

Lateral Ankle Sprain Return to Play Protocol

Acute Phase: Days 1-3

Goals: Decrease pain and swelling, protect from further injury

1. Pain and swelling management (RICE, GameReady, compression sleeve, ice, e-stim)
2. Protection of injured ligaments (taping, splints, casting, walking boot, etc.)
3. Gait-WBAT
4. Ankle and balance exercises, integrating proprioception.

Before progressing to step 2:

- No recurrence of signs/symptoms

Sub-Acute Phase: 2-4 days to 2 weeks

Goals: Decrease/eliminate pain, increase ROM, decrease swelling, increase strength

1. Continue pain and swelling management (compression sleeve, GameReady, brace, KT tape, Mulligan taping, effleurage)
2. Subtalar and talocrural joint mobilizations
3. ROM with pain-free range: DF/PF/EV/IV AROM, calf stretching, ABCs
4. Increase weight bearing of affected extremity during gait - weight transfers
5. Isometric strengthening (foot intrinsic exercises, also)

Before progressing to step 3:

- Normal gait pattern
- Adequate Level of conditioning

Rehabilitative Phase/Functional Phase: 2-6 weeks

Goals: Regain ROM and strength, increase endurance and proprioception

1. Continue joint mobilizations and stretching
2. Progress to pain-free concentric and eccentric strengthening exercises (both open chain and closed chain)
3. Proprioception exercises (balance board, BAPS board, single leg stance etc.) – can include dribbling/ball handling with these exercises
4. Gait training-promote equal weight bearing and weaning of assistive devices
5. Endurance activities (stationary biking, swimming, walking, etc.)
6. Functional and Sports specific drills
 - a. Straight ahead jogging-> running
 - b. Integrate Cutting, jumping etc.
 - c. Sprint change of direction drills

Before progressing to step 4:

- Equal ROM and strength bilaterally (within 90% contralateral)
- No Pain with running or cutting
- Adequate and pain free 30sec SL balance with eyes closed

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- No pain with SL calf raise or hop in place

Functional Phase: 6 weeks+ (if needed)

Goals: Return to full activity and function

1. Continue strengthening exercises
2. Coordination and agility training-depends on patient's prior level of function, recreational activities, and goals
3. Jump training focusing on even takeoffs and proper landing mechanics
4. Return to Play Activities
 - a. Non-contact drills
 - b. Contact-drills in practice
 - c. Full Release to Game action

Return to Play Criteria

- Patient must be full weight bearing.
- Strength within 90% of uninjured ankle.
- ROM must be even bilaterally for all ankle motions.
- SL balance should be comparable to uninjured side.
- No swelling before activity.
- Patient reported pain level at a 4 or lower.
- Tape or brace if necessary.
- Athlete must complete hop test and agility test before RTP.