

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

Day 1

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.