Lateral Ankle Reconstruction Protocol

Weeks One And Two	Weeks Two To Six
Initial Evaluation	Evaluate
Patient is NWB w/ assistive device/s while in Robert Jones splint	 Patient in WB cast x 4 weeks Gait progression from TDWB at week 2 to full WB by week 6
Patient Education	Patient Education
 Support Physician prescribed meds Reinforce NWB w/ assistive device/s Elevation as tolerated for swelling management 	> TDWB initially and progress to full WB by week 6
Therapeutic Exercise	Therapeutic Exercise
 No ankle ROM or strengthening UBE for cardio per patient OKC of hip and knee per patient Isometrics of hip and knee 	 No ankle ROM or strengthening UBE Hip and knee ROM/flexibility as needed Multi-planar knee and hip OKC exercises Core strengthening (i.e.: planks from knees)
Manual Techniques	Manual Techniques
➤ None at this point in time	➤ None at this point in time
Modalities	Modalities
> Elevation	> Elevation
➤ Unable to use modalities due to cast	Unable to use modalities due to cast
Goals ➤ Control pain	Goals ➤ Full WB in walking cast
Control painReduce edema	Restore normal AROM/flexibility of hip and knee
Protect repair	> Protect repair

Weeks Six To Eight	Weeks Eight To Twelve
Evaluate	Evaluate
 Ankle DF and PF ROM (No inversion, eversion) 1st MTP extension Calf flexibility Full WB in Speed brace (removed for therapy sessions) Gait pattern HEP compliance 	 Ankle ROM, strength Postero-lateral hip strength Gait pattern Balance HEP compliance Begin weaning from brace for everything except sporting activities
Therapeutic Exercise	Therapeutic Exercise
 DF and PF ROM 1st MTP extension Calf stretching Ankle isometrics in neutral Begin stationary bike May begin bilateral progressing to unilateral balance Planks (prone and lateral) from feet Aquatic therapy 	 Progression of CKC and balance Add eversion strengthening via isotonics (inversion starts @ week 9) Elliptical Heel raises BOSU; BAPS; Airex; Dyna discs
Manual Techniques	Manual Techniques
 As needed to improve DF, PF, 1st MTP extension Avoid tensioning lateral ankle Soft tissue/scar mobilization as needed Modalities Any as indicated to reduce swelling, improve ROM, 	 ➤ As needed to improve DF, PF, 1st MTP extension, eversion ➤ Soft tissue/scar mobilization as needed Modalities ➤ Ice/compression/elevation
decrease pain Goals	Goals
➤ Normalizing gait pattern ➤ Reduce edema ➤ Independence with HEP	Full AROM of ankle Full strength of hip and ankle Normal gait pattern Symmetrical single leg stability and balance Progression to CFA (return to sport ~16weeks post-surgery pending sport demand and athlete's capacity)

References:

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