

ANKLE FRACTURE 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.

****Please fax initial assessment and subsequent progress notes directly to IBJI at 847-234-2090****

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! Swelling may be on-going for 6 months to a year following surgery.

FOR PATIENTS

Recovery at a glance:

- **No casting during recovery**
- **Come out of the boot and begin to move your ankle up and down immediately after surgery so your ankle does not get stiff.**
- **Compression stocking to be worn to control swelling along with ice/elevation**
- **4 weeks non-weight bearing in boot, followed by 4 weeks of protected weight bearing in a boot**
- **Physical therapy to start at 2-3 weeks post op**
- **You may begin driving at 8 weeks if surgery on right foot, automatic transmission only for left post op**
- **At 8 weeks transition to regular shoe wear**
- **At 12 weeks begin gentle running / higher impact activities**
- **Once you can come up and down on your toes (single heel rise) on the surgical side, or you can hop on the surgical foot (single leg hop), you may return to sports and all activities. This may take 6 months to a year.**

FOR PHYSICAL THERAPISTS

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

- Safe non weight bearing crutches /knee-walker
- Incision care-keep clean and dry. Shower boot or saran wrap with showers until closed. If concern of wound, please take a picture and call Dr. Vora's office.
- Edema control / swelling control
- Maximize ankle and hindfoot motion

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Guidelines

- Maintain ankle motion with toe crunches; ankle alphabet; inversion eversion; ankle pumps
- Leg elevation
- Safe use of crutches / knee-walker
- Increase safe ADL (activities of daily living)
- Keep incision clean / dry
- Sutures or staples removed at 14 to 21 days

Phase II: Weeks 3-8

Goals

- FWB involved LE in walker boot after 4 weeks
- 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/inv/ev and multiplanar motion
- Leg extension, curl, press, wall stretch with knee flexed and extended
- When FWB
 - Standing BAPS 2 leg
 - Standing heel raise
 - Minisquat
 - One leg balance on floor

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Phase III: Week 8 +

Goals

- Regular shoe wear at 8 weeks
- 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 close / one leg
- Continue phase 2 exercises
- Stairmaster
- Agility exercises
- Continue gait training
- Continue modalities prn
- Sport and Job – specific training