

Name: _____

DOB: _____

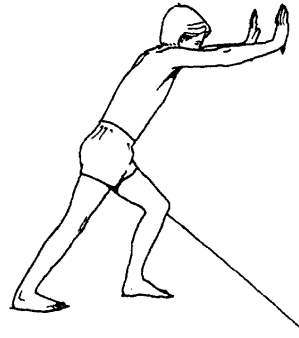
URN: _____

Ankle and Foot: Rehabilitation Exercises

1. Gastroc Stretch

- Keeping back leg straight, with heel on floor and turned slightly outwards.
- Gently Lean into wall until a stretch is felt in the calf.

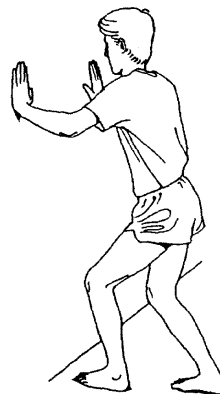
Hold ____ seconds.
Repeat ____ times.
Do ____ sessions per day.



2. Soleus Stretch

- Standing with both knees bent and involved foot back.
- Gently lean into wall until stretch is felt in lower calf.

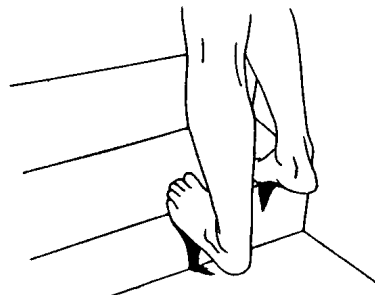
Hold ____ seconds.
Repeat ____ times.
Do ____ sessions per day.



3. Plantar Fascia Stretch

Standing with ball of foot on stair
Reach for bottom step with heel until a stretch is felt through the arch of the foot.

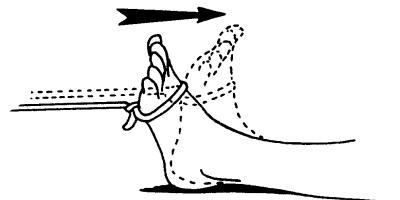
Hold ____ seconds.
Repeat ____ times.
Do ____ sessions per day.



4. Dorsiflexion Strengthening

- Place elasticised material around a solid object and forefoot.
- Pull the foot up towards you using the band as resistance.

Hold for ____ seconds, then relax.
Repeat ____ times.
Do ____ sessions per day.



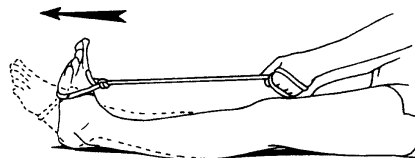
5. Plantarflexion Strengthening

- Place the band around the forefoot and hold the other end in your hand.
- Push away from your body.

Hold for ____ seconds, then relax.

Repeat ____ times.

Do ____ sessions per day.



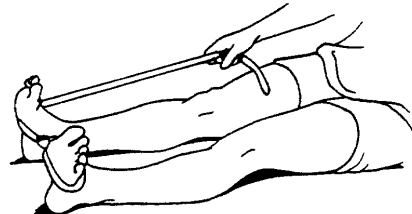
6. Eversion Strengthening

- Place the band around both forefeet.
- Pull toes upward and outward.

Hold for ____ seconds, then relax.

Repeat ____ times.

Do ____ sessions per day.



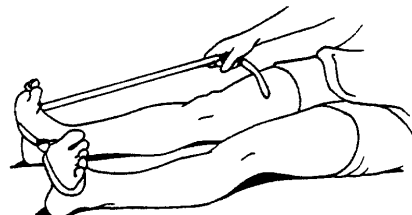
7. Inversion Strengthening

- Place the band around your forefoot and a solid object placed on the outer side of your leg.
- Pull your forefoot inwards

Hold for ____ seconds, then relax.

Repeat ____ times.

Do ____ sessions per day.

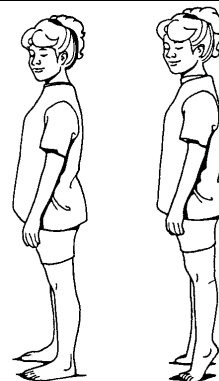


8. Standing Bilateral Heel Rise

- In standing, rise up on the balls of both feet so heels are off the floor.
- Progress exercise by standing on the affected leg and performing the exercise on one leg.

Repeat ____ times.

Do ____ sessions per day.



9. One Foot Balance

- Attempt to balance on involved leg.
- Begin with eyes open then attempt to perform exercise with eyes closed.

Hold ____ seconds/minutes.

Repeat ____ times.

Do ____ sessions per day.



Physiotherapist _____ Signature _____ Date ____/____/____
(Name & Designation)

If you have any concerns with this advice or exercises, please contact your physiotherapist

Q:\CS\Central\DCE\DCE - TCH & HS\HealthCARE Improvement\Patient Experience Leader\Consumer Handout Committee\Current publications\Electronic Copies -Handouts\CSS\AH Physio\Ankle and Foot Rehabilitation Exercises.doc