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)