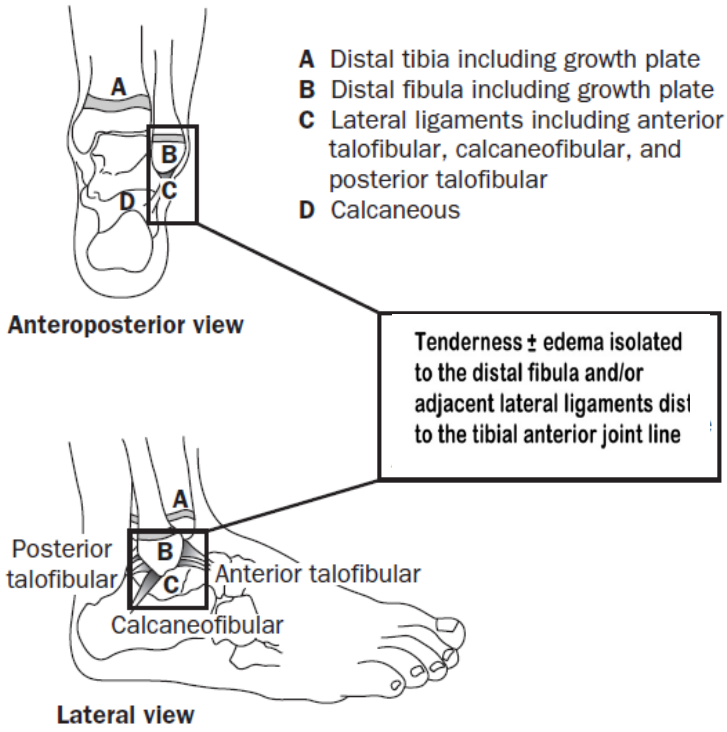
The Low Risk Ankle Rule:
Tenderness/swelling isolated to the distal fibula and/or any of the adjacent lateral ligaments distal to the tibial anterior joint line, then x-ray may not be necessary.



● All fractures are clinically significant except for an avulsion or Salter-Harris Type I of the distal fibula

*Orthoglass splint should be applied if unable to fit in boot comfortably due to swelling

■ Many high school athletic departments are affiliated with particular Sports Med groups→ refer family to Radiology if they need x-ray copies



Low-risk clinical examination

Low-risk clinical exam defined as: isolated pain, tenderness, or both, with or without edema or ecchymosis of the distal fibula below the level of the joint line of the ankle and/or over the adjacent lateral (ie, anterior and posterior talofibular and calcaneofibular) ligaments.

Low risk injuries include: sprain, contusion, lateral talar avulsion fracture, fractures of the distal fibula (non-displaced SH-1 or SH-2, metaphyseal buckle fracture, epiphyseal avulsion fracture).

In a patient with a low-risk clinical exam, an x-ray is not needed as this suggests a low risk injury that can be safely managed using this algorithm.

Low Risk Ankle Rule has a sensitivity of 100% for detecting clinically significant fractures. Consistent use can decrease unnecessary x-rays by up to 63%.

References

Boutis K, Grootendorst P, Willan A, et al. Effect of the Low Risk Ankle Rule on the frequency of radiography in children with ankle injuries. CMAJ. 2013;185(15):e731-38.

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Boutis K, von Keyserlingk C, Willan A, et al. Cost consequence analysis of implementing the Low Risk Ankle Rule in emergency departments. Annals of Emergency Medicine. 2015;66(5):455-67.