

The International Ankle Consortium: Promoting Long-Term Stability in Ankle-Sprain Research

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The International Ankle Consortium (IAC), formed in 2004, is an international community of researchers and clinicians who seek to promote and improve the progression and dissemination of information related to conditions affecting the ankle complex, particularly lateral ankle sprains (LASs) and chronic ankle instability (CAI), among physically active populations. We are a collegial network that strives to support the ongoing growth of scientific and clinical evidence to elucidate the mechanisms and characteristics of ankle injuries in an effort to optimize interventions and improve the lives of affected patients.

The primary venue by which the IAC disseminates the work of its collegial network is the International Ankle Symposium (IAS). This meeting has been hosted every 2 to 3 years by selected members of the IAC in an effort to present and discuss the most contemporary theories and research related to acute and chronic ankle sprains and instability.

Another focus of the IAC is to endorse standards of clinical research on ankle injuries. These endorsements exist as isolated statements of standards (eg, patient inclusion criteria for studies of CAI, best practices for the evaluation of ankle instability), as well as summary statements from each IAS meeting that present the major findings and updates from the scientific discourse.

A BRIEF HISTORY

The IAC was an idea that arose in 2004. Four years earlier, a small group of international researchers met in Ulm, Germany, to convene the first IAS. Athletic training researchers Jay Hertel, PhD, ATC, FNATA, FACSM, and Thomas W. Kaminski, PhD, ATC, FNATA, FACSM, attended this meeting. They decided to perpetuate the idea and hosted the second IAS at the University of Delaware in 2004. The concluding town hall-style session led to the idea that a consortium of international experts should be established to maintain the momentum from the first 2 IAS meetings, and Drs Hertel and Kaminski became the first codirectors of the IAC. Along with international researchers and clinicians, they guided the growth of the IAC over the next several years through subsequent symposia held in Dublin, Ireland, in 2006 and Sydney, Australia, in 2009.

Before the fifth IAS meeting held in Lexington, Kentucky, in 2012, a group of individuals led by Drs Hertel and Kaminski, who had been involved in the IAS meetings since 2004, held a retreat to review the progress

and discuss the trajectory of the IAC. Plans were formalized for the group to serve as the executive committee of the IAC. Drs Hertel and Kaminski recommended that they pass the leadership on as the group transitioned into a consortium, and we were asked to assume the new roles of IAC codirectors.

ACCOMPLISHMENTS

The IAC Executive Committee believed that the influence of this international group could extend beyond organizing successful research meetings. Other similar organizations had been successful in promoting their disciplines by creating position statements to help guide research in their field and the day-to-day practice of clinicians. We determined that clarity was needed to improve the quality and consistency of studies involving patients with CAI. Much of the work presented at the IAS meetings and in the published literature¹ demonstrated a lack of consistency regarding the inclusion criteria for CAI cohorts. Therefore, we produced the first consensus statement from the IAC to address this topic. This position statement outlined a recommended minimum set of standard inclusion criteria for enrolling participants with CAI as well as recommendations to improve the reporting of their characteristics in research studies. We envisioned that this initiative would enhance the ability of the international community to more consistently compare and share information about these patients. The *Journal of Orthopedic and Sports Physical Therapy (JOSPT)* agreed to publish our work as the primary source in 2013.² As a testament to the editors of *JOSPT* and the reputation of our group of authors, *JOSPT* agreed to a publication in partnership with the *Journal of Athletic Training (JAT)*³ and the *British Journal of Sports Medicine (BJSM)*.⁴ To date, the consensus statement published in these 3 journals has been cited 313 times (unpublished data, Scopus, accessed May 14, 2019).

After the first consensus statement was published, the executive committee determined the next topic area that needed addressing was to inform the research and clinical communities of the long-term consequences of ankle sprains. The phrase “it’s not just an ankle sprain” had become very common at the IAS meetings. Patients who sustain an LAS early in life are likely to develop lingering joint instability and pain and high rates of reinjury, which lead to reductions and interruptions in physical activity and

the early onset of ankle osteoarthritis. The long-term effects of an ankle sprain create a substantial public health care burden. This document was presented in 2016 as a 2-part publication in *BJSM*: a consensus statement⁵ and accompanying comprehensive evidence-informed literature review.⁶ In that short time, these 2 articles have been cited 83 times (unpublished data, Scopus, accessed May 14, 2019).

Most recently, a third statement from the IAC was published in 2018 in *BJSM* to present an evidence-informed consensus on the clinical assessment of patients with acute LASs.⁷ Using a Delphi method, the executive committee and selected clinicians from around the world arrived at recommendations for undertaking a structured clinical assessment of acute lateral ankle sprains. This consensus yielded the **Rehabilitation-Oriented ASessmentT** (ROAST) statement, which guides clinicians in objectively identifying mechanical and sensorimotor impairments after acute LAS that are associated with CAI. The message conveyed in ROAST has also been summarized in an accompanying infographic.⁸ We expect that these resources will help clinicians to use the objective outcomes of their structured clinical assessment to guide the treatment they administer to patients with acute LASs.

The IAC Executive Committee has been very active since 2013 in producing consensus statements. These have been well received in the scientific community and appear to be influencing ankle research and clinical practice internationally. Our hope is that the IAC will continue to shape evidence that provides utility to clinicians and researchers interested in improving the condition of patients with ankle sprains and ankle instability.

GOING FORWARD

The eighth IAS will take place October 3–4, 2019, in Amsterdam, the Netherlands. As codirectors of the IAC, we are excited to have the opportunity to share the history and trajectory of the IAC in this special issue of *JAT*. At the upcoming meeting, we will present a plan to realign the leadership of the IAC to be more inclusive and to formalize membership. We hope this will begin the next important growth phase of the IAC. We are grateful to the many

supporters of the IAC, including the current and past editors of *JAT*, *JOSPT*, and *BJSM*, who have provided a platform for the IAC to grow and become known to international researchers and clinicians. For those interested in patients with ankle sprains and instability, we invite you to attend the next IAS meeting and to consider becoming involved with the IAC as the organization continues to expand. More information is available at <https://www.ias2019.amsterdam>.

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