INTRODUCTION

Ankle injuries are one of the most common problems seen by physicians and in emergency departments; unless these injuries are properly managed, they may lead to ankle instability and serious disability. Chronic ankle instability (CAI) has been reported to occur in approximately 31% to 40% of people with a previous history of a lateral ankle sprain **(Hubbard et al., 2007).**

Stability of the ankle depends upon three factors: Bony architecture, Ligaments, and Joint capsule. Ligaments are four groups: the lateral ligamentous complex, lateral subtalar ligaments, medial ligaments (deltoid ligament), and distal tibiofibular interosseous ligamentous complex.

In the standing, dorsiflexed position, ankle joint stability is conferred principally by articular congruity. In the non-weight-bearing, planterflexed position, ankle joint stability is mostly conferred from ligamentous structures **(Bucholz et al., 2006).**

Ankle instability can be classified into acute and chronic ankle instability. Two primary causes of chronic ankle instability (CAI) have been deemed responsible; mechanical ankle instability (MAI) and functional ankle instability (FAI) **(Hubbard et al., 2007).**

Ligamentous ankle instability can be classified into: lateral, medial and syndesmotic instability. Over 90% of ankle ligament injuries involve the lateral ligamentous complex **(Solomon et al., 2001).**

Ankle instability due to internal derangements; include occult avulsion fracture and osteochondritis dissecans of talus **(Canale et al., 2008).**

Diagnosis of ankle instability depends mainly upon: 1. History taking, 2. Clinical examination, and 3. Radiographic examination. History is important to detect the nature of injury and any other diseases. Clinical examination depends upon careful palpation of all structures that are potentially involved and clinical stress tests. Radiographic parameters can be obtained from plain x-rays and they are enough to provide an objective measurement of ankle instability and are useful not only in diagnosis, but also in planning treatment program. M.R.I. and arthrography can help to establish the diagnosis **(Bucholz et al., 2006).**

Today, the preponderance of evidence suggests that early recognition and conservative treatment are appropriate for most acute traumatic ankle ligament ruptures. Surgical treatment is usually reserved for chronic, recurrent ankle instability **(Bucholz et al., 2006).**