

Brostrum Lateral Ankle Reconstruction Physical Therapy Guidelines

The following are guidelines for Lateral Ankle Reconstruction and progression is both criteria based and patient specific. Phases and time frames are designed to give the clinician a general sense of progression. Typically, we begin formal physical therapy at 14-20 days. The program should balance the aspects of tissue healing and appropriate interventions to maximize flexibility, strength, and pain-free performance of functional activities.

POST OPERATIVE PHASE I (WEEKS 0-4) ****MAXIMUM PROTECTION PHASE****

GOALS:

- Patient education
- Pain control
- Protection of the post-surgical ankle
- Eliminate effusion (swelling)

PRECAUTIONS:

- Non-weight bearing until the first visit following surgery with the surgeon, then touchdown weight bearing (TDWB) in a boot or cast

TREATMENT STRATEGIES:

- No ankle range of motion at this time, unless specified by surgeon, depending on technique
- 4-way straight leg raises
- Full arc quad sets
- Abdominal isometrics
- Planks from knees

MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- Pain-free gait without crutches
- No effusion (swelling)

Emphasize:

- PROTECTING SURGICAL REPAIR
- Patient compliance with boot wear

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POST OPERATIVE PHASE II (WEEKS 4-10)

GOALS:

- Continued protection of the repair
- Wean out of boot to an ankle stabilizing orthoses (ASO)

PRECAUTIONS:

- No inversion or eversion range of motion to protect the repair
- Progressive and graduated return to weight bearing

TREATMENT STRATEGIES:

- Begin Active and Active Assistive range of motion for ankle plantarflexion and dorsiflexion
- Begin Active and Active Assistive range of motion for forefoot and toe mobility
- Ankle isometric strengthening in neutral
- Double leg balance exercises - starting in neutral with very short range of motion excursions
- Standing 4-way straight leg raises
- Planks from feet—forward and lateral

MINIMUM CRITERIA FOR ADVANCEMENT TO NEXT PHASE:

- 75% of full active range of motion
- Total leg strength to permit transition to weight bearing

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POST OPERATIVE PHASE III (Once Phase II criteria met likely WEEKS 10-12)

GOALS:

- Full active range of motion in weight bearing and non-weightbearing positions
- 5/5 (full strength) peroneal strength in neutral and plantarflexed positions
- 5/5 hip strength
- Normal gait mechanics

PRECAUTIONS:

- No jumping, hopping or sports
- ASO to protect repair outside of therapy appointments

TREATMENT STRATEGIES:

- Ankle strengthening exercise progression: progressing from short arc isotonic to full arc isotonic to eccentric strengthening
- Balance progression: Double leg unstable surface to single leg stable surface
- Gait Drills: forward march, backward march, side stepping, backward stepping, hip circle walk
- Gentle stretching as needed to regain full range of motion

MINIMUM CRITERIA FOR ADVANCEMENT:

- Full ankle strength on manual muscle testing and single leg balance equal to the other side

Emphasize:

- Good control and no pain with functional movements

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POST OPERATIVE PHASE IV (Begin after meeting Phase III criteria, usually 14-16 weeks after surgery)

GOALS:

- Patient to demonstrate stability with higher velocity movements and change of direction movements that replicate sport specific patterns
- No apprehension or instability with high velocity change of direction movements
- Improve core and hip strength as well as mobility to eliminate any compensatory stresses to the ankle
- Cardiovascular endurance for specific sport or work demands

TREATMENT RECOMMENDATIONS:

- Impact control exercises beginning 2 feet to 2 feet, progressing from 1 foot to the other and then 1 foot to the same foot
- Movement control exercises beginning with low velocity, single plane activities and progressing to higher velocity, multi-plane activities
- Return to running drills focusing of proper gait mechanics without compensations or significant post exercise soreness
- Balance progression: Single leg stable surface to single leg unstable surface
- Strength and control drills related to sport specific movements, including dynamic balance and strength in plantarflexed positions
- Sport/work specific balance and proprioceptive drills
- Hip and core strengthening
- Stretching for patient specific muscle imbalances

PRECAUTIONS:

- Progress gradually into provocative exercises by increasing velocity and progressing from known to unanticipated movement patterns

Return to Sport Criteria:

- Dynamic neuromuscular control with multi-plane activities without pain or swelling
- Strength within 90% of uninjured side
- ROM must be even bilaterally
- Single Leg balance should be comparable to uninjured side
- No swelling before activity
- Patient reported pain level at a 4 or lower
- Athlete must complete hop test and agility test before RTP

Patient Name: _____

Physician's Signature: _____ M.D. Date: ___ / ___ / _____