Connecticut Orthopaedics

Megan R. Wolf, MD
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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

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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

  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

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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 ***