Ankle sprain Rehab Protocol Prescription

Patient Name:  

Date:  

Diagnosis: Ankle sprain  L / R

Number of visits each week: 1 2 3 4  

Treatment duration _______ weeks

Acute Rehab Phase
Crutch use until a normal gait pattern is achieved
Ankle bracing
Manual therapy as indicated
Active range of motion in all planes
Foot intrinsic strengthening
Gentle isometric strengthening exercises
Modalities as indicated
Daily HEP to also include ice, elevation, compression
Criteria for progression to subacute phase:
   - Minimal swelling/pain
   - Near full painless range of motion

Subacute Rehab Phase
Continue bracing for activity
Manual therapy as indicated
Continue active range of motion with light terminal stretching
4-plane theraband strengthening
Continue foot intrinsic strengthening
Initiate balance and proprioception exercises
Stationary biking and aqua-jogging in a pool (if available)
Modalities as indicated
Daily HEP
Criteria for progression to functional phase:
Minimal swelling/pain with light activity
Normal pain-free gait pattern with varying speeds and surfaces

**Functional Rehab Phase**
- Continue bracing for activity
- Evaluate for any core and hip weakness and treat accordingly
- Begin double leg squats, calf raises, and toe raises
- Progress to single leg squats, calf raises, and toe raises
- Advance balance and proprioception exercises
- Initiate elliptical trainer and treadmill walking as tolerated, then straight plane jogging
- Controlled lateral agility work
- Modalities as indicated
- Daily HEP
- Criteria for progression to maintenance phase:
  - Minimal swelling/pain with functional phase activities

**Maintenance Phase**
- Consider bracing for activity/sports (not mandatory)
- Advanced single leg balance and proprioception exercises
- Progress lateral agility exercises and advanced agility drills
- Functional activity/sports-specific training
- Phase out supervised rehab
- Advance home strengthening program to be done daily
- Encourage maintenance gym work-outs focusing on core and hip strengthening

**ADDITIONAL COMMENTS:** __________________________________________________________

**Concerns or questions:**
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**Physician Signature:**