

Lateral Ankle Repairs

Precautions: The patient will be NWB for **6 weeks** to allow healing of tissue. For ligament protection, no active or passive **inversion** is allowed for the **first 6 weeks**. Ligament reconstructions may utilize an allograft hamstring tendon. This may slow the advancement of certain exercises due to slower tissue incorporation.

Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed.
- Modalities: prn for pain and swelling (ice, IFC)
- ROM: None to allow healing
- Gait: NWB with crutches.
- Boot/Brace: Cam walker as directed by M.D. for 6 weeks

Phase II (5 days – 4 weeks post-op)

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed.
- Modalities: prn for pain and swelling (ice, IFC)
 - Consider contrast bath if significant edema persists
- Gait: Continue NWB
- Boot/Brace: Continue per M.D. orders

Phase III (4 – 10 weeks post-op)

- Wound care: Continue scar management techniques.
- Modalities: prn for pain and swelling (ice, IFC, contrast bath)
- ROM:
 - Begin gentle PROM/AROM at 4 weeks for DF, PF and eversion, then progress to AROM/ PROM for all planes at 6 weeks.
 - Goal is for full AROM at 8 to 10 weeks
- Gait:
 - At 6 weeks begin to increase to WBAT and FWB at 8 weeks. D/C crutches at 8 weeks
- Boot/Brace: D/C at 6 weeks
- Strengthening
 - Begin isometrics for all ankle muscle groups at 4 weeks
 - Progress with open and closed chain LE strengthening as WB allows. Address deficits at other joints due to immobility.
 - At 6 weeks: AROM all planes
 - Seated BAPS, progress to standing
 - AROM with foot in resistance media (i.e. beans)
 - May start light Theraband at 8 weeks
- Balance/Proprioceptive Activities: initiate at 8-9 wks post-op if FWB
 - Initiate two legged balance activities, gradually progress to single leg with UE support
 - Balance boards

Phase IV (10+ weeks post-op)

- Wound care: continue scar management techniques
- Modalities: continue prn
- ROM: continue as phase III
- Strengthening: continue as phase III, gradually increasing resistance
- Balance/Proprioceptive Activities
 - o Standing BAPS, uniplanar and multiplanar balance boards, functional grid
 - o Progress to Fitter or similar
 - o Progress to balance with no UE support
 - o At 14 weeks advance to jogging, agility drills, plyometrics, hopping drills, slow controlled sport specific activities (depending on M.D. restrictions)
 - o At 16 - 18 weeks gradual introduction of cutting drills and running
 - o Functional Testing: less than 25% deficit for non-athletes, less than 20% for athletes at D/C
 - o Pt may still require bracing for return to sport depending on physician preference

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. St. Louis: Mosby; 2003
- 2) Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincott – Raven; 1996
- 3) Maxey L, Magnusson J. Rehabilitation for the Postsurgical Orthopedic Patient. St. Louis: Mosby; 2001