

Ankle Grade II Sprain Rehabilitation Program

The Gundersen Health System Sports Medicine Ankle Grade II Sprain Rehabilitation Program is an evidence-based and soft tissue healing dependent program which allows patients to progress to vocational and sports-related activities as quickly and safely as possible. Individual variations will occur depending on patient tolerance and response to treatment. Patients usually progress to full activities in 3-4 weeks. For **grade I** sprains accelerate program by 1-2 weeks with return to activities expected within 1 week. For **grade III** the program can be decelerated 1-2 weeks with return to activities around 4-6 weeks. Please contact us at 1-800-362-9567 ext. 58600 if you have questions or concerns.

Phase I: 0-1 weeks	Phase II: 1-3 weeks	Phase III: 3 weeks+
ROM: Per patient tolerance	ROM: Full with no limitations	ROM: Full with no limitations
WB: WBAT with crutches until normal gait pattern re-established	WB: WBAT with crutches until normal gait pattern	WB: Full with no limitations
Brace: Possible use of Jones splint or active ankle. Ace wrap with felt horse shoe pad	Brace: Active ankle brace	Brace: Active ankle or lace-up brace
Modalities: Cryotherapy Pulsed US for 3-5 days Continuous US after 3-5 days IFC for pain and/or swelling	Modalities: Cryotherapy Continuous US IFC for pain and/or swelling	Modalities: Cryotherapy
<p>RX: Recommendations: Emphasis on protection, rest, ice, compression, and elevation</p> <p>Bike without resistance</p> <p>PROM / AAROM / AROM per tolerance</p> <p>Flexibility exercises gastroc-soleus- towel stretch, slant board</p> <p>Isometric DF / PF progress to isotonic</p> <p>Multi-angle isometric INV/EV</p> <p>Total leg strengthening</p> <p>Hip 4 way SLR</p> <p>Hamstrings isotonic</p> <p>Quadriceps isotonic</p> <p>Balance / Proprioception exercises partial WB avoiding inversion if inversion sprain</p> <p>CV conditioning</p> <p>Core stability training</p> <p>Upper body exercises</p> <p style="text-align: right;">Updated 12/03</p>	<p>RX: Recommendations: Progress per patient tolerance</p> <p>Bike with resistance</p> <p>2 wks Elliptical Runner, Stairmaster</p> <p>PROM / AAROM / AROM</p> <p>Flexibility exercises gastroc-soleus- slant board</p> <p>Isotonic DF / PF</p> <p>Isokinetic DF/PF VSRP 60-120 deg per second</p> <p>Isotonic INV / EV</p> <p>Isokinetic INV/EV progress to VSRP 60-180 deg per second</p> <p>Total leg strengthening</p> <p>Hip 4 way SLR</p> <p>Hamstring isotonic</p> <p>Quadriceps isotonic</p> <p>Isokinetic quadriceps/hamstrings</p> <p>CKC exercises – leg press, step-ups, squats, FW and lateral partial lunges progress to full lunges at 2 wks</p> <p>2 wks Lateral movements – sideshuffles, euro glide</p> <p>Sub-max impact activities</p> <p>Balance / Proprioception</p> <p>Perturbation training</p> <p>Core stability / CV conditioning</p>	<p>RX: Recommendations: Progress per patient tolerance</p> <p>Bike with resistance</p> <p>Elliptical Runner / Stairmaster</p> <p>Running program if 75% strength</p> <p>Flexibility exercises</p> <p>Isotonic or Isokinetic DF/PF</p> <p>Isotonic or Isokinetic INV/EV</p> <p>Total Leg Strengthening</p> <p>Hip strengthening</p> <p>CKC exercises</p> <p>Balance / Proprioception</p> <p>Perturbation training</p> <p>Plyometrics / Agility exercises / Sport-specific exercises if 75% strength</p> <p>Core stability / CV conditioning</p> <hr/> <p>Testing 3 wks Biodex Test FXN Test when appropriate</p> <hr/> <p>Return to Work/Sport</p> <p>No pain or effusion</p> <p>Full ROM</p> <p>Isokinetic Strength- 90%</p> <p>Functional Tests – 90%</p> <p>MD approval</p> <p>Brace for athletic activities</p>

Ankle Grade II Sprain Reference List

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- Mattacola CG, Dwyer MK. Rehabilitation of the ankle after acute sprain or chronic instability. *J of Athletic Training*. 2002. 37(4): 413-428.
- Richie DH. Functional instability of the ankle and the role of neuromuscular control: A comprehensive review. *J of Foot Ankle Surg*. 2001. 40(4):240-251.
- Zoch C, Fialka-Moser V, Quittan M. Rehabilitation of ligamentous ankle injuries: A review of recent studies. *Br J Sports Med*. 2003. 37:291-295.