

ANKLE SPRAIN

Rehabilitation Program and Physical Therapy Protocol



SCAN FOR THE
ONLINE VERSION



Stanford
MEDICINE

Key Principles

Move early. Prolonged immobilization slows recovery. Getting the ankle moving and bearing weight within the first few days once tolerable with pain leads to a faster return to normal activity than resting it in a boot or cast.

Balance training is the single most important part of this program. It is what helps prevent the ankle from being injured again. Roughly one in three patients who are consistent with the program avoid a repeat sprain. **Keep it up even after the ankle starts to feel better.**

This program moves in phases. Advance when the criteria for each phase are met. The time ranges are typical expectations only. The severity and type of injury guides where you may start in the program. Patients with longer standing chronic instability typically start at Phase 2 or 3.

What you need:

- ☐ Ankle brace or boot if prescribed
- ☐ Resistance band ☐ Pillow or foam pad
- ☐ Wall or counter for support

What to Expect

Phase 1 First 3–10 days	Phase 2 Weeks 1–3	Phase 3 Weeks 3–6	Phase 4 Weeks 6–12
Protect and start moving	Restore motion and strength	Balance training	Return to sport
At home	Mostly at home with therapist education	With your therapist	With your therapist



Why This Matters

Ankle sprains are often treated casually, but some people who sprain an ankle go on to develop a chronically unstable ankle that keeps giving way. **Completing a rehabilitation program significantly reduces the chance of another sprain**, and starting it promptly matters.

If the ankle keeps giving way despite completing this program, we generally want to see three to six months of consistent bracing and rehabilitation before further evaluation. Call the office if you cannot put weight on the ankle, if pain or swelling is getting worse rather than better, or if you feel catching or locking in the joint.

Wear a Brace When You Return

Consider wearing a brace for sports for up to 12 months after the injury. Bracing may meaningfully reduce the chance of spraining the ankle again. **Bracing plus this exercise program together works better than either alone.**



Start With These

In the first few days, these are what will help most with pain and swelling.



A brace or boot if we prescribe it. Put weight on the ankle as tolerated. Crutches only if you cannot bear weight at all. If your sprain is severe you may be given a walking boot for up to 10 days first.



Ice for 15 to 20 minutes after exercising and at the end of the day, with a thin cloth between the ice and your skin. Repeat as needed with 20 minutes on, 20 minutes off.



Elevation above the level of your heart when resting.



Anti-inflammatory medication (NSAIDs) or acetaminophen for pain if tolerated.



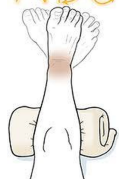
Adjuncts to consider with physical therapy include ultrasound, laser therapy, electrical stimulation therapy

1 PHASE 1 Protect and Start Moving

⌚ First 3 to 10 days 🏠 At home

The goal is to control swelling, protect the ligament, and get the ankle moving. Keeping the ankle immobilized for a sprain >10 days may delay the recovery process.

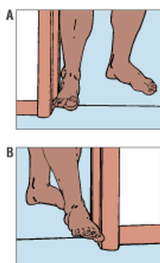
ABC

**1 Ankle alphabet****2 to 3 times daily**

Sitting with the foot off the ground, use your foot to spell out the alphabet in the air. Move only within the range that does not hurt. Vary it by using capitals, lower case, and cursive.

2 Ankle pumps**3 sets of 20 · 3 times daily**

Point the foot down and then pull it up toward you as far as is comfortable. This helps push swelling out of the ankle as well as restoring motion.

**3 Four-way isometrics****5 holds of 5 seconds each direction · 2 times daily**

Push the foot against a wall, a table leg or your other foot in each of four directions (up, down, inward and outward) **without letting the ankle move**, just to get the muscles to contract. If this is too painful, do the exercises against gravity only.

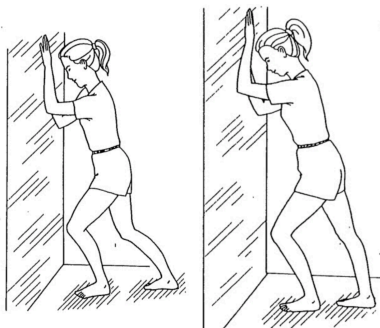
Alternative - Hold a strong resistance band around the foot and push against it in the same four directions. The band must be strong enough that the ankle does not move.

