

LATERAL ANKLE SPRAINS, GRADE I, II, III REHABILITATION PROTOCOL

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GOALS:

1. Grade I sprain returns in 3-5 days.
2. Grade II sprain returns in 5-10 days.
3. Grade III sprain returns in 14-21 days.
4. The worst thing to do for an ankle sprain is not to use it. It is important to weight bear and begin active range of motion to minimize time away from activities. An ankle which does not do this will swell up like a balloon and take longer to rehabilitate. Use of an aircast cryocuff may help to reduce edema/swelling throughout the course of treatment. Ice decreases the metabolic needs in the area and decreases the need for oxygen (which helps with healing); it also causes the blood vessels to constrict (which decreases the amount of swelling).

DAY 1-3:

Daily Treatment:

*Active range of motion with elevation and cold compression: Cryocuff (Aircast) or ice packs.

*Elevation above level of heart. This will assist in moving the hemorrhage and swelling out of the injured area.

*Support: open basketweave taping (with ½" felt horseshoes on medial and lateral malleolus, if available) - tubigrip stocking over tape from toes to below knee. If unavailable, substitute ace wrap. Compression will help to decrease the amount of bleeding and swelling.

*Gait: WBAT with crutches - it is very important to bear weight on the injured ankle and to ambulate with a normal gait pattern as soon as possible.

*Home program: Ice, elevation, active range of motion,

isometrics.

DAY 3-8:

Daily or Every Other Day Treatment:

*Contrast Bath: Whirlpool, warm to 98 to 100 degrees F for 15 minutes.

*Exercise Program:

1. Heelcord stretching - heelcord box stretching - have back against wall to stretch out, place heelcord box inclined away from wall.
2. Anterior tibialis, 30 repetitions, with 1 pound (ankle dorsiflexion).
3. Posterior tibialis, 30 repetitions, with 1 pound (ankle inversion).
4. Peroneals, 30 repetitions, with 1 pound (eversion) as tolerated. If you cannot tolerate, perform without weights.
5. Proprioception as tolerated up to 5 minutes - run foot over a ball, etc.
6. Exercise bike, 5-10 minutes.

*Cold compression: cryocuff or ice bag for 15 minutes.

*Elevation, active range of motion - especially work on ankle dorsiflexion.

*Application of open basketweave taping/tubigrip.

*Progression off crutches. Progress to full weight bearing with normal gait on crutches. Advance to one crutch on nonaffected side with crutch and injured ankle moving forward and contacting the ground at the same time. May discontinue crutches only when no limping occurs. Limping should not be allowed because it will result in posterior tibialis dysfunction, semimembranosis bursitis, and sacroiliac pain.

*Return to sports when able to perform sports - specific functional activities without limitations.

DAY 9-14:

Continue every other day treatment:

*Begin with warm whirlpool.

*Continue and progress with isotonic exercise program to 50 repetitions with 3 pounds.

*Add closed kinetic chain activities as follows:

1. Exercise bike: 15-30 minutes. Set seat so lower leg is flexed to 15 degrees.
2. Min-trampoline: running, 5 minutes.
3. Sport cord: running, 5 minutes.
4. Sport cord: carioca right and left, 5 minutes each.
5. Sliding board, 5 minutes, for proprioception.
6. Begin sports specific activities, as tolerated.

*End with cold compression, elevation, and active range of motion in cryocuff or with ice bag wrap for 15 minutes.

*May return to taping or begin with bracing as indicated.

Recommend ankle wrap with ace bandage or tubigrip for enhanced edema control. If lace-up brace is preferred, recommend Swede ankle brace.

*Return to sport with bracing (Aircast Ankle Stirrup) and/or ankle taping.