

Lateral Ankle Repairs

Including Brostrom Repairs and Ligament Reconstructions

Precautions: For the first 6 weeks NWB, no active or passive inversion. 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)
- Brace/Boot: CAM boot as directed by physician for 6 weeks
- Gait: NWB with crutches
- ROM: None to allow healing

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
- Brace/Boot: Continue per physician orders
- Gait: Continue NWB

Phase III (4 weeks – 10 weeks post-op)

- Wound care: Continue scar management techniques
- Modalities: PRN for pain and swelling (ice, IFC, contrast bath)
- Brace/Boot: D/C CAM boot at 6 weeks post-op
- Gait: WBAT starting at 6 weeks and FWB at 8 weeks with D/C of crutches at 8 weeks
- Strengthening:
 - Isometrics beginning of 4 weeks post-op
 - Progress to open and closed chain LE strengthening as WB allows
 - Address deficits at other joints due to immobility
 - At 6 weeks post-op begin:
 - Seated BAPS, progressing to standing
 - AROM with foot in resistance media (i.e. beans)
 - At 8 weeks post-op, begin theraband



- Balance/Proprioception Activities
 - Initiate at 8-9 weeks post-op if FWB
 - Begin at 2 legged balance activities and progress to single leg
 - Balance boards

Phase IV (10+ weeks post-op)

- Wound care: Continue scar management techniques
- Modalities: PRN
- ROM: Continue as in Phase III
- Strengthening: Continue as in Phase III, gradually increasing resistance
- Balance/Proprioception Activities
 - Standing BAPS, uniplanar and multiplanar balance boards, functional grid
 - Progress to Fitter or similar
 - Progress to balance with no UE support
 - At 14 weeks post-op, advance to jogging, agility drills, plyometrics, hopping drills, slow and controlled sport-specific activities (depending on physician restrictions)
 - At 16-18 weeks post-op, gradually introduce cutting drills and running
 - Patient may still require bracing for return to sport depending on physician preference
- Testing: less than 25% deficit for non-athletes, less than 20% for athletes at D/C

Adapted From:

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