



# Many a SLIP

A sprained ankle is probably the most common injury for squash players. However, many players do not deal with it as well as they could. Getting early diagnosis and treatment is crucial if long-term issues such as persistent pain, swelling and giving way are to be avoided. *Phil Newton* provides an update on the classic treatment for sprains.

The acronym RICE has been used for many years to remind people how to deal with soft-tissue injuries such as a sprained ankle. However, several additions to the basic RICE recipe have made an appearance over the years. While some are based on common sense and sound medical knowledge, others could do more harm than good.

Let us first take a look at the basic RICE treatment approach for a sprained ankle. Then we will look at some of the additions and assess their suitability to this common injury.

## The basics

RICE, as you no doubt know, stands for rest, ice, compression, elevation.

Rest is an obvious thing to do if you have just turned your ankle and it is painful, throbbing and starting to swell. Initially, rest should involve the avoidance of weight bearing. So using a pair of crutches is recommended even for mild sprains. This need only be for a day or two for mild injuries, but longer where a more complex injury has been suffered.

However, the early signs and symptoms that a relatively mild and

straightforward sprain injury produces can be remarkably similar to those that you get with more severe degrees of injury. So it is better to be over-cautious with the rest aspect of the treatment for the first 24–48 hours after the sprain injury.

Ice is the first thing that well intentioned first aiders rush for when someone turns an ankle. This is not a bad thing, but sticking ice on an injury for prolonged periods immediately after it has happened is not the single best thing to do. Ice will reduce pain and may minimise swelling. However, the most effective way of stopping an ankle from swelling is to apply firm compression.

Compression may come third in the list but that is only in the interest of creating a memorable acronym. It is definitely not because it is the third most effective thing for the first aider to do!

Applying firm compression shortly after a soft-tissue injury is a very effective way of reducing the amount of swelling that will develop. Limiting swelling is important, as it aids the healing process and shortens the recovery period.

Elevation is probably the most overlooked aspect of early soft-tissue injury management. Keeping the damaged area elevated reduces blood pressure at the injured site and reduces swelling.

In the case of a sprained ankle the mantra “toes as high as you nose” should be used. Sitting with your foot on a couple of pillows is not enough. The damaged area should be higher than your heart. Elevating the mattress of your bed with a pillow or two is therefore a good strategy for the first night or two following an ankle sprain.

The basic RICE approach should be implemented over the two to three days following a sprain injury. After that, the best and quickest results will be obtained by following a comprehensive rehabilitation programme, which should be overseen by a physiotherapist.

“ Sticking ice on an injury immediately after it has happened is not the best thing to do. ”



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## Add-ons

So much for the basic, tried-and-tested RICE approach to the treatment of a sprained ankle. How about some of the add-ons that have been suggested over the years, such as PRICE or RICEM or RICEN?

The P in PRICE stands for 'protection'. This is essentially an expansion of the 'rest' part of the basic RICE recipe and refers to the use of strapping or some form of brace to protect the damaged ligaments from movement that could cause further injury.

However, strapping an ankle effectively and safely after a sprain injury has to be done by someone who knows what they are doing if it is not to cause problems. A protective brace is less problematic. Braces that provide some compression as well as stability are the best to use. Aircast braces were the first to use air cells to compress the joint and are the most efficient.

The M in RICEM is for 'movement'. Subjecting the freshly injured area to a controlled amount of movement has been shown to stimulate the healing process and result in a stronger repair. However, this is not a first aid treatment. Performing the wrong type of movement at an inappropriate time can cause further injury. You should therefore see a physiotherapist, as they are the 'movement experts' when it comes to injuries.

The N in RICEN is for non-steroidal anti-inflammatory medication, such as ibuprofen tablets or gel. Using anti-inflammatory drugs would seem to be a good idea immediately after a sprain injury. However, it is not. So unless told otherwise by an appropriate authority (i.e. a medical practitioner, not 'some bloke' at the club), do not pop anti-inflams immediately after an ankle

sprain. The reason for this is that these drugs block the production and synthesis of certain chemicals that the body produces following injury. Inflammation is the basis of the healing process, so anything that

interferes with it can slow down the very thing that we want to optimise – the body's capacity to heal itself.

“ **Sitting with your foot on a couple of pillows is not enough.** ”

## Key points

- Apply the basic RICE approach following a sprain or strain.
- Don't give priority to ice over compression and elevation.
- Don't take anti-inflammatory medication immediately after a sprain or strain (unless your doctor says otherwise).
- Seek the advice of a physiotherapist as soon as possible.

## IRVING'S TOP PRACTICES



Formerly one of the world's top players, Liz Irving now coaches in Amsterdam. She is the coach to

world no.1 Nicol David. In a new series of articles exclusive to *The Squash Player*, Liz shares with you her favourite practices.

### 1 Turn Defence into Attack

One of the abilities that good squash players acquire is knowing when to defend and when to attack. Better still is developing the ability to turn defence into attack. There is one great shot that can do this, the most underrated shot in squash.

Let's consider the situation where your opponent boasts you wide and deep into the front corner and you are late to the ball. What are your options? At this stage you should be thinking only about creating time to recover the T. A good lob is the ideal shot for this situation.

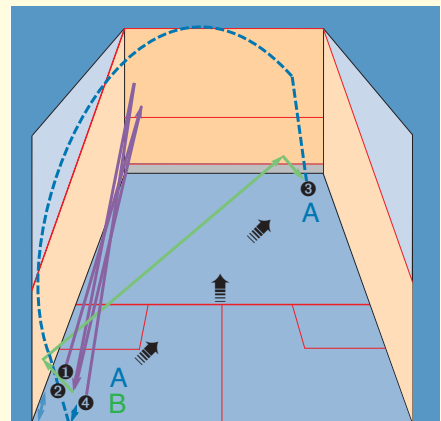
One of the best lobbers in the game was Lisa Opie, who in 1991 broke a 30-year drought of 'home' British Open winners. I trained with and played against Lisa on many occasions when I was based in Nottingham, where Lisa, Martine Le Moignan and many top men trained. Lisa used the slow lob to great effect. It hung in the air for ages. She also followed the lob up extremely well with cutting nicks and drops that stayed very short. She was the best in the sport at this in her time.

The basic boast and lob practice is a good way of getting your eye in. Then try one of my top practices: straight drive, boast, lob.

**Player A (backcourt) straight drives; Player B (backcourt) boasts; A lobs; B straight; A boasts; etc.**

In this practice both players are moving up and down the court and alternating shots so it is brilliant for movement. After boasting, Player B runs along the diagonal. Player A pushes back from the drive and economically and rhythmically regains the T with a little split jump (this is your 'starting blocks' position, from which you can move in any direction), then goes on to retrieve the boast.

When lobbing, keep the ball out in front of you and not between you and



1. Player A straight drives to the backcourt;
2. Player B boasts; 3. Player A moves through the T and then lobs. 4. Player B straight drives and the players continue, alternating shots.

the side wall. Bring your racket down under the ball and then up on it towards the front wall. A flick of the wrist from underneath the ball can be used when there is little time for a backswing. Your target is high on the front wall. Aim high and find the right pace of shot. The lob should drop deep in the corner within half a racket's length of the back wall.

An alternative is to allow the frontcourt player to lob crosscourt or straight, which makes the exercise an all-court practice.