



Ankle/Foot Fracture

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OVERVIEW

This protocol for fracture provides guidelines for progression of activity. Every patient recovery is different, and the program may be individualized by the physician. Essential to a safe recovery is an understanding of limitations.

Progression of activity should be a relatively pain-free process, especially at the surgical site. Lingering pain directly at the repair site for hours after therapy or activity may be a sign of overuse. Discomfort that resolves quickly after rest is normal.

Remember that the full recovery of tissue and muscle strength can take a year or longer, and temporary aches and pains are not unusual.

PHASE I: IMMEDIATE POST-OP (WEEKS 0-2)

Immobilization

- Splint
- Wear with ambulation and at night
- Shower or bathe with waterproof cover
- Rest and elevation other than basic activities of daily living (goal of 23-hour elevation)

Weight Bearing

- Non-weight bearing with crutches or knee scooter
- May rest weight of splint on ground for balance only
- Crutches, knee scooter

Therapy:

- Gentle active dorsiflexion/plantarflexion only

Goals

- Rest and recovery
- Basic activities of daily living (household)
- Swelling and pain control
- Incision healing

PHASE II: INTERMEDIATE POST-OP (WEEKS 2-6)

Immobilization

- Boot or shoe. May remove when resting and working on therapy. May remove for hygiene
- Immobilization at night
- Ok to shower if cleared, do not submerge underwater or scrub incision

Weight Bearing

- 50% weight bearing with crutches or knee scooter. May put weight of leg on ground when standing, but not walking
- Crutches, knee scooter

Therapy

- Active ankle, subtalar range of motion without pain: alphabet, towel stretch for dorsiflexion, toe curls
- Core strengthening, non-weight bearing cardiovascular exercise. Quadriceps strengthening.
- Edema control
- May use stationary bike without putting weight through leg

Goals

- Core strength
- Initiate gentle range of motion
- Protection of fracture with boot, pain and stretching avoidance
- Swelling control

PHASE III: INTERMEDIATE POST-OP (WEEKS 6-12)**Immobilization**

- Boot or shoe with weight bearing
- May remove at night

Weight Bearing

- Progress pain-free weightbearing as tolerated in boot or shoe, then transition to normal shoes as tolerated over 2-4 weeks
- Crutches, scooter, boot as needed for pain relief

Therapy

- Continue previous activity
- Strengthening when able in all planes, balance, proprioception

Goals

- Gait training
- Range of motion
- Early strengthening

PHASE IV: RETURN TO ACTIVITY (WEEKS 12+)**Immobilization:**

- None

Weight Bearing:

- Full weight bearing

Therapy

- Strengthening, balance, proprioception
- Sports and activity specific exercises

Goals: Return to sport and activity