

ANKLE LATERAL LIGAMENT RECONSTRUCTION
Post-Operative Protocol

Phase I—Maximum Protection

Weeks 0 to 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—Early Stretching and Strengthening

Weeks 2 to 4

- CAM boot at all times
 - Able to remove boot for ankle and foot ROM in PT
- Progress to weight bearing as tolerated
- 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 without use of crutches by 4 weeks for ambulation

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
- Initiate submaximal isometrics in all directions
- Elevation and ice to assist with swelling reduction

Phase III—Progressive Stretching and Strengthening

Weeks 4 to 8

- Transition to running shoe with Velocity ankle brace, if prescribed by MD
- 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

www.meganwolfmd.com

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 and elliptical trainer
- 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—Advance Strengthening and Running Progression

Weeks 8 to 10

- Administer Preliminary functional test at 8 weeks for physical therapist review
- Initiate straight line jogging at 8 weeks (in brace) if proper biomechanics are demonstrated and symmetry on functional test
- Initiate plyometrics in brace at 8 weeks
- Advance strengthening program

Goals

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

Exercise progression

- Basic ladder series
- Linear jogging progression
- Basic plyometric exercises starting with double limb and progressing to single limb
- Gym strengthening progression
- Progress proprioceptive exercises to varied surfaces as patient is able to demonstrate control

Phase V—Return to Sport

Weeks 10 to 12

- Progress plyometric training to multi-plane, change of direction, and deceleration
- Advance strengthening program
- Administer Return to Sport functional test at 12 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 weeks for contact and non-contact athletes

Revised ***