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Ankle Stabilisation Rehabilitation Protocol

An ankle stabilisation (lateral ligament repair) is a surgical procedure to repair and reinforce the lateral ankle ligaments (usually the anterior talofibular and calcaneofibular ligaments) to restore stability after chronic ankle sprains or instability. This protocol outlines progressive rehabilitation to regain range of motion, strength, proprioception and functional mobility.

See Also:

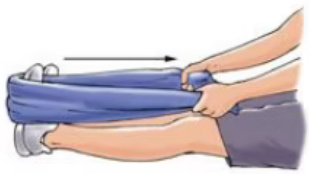
Ankle instability
Ankle stabilisation

Rehabilitation goals

- Protect the surgical repair and minimise swelling
- Restore ankle range of motion (ROM) within safe limits
- Re-establish muscle strength and endurance
- Improve proprioception and balance
- Progress to functional and sport-specific activities

Expected recovery time

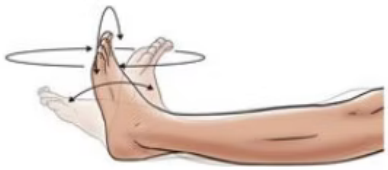
Milestone	Timeframe
Protected weight-bearing (crutches/boot)	0–2 weeks
Transition to full weight-bearing	2–6 weeks
Near-normal ankle ROM	6–8 weeks
Progressive strengthening	6–12 weeks
Proprioception and balance drills	8–16 weeks
Return to low-impact activities	12–16 weeks
Return to running/sport validation	16–24 weeks



Towel stretch

Standing calf stretch

Standing soleus stretch



Ankle active range of motion

Resisted ankle dorsiflexion

Resisted ankle plantar flexion

Phase 1: Early Post-op (0–2 weeks)

Goals

- Protect the repair and control pain/swelling
- Begin gentle ROM within surgeon's limits
- Maintain cardiovascular fitness (non-weight-bearing)

Instructions

- Immobilise in surgical boot or cast as directed
- Elevate the limb above heart level whenever resting
- Apply ice pack (wrapped cloth, approximately 0–5 °C) for 15–20 minutes, 3–4 times daily
- Manage pain with prescribed medications

Exercises

- Toe curls and ankle alphabet (in boot, gentle movement)
- Isometric ankle eversion/inversion against immobile resistance
- Hip and knee range-of-motion exercises (seated or supine)

Phase 2: Intermediate Mobilisation (2–6 weeks)

Goals

- Progress to full weight-bearing in boot or shoe
- Increase ankle ROM toward neutral dorsiflexion and plantarflexion
- Begin basic muscle activation

Instructions

- Gradually reduce crutch use, advancing to full weight-bearing as tolerated
- Remove boot for ROM exercises only, then re-apply
- Continue ice if swelling increases after activity

Exercises

- Active-assisted dorsiflexion/plantarflexion and inversion/eversion
- Seated heel slides and towel stretches (hold 20–30 seconds)
- Standing weight shifts side to side and front to back (support as needed)

Phase 3: Strengthening and Proprioception (6–12 weeks)

Goals

- Achieve full, pain-free ROM
- Develop ankle and lower-limb strength
- Improve balance on stable surfaces

Instructions

- Transition into supportive athletic shoe with medial arch support
- Begin low-load functional activities (e.g. mini-squats)
- Incorporate proprioceptive training daily

Exercises

- Theraband resisted dorsiflexion, plantarflexion, inversion, eversion (3×15 reps)
- Calf raises (double-leg progressing to single-leg)
- Single-leg stance on firm surface (progress to foam pad)
- Step-ups and lateral step-downs

Phase 4: Advanced Functional Training (12–24 weeks)

Goals

- Restore dynamic stability and agility
- Reintegrate into sport-specific movements
- Ensure confidence in ankle during unpredictable tasks

Instructions

- Progress plyometric and cutting drills gradually
- Monitor for swelling and discomfort—ice as needed
- Coordinate with coach or therapist for return-to-sport criteria

Exercises

- Single-leg hop-to-stabilise in multiple directions
- Agility ladder drills (side-steps, carioca)
- Jog-run progression on even ground, then variable surfaces
- Sport-specific cutting, pivoting and jumping drills

When to contact your surgeon

- Increasing redness, warmth or drainage from incision
- Uncontrolled pain despite medications
- Numbness, tingling or loss of movement in foot/toes
- Sudden increase in swelling that does not improve with elevation
- Fever above 38 °C

Disclaimer

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.