Patient-Rated Assessment of Acute Ankle Sprains among Competitive College Athletes

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Disease Oriented Evidence may not be as meaningful to the patient, as it focuses on disease itself. On the other hand, Patient-Oriented Evidence that Matters is meaningful to Health Related Quality of Life of the patient as it includes information about outcomes that directly important to them. The World Health Organization's International Classification of Functioning looks at functioning and disability in a dynamic or complex interaction between various health conditions and contextual factors. The disability is described as impairment, activity limitation, and participation restriction.

Along with the EBP, patient-centered medicine is the guiding principle in the modern medicine. Accordingly, the emphasis in outcome measure is shifting from clinician-based to patient-based outcome measure in recent years.

Ankle sprains are frequently reported to be the most common types of athletic injuries in the literature. Often times, the severity of the ankle sprain is not properly evaluated and incorrectly managed. As a result, athlete often suffer from recurrent ankle sprains and chronic symptoms.

The aim of the first investigation was to provide the evidence of translation, cross-cultural adaptation, validity, and reliability of the Japanese version of the Foot and Ankle Ability Measure (FAAM-J). The Foot and Ankle Ability Measure is a self-reported outcome instruments for the foot and ankle region. Our results provided the evidence of convergent and divergent construct validity with the SF-36 Physical Functioning Subscale, internal consistency, and test-retest reliability of the FAAM-J. The FAAM was successfully translated for the Japanese version, and the FAAM-J was adapted cross-culturally.

The aim of the second investigation was to determine if functional
deficits are present in college basketball players at RTP phase following traumatic lateral ankle sprain in the ADL and Sports subscale of the FAAM-J as well as in single-limb hop tests (SLHTs). Based upon the scores of FAAM-J ADL and SP, collegiate basketball players were in fact cleared for RTP without full recovery following traumatic lateral ankle sprains. Furthermore, subjects had significantly higher perceived instability and greater pain with the SLHTs with the involved limbs.

The purpose of the third investigation was to evaluate the prognostic ability of clinician-rated measures and the FAAM-J for the duration of disability after traumatic lateral ankle sprains among competitive, collegiate basketball players. The results indicated statistically significant correlations of PROM, pain associated sports activity (Pain SP), and FAAM-J Sports subscale with the number of days to the RTP. Therefore, the FAAM-J, Pain SP, and dorsiflexion PROM were relevant in predicting the number of days needed for competitive, collegiate basketball players to achieve RTP after traumatic lateral ankle sprain.

Collectively, these investigations showed the effectiveness of patient-rated measures as prognostic and outcome evaluation tools of collegiate basketball players following traumatic lateral ankle sprains, providing the POEM for such population and condition. The results of the current study provided further evidence, emphasizing the importance of incorporating patient’s perspectives in assessment of traumatic lateral ankle sprains in addition to more prevalent clinician-rated measures.