

Ankle Ligament Reconstruction Internal Brace Rehabilitation Protocol

This protocol provides you with general guidelines for initial stage and progression of rehabilitation according to specified time frames, related tissue tolerance and directional preference of movement. Specific changes in the program will be made by the physician as appropriate for the individual patient.

****Please fax initial assessment and subsequent progress notes directly to MOSMI at 952-944-0460.****

REMEMBER: It can take up to a year to make a full recovery, and it is not unusual to have intermittent pains and aches during that time!

Phase I: Weeks 1-2

Goals

- Rest and recovery from surgery
- Control swelling and pain
- Increase ADL (Activities of daily living)

Guidelines

- WB as tolerated to FWB (full weight bearing) in cast.
- Sutures removed @ 10 -16 days. Placed in a CAM boot for another 2-4 weeks
 - Can get out of the boot to shower, but should also start active ROM
 - Stationary bike, walk, use elliptical trainer etc. in the boot.
- Education: surgery, healing time, anatomy, rehab phases
- Encourage ADL
- Rest and elevation to control swelling
- Control pain
- Hip and knee AROM

Phase II: Weeks 3-6

Goals

- Allow healing while maintaining upper body, core, hip/knee strength and ROM

Guidelines

- WB as tolerated to FWB in CAM Boot
- Massage for swelling
- Elevation to control swelling

- @ 2 weeks after being removed from the cast: begin gentle AROM (Active range of motion) ankle PF (plantar flexion)/DF (dorsiflexion)/eversion and toe flexion/extension
 - Can bike, walk, use elliptical trainer, etc. in the boot.
- @ 4 weeks can proceed with these activities (bike, walk, use elliptical trainer, etc.) without the boot.
- Core exercises
 - abdominal recruitment
 - bridging on ball
 - ball reach
 - arm pulleys or theraband using diagonal patterns
- Hip: AROM
 - strength: clam, sidelift, glut max, SLR (straight leg raise)
- Knee: AROM
 - strength: SLR, theraband press or leg machine
- Stretching: glut max, glut med, piriformis, rectus femoris, hamstrings

Phase III: Weeks 7-10

*****WILL BE DETERMINED WITH YOUR PHYSICAL THERAPIST*****

Goals

- All and any activity with pain and swelling controlled.

Guidelines

- Will be provided with an ankle brace and can start full rehab
- Stationary bicycle
- AROM:
 - begin inversion/eversion
 - continue with ankle PF/DF, toe flex/extension
- Continue with
 - core exercises – progress to standing exercises
 - hip strength exercises
 - knee strength exercises
- Manual mobilization to joints not part of ligament reconstruction
- Proprioception activities
- In regular shoe
- Still wearing the ankle brace
- Control swelling +/- pain with elevation or modalities as required
- AROM in WB
- Manual mobilization as required
- Muscle stimulation
 - Intrinsics
 - Invertors/evertors if required
 - Gait training
 - Continue strengthening core, hips and knees
 - Proprioceptive training: single leg stance on even surface

Phase IV: Week 8-9

Goals

- Full ROM in WB
- Good single leg balance
- Near full strength lower extremity

Guidelines

- Still to use the ankle brace for certain sport specific activities (ie: basketball)
- Proprioceptive training
 - single leg stance on even surface with resistance to arms or WB leg
 - double leg stance on wobble board, Sissel, fitter
 - single leg wobble board, Sissel, fitter with resistance to arms or NWB leg
- Strength
 - toe raises, lunges, squats
 - hopping, skipping, running @ 14+ weeks
 - manual mobilizations if required

Phase VI: Week 10+

Goals

- Full functional return to work +/- activity

Guidelines

- Continue to build endurance
- Work specific or activity specific training
- Plyometric training