



Town Center

ORTHOPAEDICS

Ankle Fracture ORIF

WEEK 1:

- Strict elevation of the leg above the heart - 23 hours/day -
- Ice behind knee (ice bag) to minimize swelling and control pain -
- Wiggle toes, bend hip and knee to avoid muscle atrophy

1ST POST OP (10-14 DAYS):

- dressing changed, splint removed and cast or CAM boot applied to control swelling -
- Continue ice, elevation

WEEK 2-3:

- Sutures out, transition to boot if stable fracture pattern
- Come out of the boot and begin to move your ankle up and down for 5-10 minutes, 5 times per day to maintain range of motion
- Compression stocking to be worn to control swelling along with ice/elevation
- Sleep in boot
- Physical therapists communicate with physicians as to severity of the fracture, quality of fixation and bone quality.

WEEKS 4-6:

- Weightbearing as determined by the physician. Depends on fracture pattern and healing, may be longer; your surgeon will x-ray your ankle and tell you when it is safe to begin putting weight on your foot
- Progressive weight bearing in boot, using crutches/walker, starting with 25% weight and increasing by 25% every 1-2 weeks until fully WB in boot
- Use a scale if available to estimate weight bearing. Put most of your weight on the crutches and opposite leg, then load the scale with the operative leg until it reads 25% of your weight. This is a rough guide that should be used for the first week, then increase to 50%, etc
- When you hit 75%, begin to use one crutch in the OPPOSITE arm
- Continue with edema control strategies as necessary.
- AROM to tolerance
- Initiate AAROM/stretching program
- Seated towel crunch for intrinsics
- Soft tissue mobilization
- Midfoot joint mobilizations



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WEEKS 6-8 (FRACTURE HEALED):

- Wean out of boot
- Fit with air cast or ASO in normal shoe. When transitioning to regular shoe, ambulate first around the house and then progress to outside. - Increase weightbearing to full
- Advance daily stretching - Ankle isometrics progressing to open chain isotonic - Closed chain exercise (weight machines, weight shifts, seated BAPS)
- Proprioception exercise (SLB, diagonal doming and foot intrinsic strengthening)
- Joint mobilizations to increase talocrural and subtalar ROM Phase III – Return to Function (8 to 12 weeks)

WEEKS 8-10:

- Progress closed chain exercises (Sportcord, lunges, heel raises etc, standing BAPS, exercise bike, swimming) - Dynamic balance progression (mini tramp, SLB on uneven surfaces, Star excursion, steamboats, lunges) - Advanced proprioception exercises - Continue to advance weight machine exercises, stretching, ROM and joint mobilizations
- Treadmill walking program

WEEKS 12-16:

- May return to jogging program, running, and higher impact activities
- Progress previous strengthening, stretching and proprioception exercises
- Sport and agility drills/tests