Connecticut Orthopaedics

Megan R. Wolf, MD
Sports Medicine/Foot & Ankle

Ankle Lateral Ligament Repair +/- Syndesmosis ORIF
Post-Operative Protocol

Phase I - Maximum Protection
Weeks 0-2

- Post-operative posterior splint
- Non-weight bearing at all times with use of crutches
  - No scooter

  Goals
  - Reduce inflammation and pain
  - Protect surgical repair
  - Maintain strength and range of motion of non-operative joints

  Exercise progression
  - Open chain hip strengthening
  - Gait training
  - Elevation and ice to assist with swelling reduction

Phase II- Initial Stretching and Strengthening
Weeks 2 to 4:

- CAM boot at all times
  - Able to remove boot for ankle and foot ROM in PT
- Toe touch weight bearing progressing to full weight bearing in CAM boot
- Initiate range of motion at ankle and foot
- Initiate closed kinetic chain exercises in CAM boot
- Submaximal isometrics at ankle

  Goals
  - Reduce inflammation and pain
  - Protect surgical repair
  - Range of motion at ankle and foot
    - Avoid passive inversion and eversion
    - Avoid full-range plantarflexion (limit to 75% of ROM)
  - Full weight bearing by 4 weeks

  Manual therapy
  - Graded talocrural and subtalar mobilizations
  - Passive range of motion within restrictions

  Exercise progression
  - Gait training
  - Initiate closed chain exercises in double limb in CAM boot per weight bearing status
  - Initiate submaximal isometrics in all directions
  - Elevation and ice to assist with swelling reduction

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Phase III- Progressive Stretching and Strengthening

Weeks 4 to 8:

- CAM boot until week 6
- Transition to shoe with Velocity Ankle Brace if ligament repair, transition to shoe if syndesmosis ORIF only
- Full weight bearing
- Progress to full range of motion in all directions
- Progress closed kinetic chain exercises from double limb to single limb
- Initiate balance/proprioceptive exercises

  Goals
  - Reduce inflammation and pain
  - Protect surgical repair
  - Normalized gait pattern
  - Full range of motion
  - Progress limb strength

  Manual therapy
  - Graded talocrural and subtalar mobilizations
  - Passive range of motion

  Exercise progression
  - Normalize gait pattern
  - Initiate bike
  - Proprioceptive and balance drills
    - No BAPS, BOSU, or wobble board
  - Unilateral closed kinetic chain strengthening program
  - Modalities for pain relief and swelling reduction

Phase IV- Advanced Strengthening

Weeks 8 to 10:

- Full range of motion
- Advance strengthening exercises
- Progress balance/proprioceptive exercises

  Goals
  - Reduce inflammation and pain
  - Protect surgical repair
  - Full knee range of motion
  - Normal gait pattern
  - Progress limb strength

  Exercise progression
  - Initiate elliptical
  - Single leg closed chain strengthening
  - Progress proprioceptive exercises to varied surfaces as patient is able to control

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Phase V- Plyometric Training and Running Progression

Weeks 10 to 12:

- Administer Preliminary functional test at 10 weeks for physical therapist review
- Initiate straight line jogging at 10 weeks (in brace) if proper biomechanics are demonstrated and symmetry on functional test
- Advance strengthening program
- Initiate plyometrics in brace at 10 weeks

  Goals
  - No swelling
  - Full range of motion
  - Symmetrical strength and power

  Exercise progression
  - Initiate elliptical
  - Basic ladder series
  - Linear jogging progression
  - Basic plyometric exercises starting with double limb and progressing to single limb
  - Gym strengthening progression

Phase VI- Return to Sport

Weeks 12 to 16:

- Progress plyometric training to multi-plane, change of direction, and deceleration
- Advance strengthening program
- Administer Return To Sport functional test at 14-16 weeks prior to follow up appointment with MD for physician to review

  Goals
  - No swelling
  - Full range of motion
  - Normal gait pattern
  - Symmetrical strength and power

  Exercise progression
  - Advanced ladder series
  - Change of direction with running and jumping
  - Sport specific field/court drills
  - Gym strengthening progression

Criteria to be released for return to sport
- Follow-up examination with the physician
- Pass Return To Sport functional test at >90% (involved vs. uninvolved limb)
- Display symmetry and confidence in high-speed cutting, multi-plane plyometric drills, sprinting and decelerating

Anticipated return to sport:
- 12-16 weeks for contact and non-contact athletes

Revised ***