



Accelerated Ankle Ligament Reconstruction Protocol

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This protocol for ankle ligament repair 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 24 hours
- Shower or bathe with waterproof cover
- Rest and elevation other than basic activities of daily living

Weight bearing

- Non-weight bearing with crutches
- Foot rested on ground for balance
- Crutches, knee scooter

Therapy: No motion, strict elevation and edema control

Goals

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

PHASE II: INTERMEDIATE POST-OP (WEEKS 2-4)

Immobilization

- **Boot with walking, may discontinue once walking without a limp or pain**
- May remove boot at night
- Ok to shower if cleared, do not submerge incision underwater nor scrub

Weight Bearing

- Weight bearing as tolerated in boot
- Crutches, knee scooter for balance and pain

Therapy

- Initiate physiotherapy
- Active and passive ankle plantarflexion/dorsiflexion/inversion/eversion through full range of motion (2 set of 10 repetitions, 3 times per day)
- Gentle plantar flexion/dorsiflexion/inversion/eversion at neutral (2 set of 10 repetitions, 3 times per day) with home resistance bands
- Begin balance and proprioception exercises
- Low impact cardiovascular, stationary bike
- May work on hip, knee, toe curls. Core strengthening, quadriceps strengthening.
- Edema control with brace

Goals

- Core strength
- Motion and balance
- Protection of repair
- Activity should not worsen swelling and pain control

PHASE III: INTERMEDIATE POST-OP (WEEKS 4-8)

Immobilization:

- Compression brace
- Boot for pain only

Therapy

- Continue previous activity
- Progress to elliptical and treadmill walking
- May start walk-to-run program at 6 weeks if no limp or pain
- Progress dorsiflexion to point of resistance with minimal discomfort

Goals

- Core strength
- Motion, balance, and ankle strength
- Protection of repair
- Activity should not worsen swelling and pain control

PHASE IV: RETURN TO ACTIVITY (WEEKS 8-12+)

Immobilization: Compression brace if needed

Weight Bearing: Full weight bearing

Therapy

- Continue previous activity
- **Initiate sport specific drills**

Goal:

- Return to sport and activity
- Lower Extremity Functional Tests should be $\geq 90\%$ of the uninjured side before returning