THE STONE CLINIC

ORTHOPAEDIC SURGERY, SPORTS MEDICINE AND REHABILITATION

BROSTROM REPAIR FOR CHRONIC ANKLE INSTABILITY

Post-operative Physical Therapy Protocol

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).

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Manual: -Continue with effleurage and soft tissue mobilizations. Regular mobilization of intermetatarsal and midtarsal joints. Caution with talocrural and subtalar mobilization.

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.

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Goals:
Able to perform 3 and 6 month Sport Tests.
Begin plyometric training and initiate return to run program with lace up brace.

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