➞ Move to Phase 2 when you can walk in the brace without a limp, swelling is going down, and walking pain is 3 out of 10 or less.

2 PHASE 2 Restore Motion and Start Strengthening

⌚ Weeks 1 to 3 🏠 Mostly at home with therapist education

The goal is full motion of the ankle and the start of resistance work.

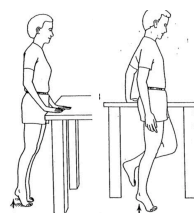
**4 Ankle motion and calf stretch****5 holds of 30 seconds · 2 times daily**

Knee-to-wall - Stand facing a wall with the foot flat and the toes a few inches back. Drive the knee forward toward the wall keeping the heel down. Measure how far the toes are from the wall and work to match the other side. This is your best measure of progress. If it stays limited, your therapist can use hands-on joint mobilization.

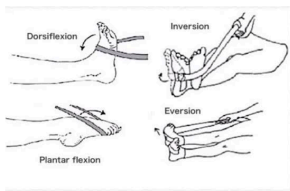
Calf stretch - With forearms on a wall and the injured leg back, keep the heel down and the knee straight, then lean forward. Repeat with that knee slightly bent to reach the deeper calf muscle. The knee-to-wall drill works the joint; this works the muscle.

**5 Start balancing****3 holds of 30 seconds · daily**

Begin balance work as soon as you can stand comfortably. Start on both feet with eyes open, then both feet with eyes closed, then standing on the injured leg with eyes open. This is the beginning of the most important part of the program, so start it here rather than waiting.

**6 Heel raises****3 sets of 15 · hold 5 seconds**

Holding a counter for balance, rise up onto the toes and hold, then lower slowly. Start with both feet and progress to the injured leg alone once that is comfortable.

**7 Four-way band strengthening****3 sets of 10 to 15 each direction · 3 days per week**

Using a resistance band, work the ankle up, down, inward, and outward against the band. Outward is the priority, since those muscles are the ones that protect against rolling the ankle. Move up a band color every one to two weeks once the current one is easy.

➞ Move to Phase 3 when the knee-to-wall measurement is within an inch of the other side, band work is pain-free at moderate resistance, and you can stand on the injured leg for 20 to 30 seconds.

3 PHASE 3 Balance Training

⌚ Weeks 3 to 6 🧑 With your therapist

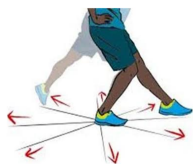
Aim for 20 to 30 minutes, 3 days per week, for at least 6 weeks.

**8 Single-leg balance progression****3 holds of 30 seconds · 3 days per week**

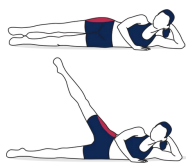
Stand on the injured leg. Work through the progression in order: eyes open on firm ground, then eyes closed, then on a pillow or foam pad, then with movement added such as reaching with the other leg, turning your head, or tossing a ball. Advance only when the current level is steady.

**9 Unstable surface work****5 sets of 40 seconds · 60 seconds rest**

Start with both feet and progress to the injured leg alone. Begin on a folded towel or pillow. Your therapist will progress you to harder surfaces such as a foam pad or wobble board.

**10 Three-direction reaches****3 sets of 8 reaches each direction**

Standing on the injured leg, reach the other foot as far as you can forward, then back and inward, then back and outward, touching down lightly and returning to the start. Keep your balance throughout.

**11 Hip strengthening****3 sets of 12 each**

Side-lying or standing band hip abduction, hip extension and standing hip external rotation. Add these at this stage as a supplement.

➞ Move to Phase 4 when you can balance on the injured leg with eyes closed on foam for 30 seconds, your reach distances are within about 90 percent of the other side, and you can jog in a straight line without pain.

4 PHASE 4 Return to Sport

⌚ Weeks 6 to 12 🧑 With your therapist

Progress through each step only when the previous one is pain-free.

1 Hopping: double-leg hops in place, then forward and sideways, then single-leg hops.

2 Jumping: jumping and landing from a small box with quiet controlled landings.

3 Agility: progress from jogging to running to sprinting, then figure-eight and zig-zag runs from wide to tight turns.

4 Sport: cutting and pivoting and finally sport-specific drills.

➞ You are ready for full sport when you feel confident on the ankle, have full motion and strength compared with the other side, your balance is symmetric and you can hop and change direction at about 90 percent of the uninjured leg.

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