



## 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:

Baltopoulos P, Tzagarakis GP, Kaseta MA. Midterm results of a modified Evans repair for chronic lateral ankle instability. *Clin Orthop Rel Res.* 2004;422:180-185.

Baumhauer JF, O'Brien T. Surgical considerations in the treatment of ankle instability. *Journal of Athletic Training.* 2002;37:458-462.

Burks RT, Morgan J. Anatomy of the lateral ankle ligaments. *Am J Sports Med.* 1994;22:72-77.

DeMaio M, Paine R, Drez D. Chronic lateral ankle instability-inversion sprains: Part I & II. *Orthopedics.* 1992;15:87-92.

Komenda G, Ferkel RD. Arthroscopic findings associated with the unstable ankle. *Foot Ankle Intern.* 1999; 20: 708-14.

MacAuley D. Ankle injuries: same joint, different sports. *Med Sci Sports Exerc.* 1999;31(7 suppl):409-11.