

## Lateral Ankle Sprain

Week one	Weeks two to four
<b>Initial Evaluation</b>	<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Active range of motion</li> <li>➤ Edema</li> <li>➤ Gait (generally WBAT)</li> <li>➤ Instability/joint laxity</li> <li>➤ Assess RTW and sport expectations</li> <li>➤ Abnormal lower extremity biomechanics/deviations</li> </ul>	<ul style="list-style-type: none"> <li>➤ Active range of motion</li> <li>➤ edema</li> <li>➤ Balance / single leg stance</li> <li>➤ Gait and brace use</li> </ul>
<b>Patient Education</b>	<b>Patient Education</b>
<ul style="list-style-type: none"> <li>➤ Support Physician prescribed meds</li> <li>➤ Reinforce use of brace and assistive device if needed</li> <li>➤ Discuss frequency and duration of treatment (2-3x/wk is expected for 4-6 weeks depending on how the patient presents)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Wean from crutches if still in use week 2</li> <li>➤ Wean from brace if used by week 4</li> </ul>
<b>Therapeutic Exercise</b>	<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Initiate stationary bicycle</li> <li>➤ May complete isotonic exercises in closed or open chain (avoid end range inversion)</li> <li>➤ Towel stretching for gastroc and soleus</li> <li>➤ Single leg stance if tolerated</li> </ul>	<ul style="list-style-type: none"> <li>➤ Stationary bicycle</li> <li>➤ Progress squatting activity and forward step-up</li> <li>➤ Single leg isotonic exercises in all planes (pocketbook, resistive band, and or MAAE)</li> <li>➤ Progress to closed chain exercise on unstable surfaces week 4</li> <li>➤ Single leg dynamic balance activity (OTIS/IT IS Airex activities) week 4</li> </ul>
<b>Manual Techniques</b>	<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction</li> <li>➤ PROM if needed</li> </ul>	<ul style="list-style-type: none"> <li>➤ Retrograde soft tissue mobilization for edema reduction</li> <li>➤ PROM if needed</li> </ul>
<b>Modalities</b>	<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>	<ul style="list-style-type: none"> <li>➤ Modalities may be used as needed for edema and pain reduction</li> </ul>
<b>Goals</b>	<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Control pain</li> <li>➤ Reduce edema</li> <li>➤ Restore normal plantarflexion and dorsiflexion AROM</li> </ul>	<ul style="list-style-type: none"> <li>➤ Normal gait</li> <li>➤ Restore normal AROM all planes</li> <li>➤ No pain with ADL's</li> </ul>

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<b>Weeks four to discharge</b>
<b>Evaluate</b>
<ul style="list-style-type: none"> <li>➤ Strength and balance</li> <li>➤ Address any deficits that may limit return to work or sport goals</li> <li>➤ HEP compliance</li> </ul>
<b>Therapeutic Exercise</b>
<ul style="list-style-type: none"> <li>➤ Progress balance activity to single leg dynamic activity and unstable surfaces</li> <li>➤ Cardiovascular training (bike, swim and elliptical)</li> <li>➤ Sports specific exercises</li> <li>➤ Complete agility and running activity as tolerated</li> <li>➤ May begin bilateral low level plyometrics as tolerated</li> <li>➤ Encourage participation in the CFA</li> </ul>
<b>Manual Techniques</b>
<ul style="list-style-type: none"> <li>➤ Any as indicated</li> </ul>
<b>Modalities</b>
<ul style="list-style-type: none"> <li>➤ Any as indicated</li> </ul>
<b>Goals</b>
<ul style="list-style-type: none"> <li>➤ Normal strength</li> <li>➤ Return to work or sport</li> <li>➤ Independence with HEP</li> </ul>

**REFERENCES:**

McKenzie, MJ and Casby, J: Standard of Care: Ankle Sprain. Cowell and McInnes (reviewers): Brigham and Women’s Hospital, Inc., Dept. of Rehabilitation Services, 2010.

Chung-Wei, CL, Hiller, C and de Bie, R: Evidence-based Treatment for Ankle Injuries: A Clinical Perspective. W.S. Maney & Son, Ltd (eds): Journal of Manual and Manipulative Therapy, 2010.

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