

Ankle Fracture Post-Op Rehabilitation Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

General Guidelines:

- Increase Dorsiflexion (DF) - to restore gait
- Monitor PAIN and SWELLING
 - If either increase, modify rehab
 - PRICE
 - Ankle Pumps
 - E-stim if needed

Phase I (up to 6 weeks s/p ORIF):

Goals:

- PWB involved lower extremity with or without one crutch
- DF to neutral
- Control edema

Guidelines

- At 2-4 weeks s/p, initiate weight-bearing as tolerated with crutches
- AROM for ankle, subtalar, midtarsal joints within pain tolerance
 - Ankle pumps
 - Inversion / eversion
 - Toe crunches
 - Ankle alphabet
- Towel stretch for DF
- E-stim with elevation for edema
- Retrograde massage
- Wean to on crutch and PWB as 6 weeks s/p approaches

Phase II (6-8 weeks s/p ORIF):

Goals:

- FWB involved LE
- > 50% AROM all planes involved ankle and subtalar joint
- Control edema
- Minimize complications
- Maintain optimal bone and soft tissue healing environment

Guidelines:

- Gait training level surfaces with proper tibia advancement, quads activation,
- symmetrical weight-bearing
- Stationary bike
- Grade 1-2 joint mobilizations ankle and subtalar joints
- PROM into restricted ranges
- Retrograde massage for edema
- Continue DF stretches
- Theraband DF/PF/inv/ev in open chain
- Seated heel raise and BAPS
- Manual resistance in open chain for DF/PF/inversion/eversion & multiplanar motions
- Leg extension, Leg Curl, Leg Press
- Wall stretch with knee flexed and extended
- When FWB:
 - Standing BAPS 2 legs
 - Standing heel raise
 - Mini-squat
 - One leg balance on floor

Phase III (>8 weeks s/p ORIF):**Goals:**

- Full ankle and subtalar AROM, flexibility
- Restore gait on level surfaces, hills, stairs
- Full return to function

Guidelines:

- CKC theraband exercises (stand on involved leg and perform hip flex/ext/abd/add with uninvolved LE)
- BAPS knees bent
 - Eyes closed
 - One leg
- Storking
 - Eyes open → eyes closed
 - Floor → mat
- Standing balance progress floor g mat
 - Eyes open → closed
 - Level → incline → decline
 - With knee flex/ext
- Continue phase 2 ex's
- Stairmaster
- Agility ex's
 - Karioke
 - Lateral shuffles
 - Tandem Walking
- Continue gait training
- Continue modalities prn
- Sport and job specific training

This post-operative protocol was developed and authorized for use by J. Chris Coetzee, MD and Larry Nilsson, PA-C.

Burnsville

1000 W 140th St, #201, Burnsville MN 55337
P: 952-808-3000 | F: 952-808-3001

Edina - Crosstown

4010 W 65th St, Edina, MN 55435
P: 952-456-7000 | F: 952-832-0477