

Ankle Fracture Physical Therapy Protocol

This protocol provides you with general guidelines for progression of rehabilitation according to specific time frames. Specific changes in the program may be made by the physician as appropriate for the individual patient. Adjustments are to be made especially based on patient age and functional baseline/demands/expectations.

Please fax initial assessment and subsequent progress notes directly to fax 855-270-3558.

It can take up to a year to make a full recovery, and there may be intermittent pains and aches during that time. Swelling may be on-going for several months.

FOR PATIENTS

- **Recovery at a glance:**
 - **Compression stocking to be worn to control swelling along with ice/elevation once the incision has healed**
 - **Physical therapy to start at 2-3 weeks post op**
 - **You may begin driving at 6-8 weeks if surgery on the right ankle. If surgery on the left ankle and driving an automatic, may drive once off narcotics and allowing for elevation. Test your ability to drive in a parking lot!**
- **At 12 weeks begin gentle running / higher impact activities**
- **Once you can come up and down on your toes (single heel rise) on the surgical side, or you can hop on the surgical foot (single leg hop), you may return to sports and all activities. This may take 6 months to a year.**

FOR PHYSICAL THERAPISTS

Detailed recovery / rehabilitation protocol:

Phase I: Weeks 1-3

Goals

- Safe non weight bearing crutches /walker/ knee-walker

- Incision care-keep clean and dry. Shower boot or saran wrap with showers until closed. If concern of wound, please take a picture and refer patient back to our office.
- Edema control / swelling control
- Maximize ankle motion

Guidelines

- Maintain ankle motion with toe crunches; ankle alphabet; ankle pumps
- Leg elevation
- Safe use of crutches / knee-walker
- Increase safe ADL (activities of daily living)
- Keep incision clean / dry
- Sutures or staples removed at 14 to 21 days

Phase II: Weeks 3-6

Goals

- FWB involved LE in walker boot to be determined by doctor to start between 4 and 8 weeks
- 100% AROM in all planes in ankle DF and PF
- Control edema
- Minimize complications
- Maintain optimal bone and soft tissue healing environment

Guidelines

- Gait training level surfaces with proper tibia advancement, quads activation, symmetrical weight-bearing
- Stationary bike
- Grade 1-2 joint mobilizations ankle joints
- PROM into restricted ranges
- Retrograde massage for edema
- Continue DF stretches
- TheraBand DF/PF in open chain
- Seated heel raises and BAPS
- Manual resistance in open chain for DF/PF motion
- Leg extension, curl, press, wall stretch with knee flexed and extended
- When FWB
 - Standing BAPS 2 leg
 - Standing bilateral heel raise

- Minisquat
- One leg balance on floor

Phase III: Week 6 +

Goals

-Wean from CAM boot and into regular shoe wear between 6 and 12 weeks

Guidelines

- Full ankle and subtalar A/AA/P ROM, flexibility
- Restore gait on level surfaces, hills, stairs

Phase IV: Week 8+

Guidelines

- CKC TheraBand exercises (stand on involved leg and perform hip flex/ext/abd/add with uninvolved LE)
- BAPS knees bent / eyes close / one leg
- Continue phase 3 exercises
- Stairmaster
- Agility exercises
- Continue gait training
- Continue modalities prn
- Sport and Job – specific training