



## **Ankle Rehabilitation** (non-surgical)

### **Phase I (1 – 5 days post-injury)**

- Modalities
  - Prn for pain and swelling (ice, IFC)
  - Consider contrast bath if significant edema
- ROM
  - PROM and stretches
  - AROM in pain-free range
  - Joint mobs to talocrural, subtalar, intermetatarsal and MTP jts.
- Strengthening
  - Isometrics
  - Knee/hip strengthening (open-chain if WB restricted or not tolerated)
- Gait
  - WB as directed by physician
  - Begin wt shifting if WB allowed
- Boot/brace wear: as directed by physician

### **Phase II (5 days – 4 weeks post-injury)**

- Modalities: continue prn
- ROM: continue as phase I
- Strengthening/Balance
  - Light manual resistive exercises
  - Progress to Theraband as tolerated
  - Knee/hip strengthening, progressing to closed-chain as tolerated (as weight bearing allows)
- Gait
  - WB as directed by physician
  - Continue wt shifting, progressing as tolerated
- Boot/brace wear: as directed by physician

### **Phase III (4 – 10 weeks post-injury)**

- Modalities: continue as needed
- ROM: continue as phase II but more aggressive
- Strengthening/Balance
  - BAPS
  - Balance board
  - Progress from double to single leg balance activities
  - Progress with closed-chain strengthening
- Gait: WBAT
- Boot/Brace: D/C'd



**Phase IV (10+ weeks post-injury)**

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

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2<sup>nd</sup> Ed. Philadelphia: Mosby; 2003
- 2) Zachazewski JE et al. Athletic injuries and rehabilitation. Philadelphia: WB Saunders Co; 1996