GENERAL CONSIDERATIONS:

- Time frames mentioned in this article should be considered approximate with actual progression based upon clinical presentation. Careful observation and ongoing assessments will dictate progress.
- No passive or active inversion or eversion for 6 weeks.
- Avoid plantar flexion greater than resting position for 4 weeks.
- Carefully monitor the incisions and surrounding structures for mobility and signs of scar tissue formation. Regular soft tissue treatments (i.e. scar mobilization) to decrease fibrosis. Hold off on scar mobilizations x 4 weeks or per MD.
- “No touch zone” around portals x 4 weeks
- No running, jumping, or ballistic activities for 6 months.
- Aerobic and general conditioning throughout rehabilitation process.
- M.D./nurse appointments at day 2, day 14, 1 month, 2 months, 4 months, 6 months, and 1 year post-operatively.

0 - 3 WEEKS:

- Posterior splint immobilizer for 3 weeks.
- Non weight bearing for 3 weeks--no push off or toe-touch walking.
- Pain and edema control / modalities as needed (i.e. cryotherapy, electrical stimulation, soft tissue treatments).

Manual: - Effleurage, gentle soft tissue mobilization to ankle avoiding incisions. Keep 2 inch “no touch zone” around portals x 4 weeks.

Exercise: - Toe curls, toe extension, toe spreads, hip and knee strengthening exercises.
- Well-leg cycling, well body weight training.

Goals:
Minimal edema.
Closed incision sites.
Increased core/gluteal strength.

3 - 6 WEEKS:

- Progress from posterior splint to pneumatic walking boot. Be sure to wear a heel lift in opposite shoe to offset the leg length discrepancy caused by the boot.
- Progress to full weight bearing in walking boot. Walking boot weight bearing for 3-6 weeks post-op.
- Aircast splint for sleeping at night (make sure sheets/covers are not pushing foot down into plantarflexion).
BROSTROM REPAIR FOR CHRONIC ANKLE INSTABILITY  
Post-operative Physical Therapy Protocol


Exercise:  -Isometrics in multiple planes and progress to active exercises in protected ranges. 
-Proprioception exercises, intrinsic muscle strengthening, manual resisted exercises. 
-Cycling with boot, aerobic machines in splint as tolerated, and pool workouts in splint once incisions closed. No fins in pool until 12 weeks.

Goals:  
Initiate gentle dorsiflexion- slow progression to full range of motion. 
No edema. 
Gait full weight bearing, good mechanics.

6 - 12 WEEKS:  
- Progress from boot to aircast at 8 weeks post operatively.

Manual:  -Continue with soft tissue mobilization, mobilization of ankle/foot as needed for range of motion.

Exercise:  - Gradually increase intensity of exercises focusing on closed-chain and balance / proprioception. 
- At 8 weeks post op- gradual and slow progression of passive and active range of motion exercises into inversion and eversion cautiously. 
-Initiate stationary cycling, no clip ins, light to no resistance, and slow cadence.

Goals:  
Full passive/active range of motion by end of 12 weeks. 
Normal gait mechanics. 
Able to do single leg heel raise. 
Able to do single leg balance >30 sec.

3 - 6 MONTHS:  
- Progress from aircast to ASO lace-up ankle brace . 
- Progress back into athletics based upon functional status. 
- Wear a lace-up ankle support for athletics. 
- Pool work outs, weaning out of splint.
<table>
<thead>
<tr>
<th>Goals:</th>
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<tr>
<td>Able to perform 3 and 6 month Sport Tests.</td>
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<tr>
<td>Begin plyometric training and initiate return to run program with lace up brace.</td>
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