



Lateral Ankle Repairs

Include Brostrom Repairs, Ligament Reconstructions, and Peroneal Tendon Repair

Precautions:

- For the first 6 weeks, NWB. Ligament reconstructions may utilize an allograft hamstring tendon. This may slow the advancement of certain exercises due to slower tissue incorporation.
- All exercises and treatments should be pain-free and not increase symptoms
- Dr. Pacaccio: NO SINGLE LEG MANEUVERS AND NO BALANCE SPHERE OR TRIPOLAR (BAPS) DEVICE unless cleared in writing by the surgeon

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: for 6 weeks, CAM boot as directed by physician
 - Dr. Thom: Cast x3 weeks
- Gait: NWB with crutches
- ROM: No ankle ROM to allow healing; Toe AROM as tolerated

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
 - Dr. Thom: Cast x3 weeks, then CAM boot x3 weeks
- Gait:
 - Dr. Thom: NWB x3 weeks, then WBAT
- ROM: Gentle ankle AROM DF and PF; Toe AROM as tolerated

Phase III (4 weeks – 10 weeks)

- Wound care: Continue scar management techniques
- Goals:
 - Control edema & pain
 - Increase ROM
 - Increase core/LE strength
 - Address core/hip muscle imbalance and LE never restrictions

Initiation Date: 04/14/05 Revised Date: 03/27/14, 01/19/17, 05/28/2025

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- Improve tolerance to weightbearing & address gait impairments
- Improve tolerance to closed chain activities (i.e. single leg stance)
- Modalities: PRN for pain and swelling (ice, IFC, contrast bath)
- Brace/Boot:
 - Drs. Incandela & Thom: at 6 weeks, DC
 - Dr. Pacaccio: at 8 weeks, begin weaning out of CAM boot as tolerated
- Gait:
 - Dr. Pacaccio: at 4 weeks, WBAT in CAM boot
 - Drs. Incandela & Thom: at 6 weeks, WBAT; at 8 weeks, FWB
- ROM: At 6 weeks post-op, begin gentle active inversion and eversion
- Strengthening:
 - Beginning at 4 weeks post-op, start isometrics
 - Progress to open & closed chain LE strengthening as WB allows
 - Dr. Pacaccio: beginning at 5 weeks post-op, partial WB squats in CAM boot
 - Address deficits at other joints
 - At 6 weeks post-op, begin:
 - Seated BAPS, progressing to standing (NOT DR. PACACCIO)
 - AROM with foot in resistance media (i.e. beans)
 - At 8 weeks post-op, begin theraband
- Balance/Proprioceptive Activities:
 - At 8-9 weeks, initiate if FWB
 - Begin 2 legged balance activities and progress to single leg (NOT DR. PACACCIO)
 - Balance Boards

Phase IV (10+ weeks)

- 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:
 - 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 drill 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 DC

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Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation Second Edition. St. Louise: Mosby, 2003.
- 2) Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincot- Raven; 1996.
- 3) Maxey L, Magnusson J. Rehabilitation of the Postsurgical Orthopedic Patient. St. Louis: Mosby; 2001.
- 4) Southern California Orthopedic Institute
- 5) Consultation with Dr. Douglas Pacaccio, DPM, FACFAS, OrthoIllinois

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