ANKLE REHABILITATION PROTOCOL

		▪ Tandem stance ▪ Single leg balance ▪ Rocker board ▪ Foam or Waffles single leg balance ▪ Wobble board ▪ Mini-trampoline ▪ Bosu ball ▪ Balance beam - Cardiovascular exercise (ie. biking) - Core strengthening	▪ Tandem stance ▪ Single leg balance ▪ Rocker board ▪ Foam or Waffles single leg balance ▪ Wobble board ▪ Mini-trampoline ▪ Bosu ball ▪ Balance beam - Cardiovascular exercise (ie. biking) - Core strengthening
	PRECAUTIONS	No passive end-range INV or PF	No passive end-range DF No passive end-range ER / EV
	CRITERIA FOR PROGRESSION TO PHASE 3	1. Full ROM 2. Minimal pain 3. 70-80% strength compared to unaffected 4. Able to do single-leg balance test for 30 sec, eyes closed	1. Full ROM 2. Minimal pain 3. 70-80% strength compared to unaffected 4. Able to do single-leg balance test for 30 sec, eyes closed
PHASE 3 (> 3 WEEKS up to > 12 MONTHS)	**GOALS**	1. More aggressive strengthening 2. More aggressive proprioceptive training 3. Sport-specific / Work-specific functional and agility training	1. More aggressive strengthening 2. More aggressive proprioceptive training 3. Sport-specific / Work-specific functional and agility training
	REHABILITATION GUIDE	- Continue to progress strengthening in all planes ▪ Standing calf raises double leg → single leg - Cardiovascular exercise (ie. biking) - Progress proprioceptive training with perturbations - Begin running as tolerated - Functional activities ▪ Skipping, jumping, hopping, twisting, figure-8 running, stair climbing, lifting, carrying, pushing, pulling, squat, crouching - Begin sport- and work-specific activities ▪ Sport-specific skills and drills ▪ Work circuits (include material and non-material handling abilities) - Begin plyometrics and agility training late in program as tolerated - Incorporate core strengthening and stability into functional activities - Progress to independent Home Exercise Program	- Continue to progress strengthening in all planes ▪ Standing calf raises double leg → single leg - Cardiovascular exercise (ie. biking) - Progress proprioceptive training with perturbations - Begin running as tolerated - Functional activities ▪ Skipping, jumping, hopping, twisting, figure-8 running, stair climbing, lifting, carrying, pushing, pulling, squat, crouching - Begin sport- and work-specific activities ▪ Sport-specific skills and drills ▪ Work circuits (include material and non-material handling abilities) - Begin plyometrics and agility training late in program as tolerated - Incorporate core strengthening and stability into functional activities - Progress to independent Home Exercise Program
	PRECAUTIONS	Careful with dynamic activities in lateral planes	Careful with dynamic activities involving end-range DF (ie. plyometrics) or pivoting
	CRITERIA FOR RETURN TO SPORT/ RETURN TO WORK	1. Pain free 2. 85-90% strength compared to unaffected 3. Able to complete sport-specific / work-specific testing 4. Bracing and/or taping during athletics for at least 1 year post-injury	1. Pain free 2. 85-90% strength compared to unaffected 3. Able to complete sport-specific / work-specific testing

ANKLE REHABILITATION PROTOCOL

		Lateral Ligaments	Symdesmotic Ligaments
PHASE 1 CONSERVATIVE Rx (0-4 DAYS) **NOTE: Rehab Phases may be 2x the length for Syndesmosis Injuries**	**GOALS**	1. Protection of injured joint 2. Pain management 3. Control inflammation 4. Progress WB as tolerated	1. Protection of injured joint 2. Pain management 3. Control inflammation 4. Progress WB as tolerated
	REHABILITATION GUIDE	-Protection with ankle brace (if ++ pain, severe injury, or poor muscle activation) - May be NWB with crutches for 24 hours, but should progress WB as tolerated immediately - NSAIDS, RICE, electrical stimulation short-term for pain, cryotherapy - Start gentle ROM exercises as tolerated immediately - AROM of the toes - Strengthening and ROM for the knee and hip (quads, hamstrings, gluteus medius and maximus, hip adductors) - Manual mobilizations - Biking	- Protection with ankle brace or air cast boot - Often require crutches for ambulation until normal gait pattern achieved; progress WB as tolerated immediately - NSAIDS, RICE, electrical stimulation short-term for pain, cryotherapy - Start ROM exercises as tolerated immediately (may take 1-2 weeks for more severe injuries) - AROM of the toes - Strengthening and ROM for the knee and hip (quads, hamstrings, gluteus medius and maximus, hip adductors) - Biking
	PRECAUTIONS	No active or passive inversion (INV) past neutral No active or passive plantar flexion (PF) past resting position No forceful eversion (EV)	No active or passive end-range dorsiflexion (DF) No active or passive external rotation (ER) / eversion (EV)
	CRITERIA FOR PROGRESSION TO PHASE 2	1. Pain and inflammation controlled 2. Near normal gait pattern	1. Pain and inflammation controlled 2. Near normal gait pattern with crutches
PHASE 2 (2-4 DAYS up to 6 WEEKS)	**GOALS**	1. Full ROM 2. Normal mobility 3. Increase strength 4. Improve neuromuscular control and proprioception 5. Promote function	1. Full ROM 2. Normal mobility 3. Increase strength 4. Improve neuromuscular control and proprioception 5. Promote function
	REHABILITATION GUIDE	- AROM exercises - PROM with towel or stretching of gastroc / soleus in WB position - Gait training, encouraging normal gait pattern - Manual mobilizations - Begin strengthening: ▪ Isometric → CON/ECC with theraband, towel slides, and seated heel-toe raises → CKC exercises (ie. standing calf raises, squats, lunges) ▪ ** CON Peroneals and ECC Tibialis Posterior ▪ NMES may be used initially over peroneals or tibialis posterior for muscle re-education - Begin proprioception: ▪ BAPS board	- AROM exercises - PROM with towel or stretching of gastroc / soleus in WB position - Gait training, encouraging normal gait pattern - Manual mobilizations - Begin strengthening: ▪ Isometric → CON/ECC with theraband, towel slides, and seated heel-toe raises → CKC exercises (ie. standing calf raises, squats, lunges) ▪ ** CON Peroneals and ECC Tibialis Posterior ▪ NMES may be used initially over peroneals or tibialis posterior for muscle re-education - Begin proprioception: ▪ BAPS board