Lateral Ankle Ligament Stabilization Protocol

POSTOPERATIVE REHABILITATION

0-3 w – Boot at night for sleeping
- Non-weightbearing x 4 days.
- Progress to Weightbearing as Tolerated at 4 days in CAM boot. Knee scooter recommended for mobility assist
- Begin Towel stretches at day 4
- May remove all dressings day 4 and shower. DO NOT SUBMERGE
- 3 times daily x 30 PF/DF (calf pumps) out of boot.
- May ride stationary bike in boot
- NWB Hip and knee exercises allowed

CLINICAL: (3-6 w) WBAT in CAM boot – progress to ASO Brace. May remove boot for sleeping, bathing and hygiene

Goals: Decrease pain, Control edema, Increase range of motion and muscle contraction tolerance

THERAPY: 3-6 w
- Weightbearing as tolerated for gait, passive and active inversion/eversion
- Progress out of Boot to ASO brace
- Range of motion exercises, Active range of motion in 4 planes
- Progressive resistance exercises of the hip/knee/ankle
- Soft tissue mobilization and modalities as needed
- Proprioception/balance exercises

CLINICAL: (6-9 w) WBAT in ASO. May remove all braces when symptoms subside

Goals: Control edema and pain, Increase strength and tolerance to single-limb stance and advanced activities, Improve proprioception and stability of ankle, minimize gait deviations on level surfaces

THERAPY: 6-8 w
- Isometric exercises
- Active range of motion of ankle for all ranges against gravity
- Standing bilateral heel raises and squats and lunges
- Treadmill and stationary bike and pool therapy
- Elastic tubing and balance board exercises
- Proprioceptive neuromuscular facilitation

CLINICAL: (9-12 w) Ankle strengthening and return to sports

Goals: Full active and passive range of motion, return ankle strength to 80% of uninvolved side, self-
management of edema and pain

**THERAPY: 8-10 w**
- Increase elastic band resistance
- Ankle brace or wrap only if needed
- Isotonics and Isokinetics
- Modalities if indicated
- Begin supervised inline running

**Clinical: (W 10-12):** Additional appointments only if needed
- Continue therapy only if symptoms persist
- Begin supervised cutting exercises

Goals: Prevent re-injury with return to sport, Return to sport, Discharge to home or gym program

**THERAPY: 12+ w**
- Advanced exercises: plyometrics, trampoline, box drills, slide board, lateral shuffle,
- figure eight exercises
- Increase demand of pivoting and cutting exercises

Selected References:


