Nonoperative ankle sprain protocol

Ankle Sprain Classifications **Approximate Time to Return to Full Activity**

Grade I……1 – 2 Weeks
Grade II……..……..…2 – 4 Weeks
Grade III……...……....8 – 10 Weeks
Grade IV (high)……..…12 – 16 Weeks

ANKLE SPRAIN NONOPERATIVE PROTOCOL

	WEIGHT BEARING	FOCUS	EXERCISES	PRECAUTIONS
PHASE I Acute Phase	PWB + ASO ankle brace	*Control pain and swelling *Restore pain free ROM *Normal gait pattern	• RICE, ESTIM Massage for edema control • Pain-free active ROM in all planes • Towel scrunch and/or marble pick up • Isometric ankle strengthening • Open chain hip strengthening	*Minimize joint effusion and edema *Avoid forceful DF and rotation to protect healing structures
PHASE II Strengthening	WBAT + ASO brace	* Full AROM * Normal gait at higher speeds	-Bicycle without resistance -Ankle isotonics with Theraband, seated heel raises, seated toe raises (pain free ROM), body weight squat -Double-limb standing activities on foam, standing hip isotonics	*Minimal pain with activity • Minimal swelling • Pain free AROM and higher level gait
PHASE III Functional Strengthening	WBAT + ASO brace	Pain free functional weightbearing activity • Advance strengthening • Initiate sport specific exercise/ agility	- continue LE strengthening -begin plyometric training -progress proprioception exercise -Begin running and functional training	***• D/C to HEP if:** • Full functional strength, balance and proprioception • Painfree return to sports • Knowledge of injury prevention/use of functional brace as needed

HIGH ANKLE SPRAIN/SYNDESMOSIS NONOPERATIVE PROTOCOL

	WEIGHT BEARING	FOCUS	EXERCISES	PRECAUTIONS

PHASE I Acute Phase	NWB in CAM boot	*Control pain and swelling *Restore pain free ROM	RICE, ESTIM ROM-Ankle pumps, ankle circles, toe curls Strengthenig- Ankle isometrics, hip AB/Ext/ER isotonics	*Minimize joint effusion and edema *Avoid forceful DF and rotation to protect healing structures
PHASE II Sub-Acute Phase	WBAT with CAM boot	* *Maintain ROM and flexibility *Progress WB and normalize gait mechanics *Improve strength and initiate double-limb balance exercises	-Gastroc/soleus towel stretch, tilt board/wobble board ROM -Bicycle without resistance -Ankle isotonics with Theraband, seated heel raises, seated toe raises (pain free ROM), body weight squat -Double-limb standing activities on foam, standing hip isotonics	*Avoid forceful DF and rotation to protect healing structures
PHASE III Strengthening Phase	FWB in shoes + ASO ankle brace	*Maximize strength, initiate CKC exercises *Maximize neuromuscular control, initiate single-limb exercises *Initiate treadmill walking	- Gastroc/soleus wall stretch, ROM/Stretching standing tilt board/wobble board ROM - Bicycle/elliptical/treadmill -single-limb heel raises, forward lunges, lateral lunges, resisted hip AB walks, plank and side plank, single-limb bridge -Single-limb standing activities	*Avoid forceful DF and rotation to protect healing structures *Caution pivoting or lateral movements *Not cleared to return sports
PHASE IV Return to sports	FWB in shoes	*Continue dynamic strengthening and proprioceptive exercises *Initiate jog-to-run progression *Initiate cutting, pivoting and sport specific drills	- Gastroc/soleus wall stretch, standing tilt board/wobble board ROM -jogging -continue single-limb squat and dead lift -single-limb balance with step-up on uneven surfaces -wall jump, double-leg vertical jumps -initiate sports-specific drills	*Cleared for return to sport per physician

Flexor Hallucis Longus Tendonitis/Posterior Impingement Non-Operative Physical Therapy Protocol

General Rehabilitation Guidelines

Treatment is usually conservative. Initially:

- NSAIDS
- Ice
- Active rest
- Avoidance of excessive plantarflexion, heel lifts or heel raise exercise
- Achilles stretches (address tightness at ITB, HS and Piriformis as well)
- Ultrasound, phonophoresis, iontophoresis
- Soft tissue mobilization to stress the posterior capsule