

Ankle Rehabilitation

Non-surgical

*If patient is being seen by Dr. VanThiel, please see www.orthoillinois.com/find-a-provider/geoffrey-s-van-thiel-md/therapy-protocols for therapy protocol.

Phase I

- Modalities:
 - prn for pain and swelling (ice, IFC, compression, retro-grade massage)
 - Consider contrast bath if significant edema
- Brace: as directed by physician
- ROM:
 - PROM and stretches
 - AROM in pain-free range, goal is to restore full ROM
 - Joint mobs to talocrural, subtalar, inter-metatarsal and MTP joints
- Exercises/Strengthening:
 - Isometrics
 - Knee/hip/core strengthening – within any WB precautions
 - Foot intrinsic strengthening
 - Bike
 - Weight-shifting

Phase II

- Modalities: Continue prn
- Brace: as directed by physician
- Gait:
 - WB as directed by physician
 - Continue weight-shifting, progressing as tolerated
- ROM: Continue as in phase I
- Strengthening/Balance:
 - Light manual resistive exercises
 - Progress to theraband as tolerated
 - Knee/hip/core strengthening, progressing to closed-chain as tolerated – within any WB precautions
 - Begin balance training as tolerated

Phase III

- Modalities: Continue prn
- Gait: WBAT

- Brace: D/C'd
- ROM: Continue as II but more aggressive
- Strengthening/Balance:
 - BAPS board
 - Progress balance activities
 - Progress with closed-chain strengthening

Phase IV

- Advance to running and agility drills, plyometrics, sport-specific activities as tolerated
- Testing: Less than 25% deficit for non-athletes, less than 20% for athletes

Progress from one phase to the next once patient has achieved all goals in previous phase with no increased pain levels

Adapted From:

- 1) Brozman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003
- 2) Wilk, KE. Non-Operative Rehabilitation for Lateral Ankle Sprain. 2019.