

Ankle Rehabilitation Checklist

Note: All items on this list should be checked before returning to play.

Name: _____ Date of Injury: _____

Phase 1: Ready to Start Rehabilitation

- A. I am wearing the protective tape, brace, or wrap that my doctor prescribed.
- B. I can stand on the injured leg without pain.
- C. Pain and swelling have gone down.

Phase 1 complete. Date _____ Days after injury _____

Phase 2: Beginning Level

- A. My ankle does not feel too stiff to draw the letters of the alphabet with my toes.
- B. Strength in my calf and ankle muscles is back to normal.
- C. I know when I need to wear an ankle brace or taping and how to apply it.
- D. Neither low-impact aerobic exercise nor weight lifting causes pain or swelling.

Phase 2 complete. Date _____ Days after injury _____

Phase 3: Intermediate Level

- A. Balance when standing on the injured leg is as good as the uninjured leg.
- B. Increasing my aerobic exercise or weight lifting does not cause pain or swelling.
- C. My general strength is back to preinjury level.

Phase 3 complete. Date _____ Days after injury _____

Phase 4: Advanced Level

- A. My return-to-running program has been completed without pain or limitation.
- B. I can do sport-specific movements and skills without pain or limitation.
- C. My coach or physical education teacher knows about my special needs for gradual return to play and my long-term needs to prevent future injury.

Phase 4 complete. Date _____ Days after injury _____

Cleared for full participation. Date _____ by Dr _____
(signature)