

Total Ankle Arthroplasty Protocol

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This protocol provides a general guideline for recovery and progression of rehabilitation according to specified time frames. Specific changes in the program will be made by the physician as appropriate for the individual patient. It may take up to a year to make full recovery, and it is not unusual to have intermittent pains and aches during that time.

*****Please fax initial assessment and subsequent progress notes directly to Dr. Holthusen at (952) 442-2029.**

PHASE 1: 0-2 WEEKS

Goals

- Focus on pain control and elevate leg at heart level to reduce swelling
 - If Gastroc is lengthened: Knee straightening exercises, Sit/lie with knee straight
- Move toes often

Guidelines

- Non weight bearing in splint
- AROM Hip and Knee
- Education: surgery, anatomy, healing time, rehab phases

*2-week PA visit

PHASE 2: 3-6 WEEKS

Goals

- Edema control, continue elevation (may need support stockings), scar mobilization, desensitization.
- Short term range goal: neutral ankle dorsiflexion, 15-20° plantarflexion.
- 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.
- May fully weight bear in CAM boot if standing in stationary position

Guidelines

- Begin strengthening in all planes
- AROM ankle, subtalar joint (if available) and toes
 - PROM toes with MTs stabilized
- Core and upper extremity exercises, progress as tolerated
- Continue AROM of hip and knee

*6-week MD visit

PHASE 3: 7-12 WEEKS

Goals

- Wean gradually into regular shoe.
- Short term range goal: 5° ankle dorsiflexion, 20-30° plantarflexion.
- Progress closed-chain and single-leg-stance exercises

Guidelines

- Balance and proprioception exercises in stationary stance
- Stretching for range, especially into dorsiflexion.
- Strengthening with elastic band.
- May begin stationary bicycle or elliptical once approved by physical therapist

*12-week MD visit

PHASE 4: 13+ WEEKS**Goals**

- 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

Guidelines

- Patient will need to avoid high impact to protect prosthesis forever.

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.