

**Ankle Fracture ORIF Rehab Protocol MODIFIED
BROSTROM REPAIR REHABILITATION PROTOCOL**

Date of surgery: _____

Frequency: 2-3x /week LEFT RIGHT

POST OPERATIVE MANAGEMENT

Post op boot, must keep clean and dry for 2 weeks.

Ok to remove ACE bandage on Post op Day #3. (i.e. Remove Thursday for surgery on Monday)

Phase 1: Week 2 -6 (After first post-op visit)

Criteria to Progress to this Phase: Cleared by physician to begin physical therapy

Anticipated Impairments:

- Boot to be worn full time for 6 weeks. Ok to remove when doing therapy, and in shower.
- Non-weight bearing until week 3
- Limited AROM and strength

Goals

- Increase ROM
- Manage pain and edema
- Increase tolerance of muscle contraction Intervention
- Modalities as needed
- Begin pain-free PROM – taking precaution with plantar flexion and inversion
- Begin submaximal isometrics at multiple angles in all planes
- Begin AROM for plantar flexion and dorsiflexion only
- Strengthen intrinsic foot muscles
- Progressive resistance exercises for hip and knee in all ranges
- Begin cardiovascular training (UBE, well-leg cycling, or cycling in boot)
- Soft tissue/scar mobilization
 - Avoid surgical incision manipulation until week 6
- **Week 3:**
 - Advance Weight bearing by 33% of body weight each week x 3 weeks (Double if patient has DM)
 - Advance weight bearing to full / wean from crutches over 4 weeks
 - Cryotherapy (Jobst compression/Cryocuff/Ice pack)

Phase II: Week 6-8

Criteria to Progress to this Phase:

- No increased pain or loss of ROM
- Improved tolerance to weight bearing

Anticipated Impairments and Functional Limitations

- Mild pain and edema
- Limited AROM and strength
- Abnormal gait

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Goals

- Manage pain and edema
- Increase ROM
- Improve strength and proprioception
- Wean from walking boot, utilizing it only when increased symptoms
- Continue with Phase I interventions as indicated
- Gentle joint mobilizations as indicated (i.e., limited talocrural dorsiflexion)
- Perform AROM activities in all ranges
- Gentle gastroc/soleus stretching • Stationary bicycle (low resistance) • Seated heel raises progressing to standing heel raises •
- Pool therapy (shallow water proprioceptive/gait activities and deep water running) (ONLY AFTER WEEK 6)
- Pain-free double and single leg Total Gym squats
- Elastic tubing exercises in all planes may be initiated in late phase II
- Pain-free forward treadmill
- Pain-free forward lunges
- Begin proprioceptive/balancing activities
- Improve gait on level surfaces
- Unilateral balancing (eyes open/eyes closed/catching ball)
 - Acceptable adjuncts at this time: Rocker board with bilateral stance, BAPS board, progress from seated to bilateral standing, Slide board, Hopping, bilateral to unilateral, Shuttle leg press and bounding

Phase III: Weeks 8-12

Criteria to Progress to this phase

- Patient progressing with decreased pain and edema
- Patient progressing with AROM
- Patient no longer needs walking boot

Anticipated Impairments and Functional Limitations

- Mild pain and edema associated with increased activity
- Limited AROM and strength
- Asymmetrical proprioception and limited gait on uneven surfaces

Goals

- Full AROM, PROM
- Initiation of sports specific training regimen

Interventions

- Continue Phase I and II exercises to tolerance/mastery
- Elastic tubing (mild to moderate resistance)
- Isokinetics performed at pain-free intensities
- Initiate single leg standing BAPS (levels 1 or 2 only)
- Initiate pain-free wall squats
- Progress balance exercise time and/or stand on unstable surface
- 4-way hip exercise on involved extremity
- Initiate lateral and forward step downs (begin with 2 inch step, then progress)
- Begin Star exercises

Phase IV : Weeks 12 -18

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Criteria to Progress to this phase

- Completion of pain free exercises Phases I- III.
- Pain free ambulation with non-antalgic gait

Anticipated Impairments and Functional Limitations

- Minimal pain and edema with higher level activities
- Full AROM and strength
- Asymmetrical proprioception and limited gait on uneven surfaces

Goals

- Return to sport at appropriate level

Interventions

- Continue Phase I-III exercises to tolerance/mastery
- Progress with functional training and plyometrics
- Increase demand of pivoting and cutting exercises

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: _____