Orthopedic Specialists of Seattle
PROLIANCE SURGEONS®
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Ankle Sprain Rehabilitation Framework

General Rehabilitation Philosophy:

I want patients to focus on learning a home program that they can use on a daily basis. I view the therapist's role as one of physically helping the patient with ROM/stretching in the early phases, and providing instruction, support, and feedback in the later phases. Wherever possible, please use CKC exercises, plyometrics, etc., and avoid OKC activities.

I am not a fan of modalities, massage, etc., which I view as an expensive and temporary relief measure. I will need a good, objective reason to recommend these other than in the early, acute phase.

Insurance companies monitor the number of patient visits authorized by physicians. For this reason, I appreciate (and will therefore refer more patients to) therapists who minimize the number of patient visits required to achieve our goals. I will often stop therapy abruptly – this is not a reflection on you, but rather that I am trying a new care plan.

I encourage any physical therapist taking care of my patients to please call me with any questions regarding their care.

Phase 1 – Acutely, post injury (1-2 weeks)	
1	Ice, compression, NSAIDS
2	NWB to PWB to FWB with crutches, avoid limping
3	ROM, flexibility
4	Protect with boot or ankle support sleeve

Phase 2 – 2-4 weeks	
1	ROM/Flexibility
2	Eversion/inversion isometrics
3	Plantar/dosiflexion isotonics and isokinetics
4	Functional activities: Mini squats, BAPS, Sportcord drills
5	Stationary cycle
6	Aqua-walking, retro ambulation
7	Continue sleeve support

Phase 3 – 4-6 weeks	
1	Isotonics and isokinetics in all planes
2	Advanced functional activity as above, add lateral step-ups, stairmaster, nordic track
3	Water run, advance to land
4	Return to sports when can cut/pivot without pain, inhibition