

## ANKLE REHABILITATION PROTOCOL

<b>PHASE 1 POST OP (0-3 WEEKS)</b>	<b>GOALS</b>	<ol style="list-style-type: none"> <li>1. Protection of healing tissues</li> <li>2. Pain management</li> <li>3. Control inflammation</li> <li>4. Full WB in Air cast boot</li> </ol>
	<b>REHABILITATION GUIDE</b>	<ul style="list-style-type: none"> <li>- Air cast boot, WBAT with crutches               <ul style="list-style-type: none"> <li>• Encourage immediate WB in the boot, with minimal use of crutches</li> <li>• Remove boot for hygiene</li> </ul> </li> <li>- NSAIDS, ice, elevation for control of pain and inflammation</li> <li>- Strengthening and ROM for the knee and hip (Quads, hamstrings, gluteus medius and maximus, hip adductors)</li> </ul>
	<b>PRECAUTIONS</b>	WBAT in boot No active/passive INV, forceful EV, and limited PF and DF
	<b>CRITERIA FOR PROGRESSION TO PHASE 2</b>	<ol style="list-style-type: none"> <li>1. No complications from surgery</li> <li>2. Good wound / scar healing</li> <li>3. Pain and inflammation controlled</li> <li>4. Full (or near full) WB in Air cast boot</li> </ol>
<b>PHASE 2 (3-6 WEEKS)</b>	<b>GOALS</b>	<ol style="list-style-type: none"> <li>1. Protection of healing tissues</li> <li>2. Begin range of motion</li> <li>3. Avoid muscle atrophy</li> <li>4. Progress weightbearing tolerance and Gait training</li> <li>5. Improve mobility</li> <li>6. Improve function</li> </ol>
	<b>REHABILITATION GUIDE</b>	<ul style="list-style-type: none"> <li>- Progress WB and gait training in Air cast boot; wean off crutch use if not already</li> <li>- Begin gentle AROM of the ankle, with precautions below</li> <li>- Begin gentle isometric strengthening of the ankle</li> <li>- Continue with pain management and swelling control as needed</li> <li>- Mobilization of intermetatarsal and midtarsal joints</li> </ul>
	<b>PRECAUTIONS</b>	No passive ROM No active INV past neutral No extremes of ankle ROM Be cautious with talocrural and subtalar joint manual mobilizations
	<b>CRITERIA FOR PROGRESSION TO PHASE 3</b>	<ol style="list-style-type: none"> <li>1. Pain and Inflammation controlled</li> <li>2. Full WB in Air cast boot</li> <li>3. Able to tolerate gentle ROM exercises</li> </ol>
<b>PHASE 3 (6-12 WEEKS)</b>	<b>GOALS</b>	<ol style="list-style-type: none"> <li>1. Protection of healing tissues</li> <li>2. Discontinue use of Air cast boot after 6 weeks</li> <li>3. Increase range of motion</li> <li>4. Avoid muscle atrophy</li> <li>5. Progress weightbearing tolerance and gait training without boot</li> <li>6. Initiate proprioceptive training and neuromuscular control</li> <li>7. Improve mobility</li> <li>8. Improve function</li> </ol>

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<b>REHABILITATION GUIDE</b>	<ul style="list-style-type: none"> <li>- Protection with ankle brace</li> <li>- Gait training without boot, encouraging normal gait pattern</li> <li>- Begin DF, PF, and EV PROM</li> <li>- Continue to progress DF, PF, and EV AROM</li> <li>- Strengthening for intrinsic muscles of the foot (ie. Towel scrunching)</li> <li>- Begin isotonic strengthening of DF, PF, and EV (continue with isometric INV)</li> <li>- Seated proprioceptive exercises for Week 6-9</li> <li>- Standing proprioceptive exercises beginning Week 10 (see examples above)</li> <li>- Begin CKC lower extremity strengthening Week 8               <ul style="list-style-type: none"> <li>▪ Squats, Lunges (start forward/back, progress to lateral then multidirectional), step-ups</li> </ul> </li> <li>- Biking as tolerated</li> <li>- Swimming</li> <li>- Fast-paced walking after Week 8</li> <li>- Core strengthening</li> </ul>	
	<b>PRECAUTIONS</b>	No active INV ROM past neutral No passive INV ROM No concentric INV strengthening
	<b>CRITERIA FOR PROGRESSION TO PHASE 3</b>	<ol style="list-style-type: none"> <li>1. Near normal ROM (except INV)</li> <li>2. Normal gait pattern</li> <li>3. Minimal pain</li> <li>4. 70-80 % strength compared to unaffected</li> </ol>
<b>PHASE 4 (WEEK 12 – 5 MONTHS)</b>	<b>GOALS</b>	<ol style="list-style-type: none"> <li>1. Full ROM</li> <li>2. Increase muscle strength, endurance, and power</li> <li>3. Improve proprioception neuromuscular control</li> <li>4. Begin sport- and work-specific training</li> </ol>
	<b>REHABILITATION GUIDE</b>	<ul style="list-style-type: none"> <li>- ROM exercises as needed to obtain full motion</li> <li>- Begin isotonic strengthening for INV</li> <li>- Continue to progress strengthening in all planes               <ul style="list-style-type: none"> <li>▪ Standing calf raises double leg → single leg</li> </ul> </li> <li>- Biking</li> <li>- Progress proprioceptive training with perturbations</li> <li>- Begin running as tolerated</li> <li>- Functional activities (as above)</li> <li>- Begin sport- and work-specific activities (as above)</li> <li>- Begin plyometrics and agility training late in program as tolerated</li> <li>- Incorporate core strengthening into functional activities</li> <li>- Progress to independent Home Exercise Program</li> </ul>
	<b>PRECAUTIONS</b>	Careful with dynamic activities in lateral planes
	<b>CRITERIA FOR RETURN TO SPORT/ RETURN TO WORK</b>	<ol style="list-style-type: none"> <li>1. Pain free</li> <li>2. Full ROM</li> <li>3. 85-90% strength compared to unaffected</li> <li>4. Able to complete sport-specific / work-specific testing</li> <li>5. Physician clearance to resume full activity</li> <li>6. Bracing and/or taping during athletics</li> </ol>