

Ankle Ligament repair with Internal brace

General Notes: Use of an internal brace allows for rehabilitation to progress more rapidly with less risk for elongation of the repair. The following protocol serves as a guide understanding all patients will not progress according to prescribed timelines.

PHASE I Goals: Wound healing and edema control

<u>Day 1</u>

- 1. Foot wrapped in bulky Jones dressing with plaster preventing movement of the leg
- 2. Elevate, take pain medication
- 3. Expect numbness in leg for 4-72 hours depending on the type of anesthesia used.
- 4. Wiggle Toes as able.
- 5. Hang operative extremity down for one minute every hour while awake then return to elevated position to encourage circulation

Day 14

- 1. First follow-up in the office, dressing is changed. Sutures removed when wound healed.
- 2. Placed into a boot.
- 3. Start plantarflexion (downward movement of the foot) and dorsiflexion (upward movement of the foot) motion 4-5x per day out of the brace. Do not move foot from side to side (inversion/eversion)
- 4. May shower when sutures are removed.
- 5. May bear weight as tolerated in the boot. Wean from crutches as able.

PHASE II - begin formal physical therapy

Goals: Improve AROM and proprioception, Restore gait.

2-4 Weeks

- 1. Initiate physical therapy
- 2. Gait train
- 3. Continue use of boot while up for Lateral Ligament Repair with Internal Brace Protocol
- 4. Gentle exercise on stationary cycle
- 5. Continue active dorsiflexion and plantar flexion exercise.



- 6. Avoid inversion and eversion activity
- 7. Towel curls with 20 degrees plantarflexion
- 8. Standing hamstring curls.
- 9. Proprioception training
- 10. Upper body conditioning.

4-6 Weeks

- 1. Start scar massage if needed and wound fully healed.
- 2. Initiate resistance bands for dorsiflexion/plantarflexion
- 3. Initiate toe and heel raises
- 4. Transition to an ankle brace, wean out of boot.
- 5. can bike, walk, elliptical in ankle brace
- * all activities should be guided by pain
 - ** if pain level is less than 3/10 activities can continue
 - ** if pain level is greater than 3/10, rehab should be altered and slowed down

PHASE III

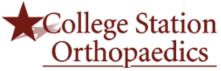
Goals: Restore strength, motion and proprioception. Improve cardio

6-8 Weeks

- 1. Second follow-up in the office.
- 2. May start pool activities if available.
- 3. Advance graduated resistance exercises to involve all planes
- 4. Advance AROM activities to include inversion and eversion
- 5. Advance proprioception/balance exercises
- 6. Advance cardiovascular exercises cycling, stairmaster, Elliptical
- 7. May begin walk to run program when tolerating elliptical.
- 8. control swelling+/- pain with elevation and modalities

8-12 Weeks

- 1. Third follow up visit at 10-12 weeks post op.
- 2. Advance cardio activities to light running ground based if tolerating



- 3. Initiate early plyometric and early sport specific drills.
- 4. work balance board or balance ball for proprioception

PHASE IV

Goals: Return to sport

>12 Weeks

- 1. Continue to retrain strength, power, endurance
- 2. Continue proprioception
- 3. Plyometric training and full weight lifting.
- 4. Sport Specific drills
- 5. Sprints
- 6. Wean out of ASO
- 7. Return to sport when functional progression passed.