**Ankle Fracture Therapy Protocol**

POSTOPERATIVE REHABILITATION

**Operative**

* Posterior slab/splint; NWB x 3 w. Knee scooter recommended for mobility

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL**: (3-6 w) CAM walking boot.

**Weightbearing as tolerated for isolated lateral malleolus fracture**

**Non-weightbearing for bimalleolar of syndesmosis injury.**.

Boot required for sleeping. May remove boot for bathing and hygiene.

Goals: Decrease pain, Control edema, Increase range of motion and muscle contraction tolerance

**THERAPY**: 3-6 w

* Non-weightbearing for gait, Passive or active inversion
* Range of motion exercises, Active range of motion 4 planes to neutral, NO RESISTANCE
* Progressive resistance exercises of the hip/knee
* Soft tissue mobilization and modalities as needed
* Joint mobilization as indicated
* Patient education

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL**: (6-9 w) WBAT in CAM boot, May remove boot at night for sleeping,

Goals: Control edema and pain, Increase strength and tolerance to single-limb stance and advanced activities, Improve proprioception and stability of ankle, minimize gait deviations on level surfaces

**THERAPY**: 6-9 w

* **Weightbearing as tolerated in CAM boot (may progress to ASO for isolated lateral malleolus fracture)**
* Isometric exercises
* Active range of motion of ankle for all ranges against gravity
* Standing bilateral heel raises and squats and lunges
* Stationary bike and pool therapy
* Elastic bands and balance board exercises
* Proprioceptive neuromuscular facilitation

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLINICAL**: (9-12 w) **Therapist to progress patient out of CAM boot and into ASO brace**

Goals: Full active and passive range of motion, return ankle strength to 80% of uninvolved side, self-management of edema and pain

**THERAPY**: 9-12 w

* **Therapist to progress patient out of CAM boot and into ASO brace (out of brace for lateral malleolus fracture**
* Increase elastic band resistance
* Ankle brace – may be removed for therapy under supervision
* Isotonics and Isokinetics
* Modalities if indicated

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical: (**W 12+ w)

Wean from ankle brace. Activity as tolerated except impact exercise.

Goals: Prevent reinjury with return to sport, Return to sport, Discharge to home or gym program

**THERAPY**: 12+ w

* Advanced exercises: plyometrics, trampoline, box drills, slide board, lateral shuffle, figure eight exercises
* Increase demand of pivoting and cutting exercises