



Ankle Ligament Reconstruction Internal Brace Rehabilitation Protocol

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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!

PHASE I: WEEKS 1-2

Goals

- Rest and recovery from surgery
- Control swelling and pain
- Gradual increase of ADL (activities of daily living)

Guidelines

- Will be in a shortleg splint/cast. NWB (non-weight bearing) when walking. Can put foot down when standing
- Will use crutches or a Roll-About for 2 weeks
- Education: surgery, anatomy, healing time, rehab phases
- Encourage ADL as much as possible
- Rest and elevation between ADL
- Hip AROM: lying and standing
- Knee AROM: lying and standing
- Sutures removed at 10-16 days

PHASE II: WEEKS 3-6

Goals

- Allow healing while maintaining upper body, core, hip/knee strength and ROM

Guidelines

- Full WB in walker boot. At 4 weeks can start to walk without the Boot. Use Boot for fatigue and activities where you are unsure of the terrain.

- Shower when wound clear
- Massage for swelling
- Control swelling with elevation
- 4 weeks after surgery:
 - Start official rehab. Wear ankle brace.
 - Begin AROM (Active range of motion) ankle PF/DF/inversion/eversion and toe flexion/extension
 - Can bike, walk, use elliptical trainer, etc. without the boot.
 - All activities are guided by pain level. If your pain is less than 3 out of 10, you could continue. If more than that, rehab should be altered and slowed down. If you have an episode of pain more than 7 out of 10 that does not subside within 30 minutes, you should see your surgeon.
- Core exercises
 - Abdominal recruitment
 - Bridging on ball
 - Ball reach
 - Arm pulleys or theraband using diagonal patterns
- Hip: AROM
 - Strength: clam, sidelift, glut max, SLR (straight leg raise)
- Knee: AROM
 - Strength: SLR, theraband press or leg machine
- Stretching: glut max, glut med, piriformis, rectus femoris, hamstrings
- Can start Proprioception activities and agility training if pain is minimal, ROM is good and everything is going well.

PHASE III: WEEKS 6-8

Goals

- All and any activity with pain and swelling controlled

Guidelines

- Full rehab without restrictions as long as pain/discomfort is 3 out of 10 or less
- Stationary bicycle
- AROM:
 - Inversion/eversion
 - Continue with ankle PF/DF, toe flex/extension
- Continue with
 - Core exercises – progress to standing exercises
 - Hip strength exercises
 - Knee strength exercises
- Manual mobilization to joints not part of ligament reconstruction
- **Proprioception activities**
- **Agility training**
- Wear ankle brace
- Control swelling +/- pain with elevation or modalities as required

- AROM in WB
- Manual mobilization as required
- Muscle stimulation
 - Intrinsic
 - Invertors/evertors if required
 - Gait training
 - Continue strengthening core, hips and knees
 - Proprioceptive training: single leg stance on even surface

PHASE IV: WEEKS 8-9

Goals

- Full ROM in WB
- Good single leg balance
- Near full strength lower extremity

Guidelines

- Proprioceptive training
 - Single leg stance on even surface with resistance to arms or WB leg
 - Double leg stance on wobble board, Sissel, fitter
 - Single leg wobble board, Sissel, fitter with resistance to arms or NWB leg
- Strength
 - Toe raises, lunges, squats
 - Hopping, skipping, running @ 14+ weeks
 - Manual mobilizations if required

PHASE V: WEEKS 10+

Goals

- Full functional return to work +/- activity

Guidelines

- Continue to build endurance
- Work specific or activity specific training
- Plyometric training