Lateral Ankle Stabilization Protocol

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Chippewa Valley Orthopedics & Sports Medicine

Patient_____
DOS_____

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WEEK 1-3	WEEKS 4-5	WEEKS 6-8	WEEKS 9-12	WEEK 13+
NWB with assistive device	Partial WB per MD with	Advance to WBAT in CAM	Full weight bearing in ASO	ASO as needed in higher
Large splint in place,	assistive device in CAM boot	boot or ASO with MD clearance	Supportive shoes	level activities.
progressed to CAM boot		Assistive device as needed		
	Start gentle AROM		Progress ROM. Avoid	Lateral and front step-ups
Heel Slides	**Keep foot everted for early	Out of ASO in clinic	stressing the joint. Inversion	
Quadricep Sets	phases of healing**		should progress naturally	Advance balance/
Gluteal Sets	Dorsiflexion	Inversion to neutral.	without stress.	proprioception
Hip and Knee open chain	Plantarflexion			
strengthening	Eversion	Gentle dorsiflexion stretch with	Progress strengthening of	Wall squats/ sits
		belt. Standing gastroc and soleus	Quad, Hamstring and Hip	-
Initiate PT, 2-3x/week for	Toe curls with towel	as able.	groups	Address functional activity
edema, pain control,				demands.
decongestive massage and	Seated:	Sitting, partial WB out of boot	Balance Boards: weight shifts,	
exercise	Dorsiflexion	BAPS board	double leg balance.	Plyometrics and agility as
	Plantarflexion	Plantarflexion,	-	appropriate.
Compressive stocking to be		Dorsiflexion	Standing BAPS board, avoid	
used for significant swelling as	Ankle isometrics		excessive inversion.	Treadmill
needed.		Total Gym, double leg, low		
	UBE	level or double leg press, low	Progress to single leg balance.	Elliptical
Physical therapy is initiated		weight		
early to encourage blood flow,			Double leg calf raises, progress	For return to sports:
promote healing, decrease		Add resistance for all ankle	to SL.	MD clearance
swelling and pain and provide a		directions, emphasize eversion.		Pass functional testing for
steady progress of exercise, gait		-		lower extremity strength,
and balance.		PROM as needed for DF, PF, Ev		balance, agility.
		Scar mobilization		
		Bike		
		Gait activities		
Any Questions? Please contact:		Please note: protect the foo	ot from inversion in the	
		early phases of healing. Inversion should return		
10		naturally and without force.		
(715) 839-9266 (715) 723-5060		haturany and without force.		
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