Proliance SURGEONS
Orthopedic Specialists of Seattle

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Ankle Sprain

Of note, the following is a general guide. Ankle sprains vary in severity and patients will progress through rehabilitation at different rates. Stay in communication with Dr. Yi regarding your progress.

Acute Management (can last from a few days to 1-2 weeks):

- Rest
  - No impact activity; it is safe to ambulate and put weight down on your injured ankle
  - However, you may benefit from using a boot or brace (and sometimes even crutches). This will be established at your initial visit.
  - There is no exact timeline for how long you might need a boot or brace (or even crutches). You will talk about expectations at your initial visit and pain will be your guide. Listen to your body.

- Icing
  - There are many ways to decrease swelling. Icing is an effective strategy. Some examples include: placing your ankle in an ice bath or placing an icepack on your ankle.
  - Ice for 15-20 minutes and then take a break to avoid injury to your skin. Repeat several 2-3 times. Repeat this process several times a day.

- Compression
  - A compressive wrap (such as an Ace wrap) can be helpful in terms of helping to decrease swelling

- Elevation
  - Elevate your ankle as much as you can to combat swelling
  - Elevate your ankle so it is above the level of your heart
    - If you are resting on a couch, put your foot/ankle on the back/head rest

- Gentle motion exercises
  - When resting, gently move your ankle up and down
  - Gently spell out the alphabet with your toes (but avoid positions that cause pain)

- Exercise
  - Non-impact exercise such as stationary bicycling is permitted after the initial acute pain and swelling have subsided (this should be pain free! If you have pain, stop!)

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- Medications
  - If you don't have any medical issues that prevent you from safely taking these medications, consider the following: acetaminophen (brand name: Tylenol), anti-inflammatories (such as ibuprofen).
    - Take as instructed on the bottle and do not exceed the recommended daily maximum
    - Avoid these medications if you have bleeding disorders, liver disease, kidney disease, or any other condition that puts you at higher risk of complications.
    - Take these medications with food.

Rehabilitation Phase (after the first few weeks after injury):

- Once you are walking with minimal-to-no pain on flat ground, you will progress to working with a physical therapist or trainer

- Continue pain and swelling management (as outlined in "Acute Management" above)

- The following is most effective if guided by a medical professional such as a physical therapist or trainer:

  - Range-of-motion exercises within pain-free range
  - Gastrocnemius stretches
  - Toe curls
  - Ankle alphabet
  - Stationary bicycle
  - Progress gait training
  - Isometric strengthening

- Then progress to:

  - Joint mobilization

  - Continued gastrocnemius stretches

  - Strengthening
    - Dorsiflexion, plantarflexion, inversion, eversion
    - Concentric and eccentric resistive exercises
    - Free weights + exercise bands
    - Progress to closed chain strengthening (bilateral --> single leg rises, bilateral → single leg squats, step-up and step-down exercises)

  - Proprioception

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- Progress from sitting to standing on both and then single leg
- Progress from eyes open to closed
- Progress to dynamic challenges
- Progress to uneven surfaces
    - Wobble board
    - BAPS
    - Foam pad
    - Pillow
    - Elastic resistance balance program

- Gait training, core strengthening

- Endurance activities (swimming, biking, walking)

- As you progress, then start incorporating coordination and agility training:
    - Lungs
    - Hopping (progress from bilateral to injured leg, whole foot to toes)
    - Step exercises (forward, side-to-side)
    - Cutting exercises
    - Figure 8's
    - Zig-zags
    - Jump rope
    - Stairmaster, treadmill, exercise bike

- Eventual return to sport
    - Continue above exercises to prevent re-injury!