

ANKLE BROSTROM REPAIR REHABILITATION PROTOCOL

General notes:

"As tolerated" should be understood to be with safety for the hip; pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg.

Avoid forceful active and passive range of motion (ROM) as well as ankle joint mobilization and inversion for the first four weeks.

Monitor surgical sites for mobility and scar formation; soft tissue treatments (i.e. scar mobilization and friction massage) may be utilized to decrease fibrosis.

Rehabilitation should be monitored closely for signs of compensation or guarding.

Non-weight bearing in cast for the first two weeks; non-weight bearing in boot for weeks two – four; partial weight-bearing in boot for weeks four – six, progressing to full weight-bearing by week six.

Aerobic and general conditioning may be maintained throughout the rehab process.

Ice should be applied to the ankle for 15-20 minutes following each exercise, therapy, or training session.

Return to sport based on provider team input and appropriate testing.

All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers.

Weeks 0 to 2:

Weight Bearing:

NWB (non weight bearing) in cast, must use crutches

Therapeutic Exercises:

Strengthening: Quad sets (squeeze thigh muscles tight), 4-way SLR (four directions straight leg raises: forward, backward, inside, outside), knee extension (straightening) and flexion (bending) exercises; weight training may be done if NWB on surgical foot

Conditioning: Stationary bike without using involved foot, UBE (upper body exercise bike)

Cryotherapy (Ice treatments): Six to eight times a day for 20 minutes

Weeks 2 to 4:

Weight Bearing:

NWB in boot, continue with crutches

Therapeutic Exercises:

Toe curls/spreads, ankle alphabets, ankle circles clockwise/ counter clockwise, gentle towel stretch

Strengthening: Remains the same as weeks 0 to 2

Conditioning: Remains the same as weeks 0 to 2

Manual Therapy: Soft tissue massage, scar tissue massage

Weeks 4 to 6:

Weight Bearing:

Partial weight bearing in boot, progress to full weight bearing in boot, continue with crutches as needed

Therapeutic Exercises:

Toe curls/spreads, ankle alphabets, ankle circles clockwise/ counter clockwise, gentle towel stretch

Strengthening: As weeks 0 to 2

Proprioception: Weight shifting

Conditioning: Remains the same as weeks 0 to 2, may begin swimming

Manual Therapy: Soft tissue massage, scar tissue massage, joint mobilization

Weeks 6 to 8:

Weight Bearing:

Full weight bearing, no crutches

Therapeutic Exercises:

Continue with ankle ROM activities

Strengthening: Unrestricted weight training, closed chain exercises, core strength training

Proprioception: Weight shifting, single leg balance activities

Conditioning: Stationary bike, treadmill, swimming

Manual Therapy: Soft tissue massage, scar tissue massage, joint mobilization



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Week 8 to 12:

Therapeutic Exercises:

Strengthening: Progress strengthening as tolerated
Proprioception: Weight shifting, balance activities
Conditioning: Stationary bike, treadmill, stair climber, elliptical machine, ski machine; begin straight running outside

Weeks 12 to 6 Months:

Therapeutic Exercises:

Conditioning: Progress all activities towards returning to sports; include plyometrics and cutting/agility drills