

Rehabilitation Protocol: Lateral Ankle Sprain – Non-Operative

Progression is **criteria-based**; timeframes vary with severity – mild sprains often return to sport within days to 2 weeks, while severe sprains may take 3–4 months. Use an external support (brace or tape) and progressively bear weight. Please contact our office with any questions or concerns.

☐ Phase I – Protection and Optimal Loading (Weeks 0–2)

- **Support:** Lace-up or semi-rigid ankle brace or taping. Severe sprains: semi-rigid brace or walking boot for up to 10 days per our office.
- **Weight bearing:** Progressive WBAT; crutches as needed until gait is normal
- **Edema/pain:** Repeated intermittent ice, compression, elevation; lymphatic drainage; NSAIDs per our office
- **Manual therapy:** Soft tissue and grade I–II joint mobilization in a pain-free range, including AP talar glides
- **Exercise:** Protected pain-free AROM (alphabet, dorsiflexion/plantarflexion, eversion); avoid forced inversion/plantarflexion; isometrics; gait training; begin double-leg balance; hip and core strengthening; cardio (bike, upper body)
- **Criteria to Progress:** Tolerating full WB; decreasing pain and swelling

☐ Phase II – Sub-Acute (Weeks 2–6)

- **Treatment**
 - Restore full AROM/PROM – joint mobilization (AP talar glides for dorsiflexion), calf stretching
 - Resisted dorsiflexion, eversion, inversion and plantarflexion (bands, progress resistance); heel raises
 - Balance and neuromuscular training: single-leg stance on firm to unstable surfaces, eyes open to closed
 - Normalize gait; postural re-education; continue swelling management; wean support as tolerated
- **Criteria to Progress:** Non-antalgic gait; full AROM/PROM; ankle strength 5/5

☐ Phase III – Late (Weeks 6–10)

- **Treatment**
 - Closed chain strengthening; single-leg heel raises; multidirectional reach (Y-balance) training
 - Dynamic balance and perturbation training
 - Begin hopping and plyometrics (double to single leg), running and agility drills
- **Criteria to Progress:** ≥25 single-leg heel raises; Y-balance ≥80% symmetry

☐ Phase IV – Return to Sport (Weeks 10+)

- **Treatment**
 - Sport-specific drills, cutting and change of direction; graded return to practice and competition
 - Brace or tape for sport
- **Return to Sport:** Y-balance and hop tests ≥90% symmetry; no increase in swelling or pain with sport-specific activity; clearance from our office

Secondary Prevention

- Prophylactic bracing plus continued proprioceptive and balance training to reduce re-injury and chronic ankle instability



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Contact Our Office

- Inability to bear weight, persistent swelling or pain beyond expected timeframes, or recurrent giving way