



## MIDSHAFT FIBULAR FRACTURE

<u>Postop</u>	<u>Goals</u>	<u>Precautions</u>	<u>Exercises/Interventions</u>
<b>Weeks 0-1</b> <b>1-2x/ week</b> <b>HEP Daily</b>	Protect healing tissue Achieve mobility goals Maintain weightbearing restrictions	Use of assistive device and weightbearing restriction per MD Check fit and instruct use of ambulation boot	Modalities, ice and elevation for pain and swelling control
<b>Weeks 1+</b> <b>2x/ week</b> <b>HEP Daily</b>  <b>Progress to Phase 3 as medically appropriate</b>	Protect healing tissue Achieve mobility goals Maintain weightbearing restrictions Achieve neutral DF by week 3	Check fit and instruct use of ambulation boot Monitor wound healing status Weightbearing restriction per MD	Ankle AROM/PROM Non weightbearing gastroc/soleus stretching Submaximal, pain free isometrics progress to theraband resisted multi-directional ankle strengthening Seated wobble board for ROM Grade I/II subtalar and talocrural mobilizations for pain Pool walking once incision is healed Quad sets, SLR (flexion, abduction, adduction, extension), standing active knee flexion
<b>Phase 3:</b> <b>2x/ week</b> <b>HEP Daily</b>  <b>Progress to Phase 4 as medically appropriate</b>	Protect healing tissue Full ankle AROM by week 10 Normalize gait Improve strength Enhance proprioception	Gait progression to FWB without assistive device and walking boot (when approved by MD)	Weightbearing stretching of gastroc/soleus complex Patient self-stretching into DF, PF, EV, INV in figure-4 position Progress subtalar and talocrural mobilizations to grade III/IV as needed Weight shifting exercises to  Progress to ambulation without assistive device Continue ankle stretching/ROM and mobilizations as needed Initiate calf raise progression Continue theraband resisted exercises and progress to isotonic as tolerated Complete LE closed chain strengthening exercises Proprioceptive progression: bilateral to unilateral extremity; static to dynamic to ballistic

<b>Phase 4:</b> <b>2x/ week</b> <b>HEP Daily</b>	Normal, pain free gait Full ankle and knee ROM Swelling within 1 cm of contralateral side Closed chain strength within 10% of uninvolved leg Return to sport/prior level of function	Initiate progressions for agility, return to running, return to weight room and plyometrics
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