

Ankle Fracture ORIF Rehab Protocol

Date of surgery: _____
Frequency: 2-3x /week LEFT RIGHT

POST OPERATIVE MANAGEMENT

Posterior Splint (short leg, neutral ankle) / Non-Weight-Bearing with crutches

Week 2 – (After first post-op visit)

- Discontinue splint use and transition to CAM walking boot
- Advance Weight bearing by 25% of body weight each week x 4 weeks (Double if patient has DM)
 - **If Patient underwent syndesmotic repair, NWB x 6 weeks (strict)**
- Advance weight bearing to full / wean from crutches over 4 weeks
- Cryotherapy (Jobst compression/Cryocuff/Ice pack)
- Encourage passive heel-cord stretching
- Full ROM, Ankle Alphabets
- Continued wound monitoring.

Week 2-6:

- Progressive weightbearing ambulation with walking boot to FWB at ~ 4 weeks
 - **If Patient underwent syndesmotic repair, NWB x 6 weeks (strict)**
- BAPs "Level 1-2-3" (seated PWB)
- Active range-of-motion dorsiflexion/plantar flexion unloaded
- Heel-Toe ambulation in boot, transition to ankle brace at 6 weeks.
- Stationary cycling with minimal resistance (anterior foot placement)
- Flat-Footed standing balance/proprioception activities after week 4

Week 6-12:

- Discontinue walking boot, return to normal foot wear.
- Progressive resistance Theraband ankle strengthening exercises
- Intrinsic foot muscle strengthening exercises
- Single Leg standing balance activities
- Active bilateral heel raises
- Gait analysis/eval at week 8.
- Anterior and posterior LE chain stretching and strengthening with focus on return of PRE-op gait
 - Quads, Hip flexor
 - Hamstring, Glutes
- Bilateral to unilateral standing, heel raise exercises (after week 8)
- Stationary cycling with progressive resistance (standard foot placement)
- Progressive depth (30° to 90° knee flexion) flat-footed mini-squats (after week 8)
- "Flat-Footed" single leg balance

3-6 Months:

- Straight ahead walk to jog progression on a level surface

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- Progressive acuity cutting agility maneuvers / Large-to-small Figure of 8 agility maneuvers (after 3 months).
- Sport/Position specific functional activities
- Discharged to normal activities when cleared by doctor

Criteria for discharge:

1. Full, pain free range of motion
2. Strength is equal bilaterally
3. Has met specific functional/activity goals
4. Has been cleared by physician

SIGNED: _____ Date: _____