

## **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 TRIPLANAR (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

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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



**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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