

FOOT & ANKLE REHAB

THE FOOT & ANKLE CAPACITY STARTER GUIDE

Restore motion. Build strength. Step forward confidently.

A practical educational guide to the strength, mobility and physical capacity that support comfortable movement.

01

RESTORE MOTION

Rebuild comfortable ankle and foot movement for daily activity.

02

BUILD CAPACITY

Strengthen the calf, ankle and intrinsic foot muscles.

03

RETRAIN BALANCE

Improve control for walking, running and uneven surfaces.

Inside: five starter exercises, coaching cues, progressions and a simple framework for building capacity.

WHY FOOT & ANKLE PAIN CAN HAPPEN

Pain is rarely explained by one factor. Symptoms can emerge when the demands placed on the region exceed what it is currently prepared to tolerate.

01	LOAD CHANGES More walking, running, jumping, hills or a footwear change can increase tissue demand.
02	CALF CAPACITY The calf complex manages large repetitive forces during gait and sport.
03	ANKLE MOBILITY Available motion affects stairs, squatting, walking and running mechanics.
04	FOOT STRENGTH Small foot muscles contribute to control and load distribution.
05	PREVIOUS SPRAIN Prior ankle injury can leave deficits in balance, strength and confidence.

KEY IDEA

The goal is not to avoid load forever. Find an appropriate starting point, monitor the response and progressively build capacity.

THE FOOT & ANKLE FOUNDATION

A useful rehabilitation plan considers the region as part of a larger movement system. These five areas provide a practical starting framework.

01	CALF & SOLEUS Support propulsion and repeated loading.
02	ANKLE MOBILITY Allows the shin to move over the foot during functional tasks.
03	FOOT CONTROL Supports the arch without rigidly gripping the toes.
04	BALANCE Retrains position sense and confidence.
05	GRADUAL EXPOSURE Progresses walking, running and jumping based on tolerance.

Exercise selection should be individualized based on symptoms, health history, goals and current capacity.

5 EXERCISES FOR FOOT & ANKLE PAIN

These are examples that may fit within a broader rehabilitation program. They are not a universal treatment protocol.

1. DOUBLE-LEG CALF RAISE

Why: Calf strength and tolerance to repeated load.

How: Rise onto the balls of both feet, pause, then lower slowly near support.

Start: 2–3 sets of 10–15 reps.

2. BENT-KNEE CALF RAISE

Why: Soleus-focused lower-leg capacity.

How: Keep knees slightly bent while lifting and lowering the heels through a comfortable range.

Start: 2–3 sets of 10–15 reps.

3. KNEE-TO-WALL MOBILITY

Why: Controlled ankle dorsiflexion.

How: Keep the heel down and guide the knee toward a wall over the middle toes.

Start: 2 sets of 8–10/side.

4. SHORT FOOT

Why: Intrinsic foot control without toe gripping.

How: Gently draw the ball of the big toe toward the heel while keeping all toes relaxed.

Start: 5–8 holds of 5 sec.

5. SINGLE-LEG BALANCE

Why: Foot-ankle coordination and confidence.

How: Stand near support on one leg with a relaxed foot tripod and steady posture.

Start: 2–3 rounds of 20–30 sec/side.

FEATURED EXERCISE: CALF RAISE

This exercise offers a practical way to build controlled foot & ankle capacity. Use a comfortable range and appropriate starting level.

01	SET UP Stand tall near a stable support with weight through the forefoot.
02	RISE Lift both heels while keeping pressure through the big-toe side of each foot.
03	PAUSE Hold briefly at the top without rolling the ankles outward.
04	LOWER Lower the heels slowly through a comfortable range.

COACHING CUES

Move with control. Keep breathing. Use a range and resistance that feel manageable, and avoid forcing through sharp or escalating symptoms.

REGRESS	BASE	PROGRESS
Partial range or more hand support	Two-leg calf raise	Single-leg, added load or faster work

HOW TO PROGRESS

Progression should reflect the person in front of you—not simply the calendar. Advance one variable at a time and watch the response.

01	CONTROL Own the movement through a comfortable range and tempo.
02	VOLUME Gradually add repetitions, sets, hold time or total work.
03	RESISTANCE Add external load when the current level is well tolerated.
04	SPEED & COMPLEXITY Introduce faster or more complex movement when appropriate.
05	ACTIVITY-SPECIFIC DEMANDS Progress toward the work, recreation or sport demands that matter to you.

SIMPLE RESPONSE CHECK

Mild symptoms during exercise may be acceptable for some conditions if they remain manageable and return toward baseline afterward. A marked or lasting increase means the dose may need to change.

READY FOR A PLAN BUILT AROUND YOU?

ONLINE REHABILITATION CONSULTING | SPORTS MEDICINE | PERFORMANCE

Move beyond generic exercise lists.

Online rehabilitation consulting can help you understand your symptoms, choose an appropriate starting point, and build a progressive plan around your goals, equipment and schedule.

EMAIL JOSE.R.BALSECA@GMAIL.COM

WHEN TO SEEK PROMPT MEDICAL CARE

Seek appropriate care after major trauma or for severe or rapidly worsening pain, major swelling or deformity, inability to use the limb, fever or unexplained illness, new or progressive weakness, persistent numbness or tingling, loss of coordination, or other concerning symptoms.

EDUCATIONAL DISCLAIMER

This guide is for general educational purposes only and is not a substitute for individualized medical evaluation, diagnosis or treatment. Exercise selection and progression should be based on your health status, symptoms, history and goals. Consult a qualified healthcare professional before beginning a new exercise or rehabilitation program, particularly if you are currently experiencing pain or injury. Stop an exercise and seek appropriate guidance if symptoms are concerning or worsening. Online consultation availability and scope may depend on your location and individual needs.