Suezie Kim, MD
Orthopedic Surgeon • Sports Medicine

Procedure: _____

PT PROTOCOL

Ankle Sprain — Non-Operative

Rehabilitation Protocol

Weight-Bearing Status

ONLY IF DIFFERENT FROM PROTOCOL BELOW

Most ankle sprains are managed weight-bearing as tolerated from the start. A more protected status (partial or non-weight-bearing, or a period of boot immobilization) may be indicated for a high-grade sprain, suspected syndesmotic injury, or associated fracture — check here if different from the protocol below.

☐ Non-weight-bearing ☐ Toe-touch / partial weight-bearing ☐ Weight-bearing as tolerated

Brace/boot/precautions: _____

1 — **Weeks 1–2**: Protect & optimize loading; WBAT with brace, gentle ROM

2 — **3–6 Weeks**: Normalize gait; full ROM, strengthening, balance progression

3 — **7–10 Weeks**: Optimize strength/balance; begin plyometrics and agility

4 — **11–16 Weeks**: Return to sport; single-leg agility, running progression

Milestones above are goals, not guarantees; progression is criterion-based and may be faster or slower depending on sprain severity.

Phase 1 Weeks 1–2

Weight-Bearing: As tolerated, progressing toward full weight-bearing by the end of this phase. Brace or protective taping during weight-bearing activities. A boot may be used for approximately 10 days for a more severe sprain.

Range of Motion

- Ankle pumps, ankle circles, ankle alphabet, PROM/AROM as tolerated.

Therapeutic Exercises

- Seated heel raises, seated toe raises, towel crunches/toe curls, BAPS board.
- Gait training to normalize stance time and weight-bearing, promoting a heel-to-toe pattern.
- Balance: tandem or single-leg stance on a firm surface, if non-painful.
- Ice, compression, and elevation for pain and swelling control.

Phase 2 Weeks 3–6

Weight-Bearing: Full; continue brace for weight-bearing activities.

Range of Motion

- Knee-to-wall closed-chain dorsiflexion mobilization.
- Gastrocnemius and soleus stretching.

Therapeutic Exercises

- Resisted dorsiflexion, eversion, plantarflexion, and inversion.
- Double-leg heel raises, progressing to single-leg heel raises; standing toe raises.
- Open- and closed-chain knee, hip, and core strengthening.
- Balance: tandem stance and tandem walking; single-leg stance on firm then unstable surfaces; rocker/wobble board.

Phase 3 Weeks 7–10

Weight-Bearing: Full; transition to a lace-up brace for functional activities as needed.

Therapeutic Exercises

- Progress closed-chain lower-extremity strengthening and endurance work with increasing resistance and repetitions.
- Balance: single-leg multidirectional reach; dual-task balance (e.g., ball toss with a reduced base of support or unstable surface).
- Plyometrics/agility: double-leg hopping, lateral bounding, agility ladder drills.

Phase 4 Weeks 11–16

Weight-Bearing: Full.

Therapeutic Exercises

- Single-leg agility drills, single-leg hopping, change-of-speed and change-of-direction drills.
- Return-to-running progression, interval sports training, and compound strengthening exercises.
- *Return to sport when strength, balance, and hop-testing performance are symmetrical to the uninjured side and activity is pain- and swelling-free.*