

LATERAL ANKLE SPRAIN

Rehab Protocols

 www.TheAmericanOrthopedics.com/resources



Dr. Drew Ratner

PHASE I MAXIMUM PROTECTION

Guidelines

- Reduce inflammation
- Modify provocative activity as necessary
- Reduce pain, swelling, and inflammation
- Offload ligaments as appropriate
- Manual therapy as indicated
- Strengthen/stretch unaffected muscle groups Identify and correct imbalances and asymmetries
- Low impact, symptom free cardiovascular activity
- Avoid inversion stress and eversion loading
- Corrective footwear, boot, or bracing as needed

Criteria for Progression

- UltraSling x 6 weeks
- Controlled pain, swelling, and inflammation
- Ability to ambulate in tennis shoe
- Tolerate exercises addressing identified imbalances, asymmetries, and isolated weaknesses

PHASE II ROM & GRADED STRENGTHENING

Guidelines

- Continue to address pain, swelling, and inflammation
- Manual therapy as needed
- Restore ROM all planes
- Heraband strengthening all planes
- Progressive OKC and light CKC hip and lower extremity strength
- Gait and functional movement pattern training Bilateral to unilateral proprioceptive and strength exercises
- Begin PREs for ankle inversion/eversion with focus on eccentric control
- Deep water pool running, other non impact, non painful cardiovascular training

Criteria for Progression

- Controlled pain, swelling, and inflammation
- Normalized pain free gait in tennis shoe, d/c boot/brace as appropriate
- Normal ROM all planes
- Minimal or no pain with passive inversion or resisted eversion

Call **864-807-9998** with any questions
about rehab protocols.



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PHASE III – PROGRESSIVE STRENGTHENING & GRADED PLYOMETRICS

Guidelines

- 90% passive ROM, 80–90% AROM by 12 weeks. Larger tears and patients with poor tissue quality
- Manual therapy as needed
- PREs all planes, emphasize eversion and plantar flexion eccentrics and end range strength
- Terminal stretching as appropriate
- Advance unilateral proprioceptive exercise; unilateral heel raise
- Reflex reaction, postural training, and perturbation training
- Advance global CKC strengthening, vary ankle position as appropriate
- Low amplitude plyometric training as functionally appropriate (emphasis on frontal plane)
- Low impact functional training (i.e. A skips, ladder drills)
- Alter-G progression

Criteria for Progression

- Normal, pain free MMT all planes
- 15–20 single leg heel raises, off step edge or 10 degree decline
- Single leg squat with good mechanics
- Pain free low impact and low amplitude loading

PHASE IV – ADVANCED STRENGTHENING, DYNAMICS, & RETURN TO SPORT

Guidelines

- Manual therapy as needed
- Continue to work on multiplanar strength, flexibility, plyometrics, and proprioception
- Advance impact loading, jump loading, running progressions, sport specific progressions
- On field progressions with sport specific surface and equipment
- Reassess need for functional bracing/orthotic fitting

Criteria for Progression

- MD and PT clearance
- Pass return to sport testing
- Perform sport specific movement patterns with progressive load and volume, without pain
- Minimal to no disability as measured by ankle stability specific outcome measure (ie Ankle Instability Instrument)

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Page 2