



Accelerated Ankle/Foot Fracture

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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

- Boot or shoe
- 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 until feeling has returned after nerve block, then may weight bear 50% standing with crutches
- 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 with ambulation only, may remove at night.
- Ok to shower if cleared, do not submerge underwater or scrub incision.

Weight Bearing

- Protected weight bearing with crutches/scooter. Progress as tolerated without pain.

Therapy

- Full 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 start low impact exercises such as stationary bike or elliptical.

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 as needed

Weight Bearing

- Transition to full weight bearing in normal shoes as tolerated
- Crutches, scooter, boot as needed for pain relief

Therapy

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

Goals

- Gait training
- Range of motion
- Early strengthening

PHASE V: RETURN TO ACTIVITY (WEEKS 12+)

Immobilization: None

Weight Bearing

- Full weight bearing

Therapy

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

Goal: Return to sport and activity