Total Ankle Arthroplasty Physical Therapy Protocol

0-2 Weeks
- Non weight bearing in splint.
- Elevate leg at heart level.
- Move toes often
- If Gastroc is lengthened:
  - Knee straightening exercises.
  - Sit/lie with knee straight
- AROM Hip and Knee

2-6 Weeks
2 week MD visit: Sutures out, cast or in CAM boot.
- Up to 50% weight bearing in Static Stance. Goal is to have compression force but no shear.
- Edema control (may need support stockings), scar mobilization, desensitization.
- Gentle AROM of toes

6 weeks- 12 weeks
6 week MD visit: X-ray and put into CAM boot.
- Begin Gait training with progressive weight bearing in CAM boot.
  - Start at 25% of body weight and add 25% per week.
  - Back off if not tolerated well.
  - When FWB, wean crutches
- Wear boot at night until 8-9 weeks post op or longer if walking on foot at night or lacking dorsiflexion range.
- AROM ankle, subtalar joint (if available) and toes.
- PROM toes with MTs stabilized
- Short term range goal: neutral ankle dorsiflexion, 15-20° plantarflexion.

12 weeks -5 months
12 week MD visit: X-ray
- Wean gradually into regular shoe.
- Balance and proprioception exercises in stationary stance
- Progress closed-chain and single-leg-stance exercises
- Stretching for range, especially into dorsiflexion.
- Strengthening with elastic band.
- Short term range goal: 5° ankle dorsiflexion, 20-30° plantarflexion.
- Sample exercises for home exercise program at 4 months post-op:
  - Standing stretch with foot supinated or with arch of foot supported.
  - Stand on foam for balance training. Progress to BAPS/Wobble board.
  - Walk on heels, toes and lateral side of feet. Step-ups.

5 months- Discharge
5-6 month MD visit.
- Patient will need to avoid high impact to protect prosthesis forever.
- Maximize quality of gait. Gait drills, advanced balance, proprioceptive work.
- Long term ankle range goal: 10° ankle dorsiflexion, 30° plantarflexion. Note: unlikely to get dorsiflexion beyond 7-8 degrees. Range depends on quality of surrounding soft tissue and joints.