



JAMES W. MAXEY, MD

**ANKLE FRACTURE PROTOCOL
(Bimalleolar, Trimalleolar, Weber, Tibial Pilon, Salter-Harris)**

PROTOCOL STATEMENT: Progression of protocol may vary depending on type of fracture, surgical technique, and surgeon preference.

PHASE DESCRIPTIONS: Because of variance in fracture types, fixation type, healing rates, etc., the ankle fracture protocol is phase based, with timeframes listed being specific to the phase of rehabilitation the patient is in.

- Phase I:** To be initiated post fracture/surgery and is to last until order for full weightbearing is received at which time Phase II will begin
- Phase II:** To be initiated upon orders for full weightbearing
- Phase III:** Return to functional activity/work phase. To be initiated upon meeting the following criteria:
- Normal, pain free gait
 - Full ankle AROM
 - Swelling within 1 cm of contralateral side

WEIGHTBEARING STATUS DESCRIPTIONS:

- Full weightbearing - 100% of body weight
- Weightbearing as tolerated ó as much weight as tolerated
- Partial weightbearing ó up to 50% of body weight
- Toe touch weightbearing ó toe down just for balance
- Nonweightbearing ó no weight

I. PHASE I (Timeframes listed specific to Phase 1 only)

A. Goals

- Provide for protection of healing tissue
- Prevent negative affects of immobilization by achieving ROM goals
- Provide postoperative pain and inflammation control
- Monitor wound healing status
- Obtain neutral DF by week 3
- Maintain weightbearing restrictions as instructed by doctor

303 N. WM. Kumpf Blvd., Peoria, IL 61605
309.676.5546 309.676.5045
www.greatplainsortho.org

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Weeks 0-1 Postop

- Postoperative wound check to be completed day 3-5
- Instruct in utilization of appropriate assistive device and weightbearing status
- Check fit and instruct on usage of ambulation boot
- Modalities/ice/elevation for pain and swelling control

Weeks 1-3 Postop

- Continue to monitor wound healing status
- Continue modalities/ice/elevation/compression for pain and swelling control
- Initiate ankle AROM/PROM
- Initiate nonweightbearing gastroc/soleus stretching
- Initiate multidirectional, submaximal, pain free isometrics
- Initiate hip/knee AROM and strengthening
 - Quad sets
 - SLR flexion, abduction, adduction, extension
 - Standing active knee flexion

Weeks 3-6 Postop

- Continue to monitor wound healing
- Continue modalities/ice/elevation/compression for pain and swelling control
- Maintain weightbearing restrictions as instructed by doctor
- Check fit and review usage of ambulation boot
- Continue with AROM/PROM for the ankle
- Continue with nonweightbearing gastroc/soleus stretching
- Continue with AROM and strengthening for the hip and knee
- Initiate seated wobble board for ROM
- Initiate Thera-Band and resisted multidirectional ankle strengthening
- Initiate grade I/II subtalar and talocrural mobs for pain
- Initiate pool walking once incision is fully healed

II. PHASE II (Timeframes listed specific to Phase II only)

A. Goals

- Provide for protection of healing tissue
- Obtain full ankle AROM by week 10
- Normalize gait
- Return strength to equal to the contralateral side
- Enhance proprioception



Weeks 1-2 Postop

- Continue modalities/ice/elevation compression for pain and swelling control
- Initiate gait progression to full weightbearing without assistive device and out of boot (once ordered by doctor)
- Initiate weightbearing stretching for the gastroc/soleus complex
- Initiate patient self-stretching into DF, PF, EV, and INV in the figure-4 position PRN
- Progress subtalar and talocrural mobs to grade III/IV PRN
- Initiate weight shifting exercises to improve weight acceptance

Weeks 2-6 Postop

- Continue modalities/ice/elevation compression for pain and swelling control
- Continue progression towards normal gait without assistive device
- Continue ankle stretching/ROM PRN
- Continue subtalar and talocrural mobs PRN
- Initiate calf raise progression
- Continue with Thera-Band resistive exercise and progress to isotonic PRN
- Initiate complete lower extremity closed chain strengthening
- Initiate proprioceptive progression
 - Bilateral to unilateral extremity
 - Static Dynamic Ballistic

III. PHASE III

Criteria to enter Phase III:

- Normal, pain free gait
- Full ankle AROM
- Swelling within 1 cm of contralateral side

A. Goals

- Return to sport/prior level of function

Weeks 12 plus

- Initiate full agility progression
- Initiate full return to running progression
- Initiate full progression to weight room
- Initiate plyometric progression