



Mark D. Scholl, M.D., P.C.

ORTHOPEDIC SPORTS MEDICINE SURGEON

LATERAL ANKLE SPRAIN - GRADES I & II

Phase I- Maximum Protection / Edema control (weeks 0 to 1):

- Ice and modalities to reduce pain and inflammation.
- Compression wrap / taping.
- Use of felt lateral malleolus horseshoe - goal to minimize swelling and restore malleolar definition.
- WBAT in brace/boot/taping. Advance off crutches as comfort allows.
- Elevation.
- Begin active ROM as comfort allows. Avoid inversion.
- Stationary bike.

Phase II- Progressive Range of Motion and Early Strengthening (1-2 weeks):

- Continue with modalities to reduce swelling and control pain.
- Wean off crutches as instructed.
- Continue with active range of motion with light terminal stretching.
- Begin BAPS - seated, progress to standing.
- Foot intrinsic strengthening.
- Begin closed chain progression bilateral progressing to unilateral (squats, calf raises, toe raises).
- Proprioception drills.
- Bike, elliptical, treadmill walking.
- Hydrotherapy if available. Pool jogging if comfort allows.

Phase III- Progressive Strengthening (average: weeks 2-4):

- Continue with modalities to reduce swelling.
- Restore full range of motion all planes.
- Continue with open and closed chain ankle and foot intrinsic strengthening.
- Progress difficulty of proprioception drills.
- Begin straight plane dry land jogging.
- Begin controlled lateral agility work .

Phase IV- Advanced Strengthening – Return to Sports (average: weeks 4-6):

- Continue with modalities as needed.
- Continue with end range stretching.
- Progress strengthening and proprioception.
- Advance to sprinting and agility drills. May need brace or tape.
- Simulate return to sport activity with field or court drills.
- Must demonstrate a negative clinical exam and pass a strength and agility test with greater than 90% efficiency for physician release.