Background The incidence of lateral ankle sprain (LAS) in sports and risk of LAS re-injury is high. The purpose of this study was to see how physicians use existing recommendations in the literature to decide a safe return-to-play (RTP) after a LAS. We hypothesize that physicians are using the published recommendations to make this RTP decision.

Design An online survey was designed to identify clinical practice patterns to decide a RTP decision after a LAS.

Setting The physicians were contacted by e-mail containing an electronic link for survey access between January and February 2019. They were instructed to answer all questions that related to their clinical practice of patients after a LAS.

Patients (or Participants) 109 physicians answered the entire survey. Among the 109 physicians, 59 had a sport education and 50 had no specific sport education.

Interventions (or Assessment of Risk Factors) Physicians selected the criteria and details on the assessment they used in daily practice for RTP decision after a LAS.

Main Outcome Measurements Physicians selected a maximum of 5 items among the 9 suggested: ‘pain, swelling, ankle range of motion, ankle muscle strength, feeling of instability, proprioception, ability to do functional tasks and other criteria’.

Results Pain, functional and instability criteria are the most selected by overall physicians. Sport physicians (94%) selected significantly more the functional criterion than physicians without sport specialty (71%) \( p=0.0064, OR=0.095 \) [0.017; 0.515]. Sport physicians (64%) selected significantly more a quantitative value to assess the pain (visual scale) than physicians without sport education (41%) \( p=0.03 \). Few physicians use a questionnaire to assess the instability (less than 5%).

Conclusions In daily practice, physicians with sport education are more aware of functional test guidelines to assess a LAS in RTP context. Few physicians use quantitative tools and measures to decide a safe RTP after a LAS.