

Rehabilitation Guidelines

for Ankle Fracture

**Conservative Care**

**Phase I – Initial Stability (0 to 6 weeks)**

GENERAL TREATMENT: X Rays will be taken at each appointment to check healing status

- General lower extremity strengthening (SLR, quad sets, etc)

- Edema control: Non Weight Bearing (NWB) until allowed by your physician.

- Weightbearing as determined by your physician.

**Depending on fracture pattern and healing, this phase may be longer; your surgeon will xray your ankle and tell you when it is safe to begin putting weight on your foot**

WEEKS 1-2:

- Elevation of the leg above the heart as much as possible

- Ice behind knee (vascutherm or ice bag) to minimize swelling and control pain

- Wiggle toes, bend hip and knee to avoid muscle atrophy

WEEK 2: Cast Change (if applicable)

**Phase II – Early Range of Motion/Gait Training (4 to 8 weeks)**

WEEK 4: X-rays, transition to boot if casted

- Weightbearing as determined by your physician. **Depending on fracture pattern and healing, this phase may be longer; your surgeon will xray your ankle and tell you when it is safe to begin putting weight on your foot**

- Spending time 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 may be worn to control swelling along with ice/elevation

- May remove boot to sleep

WEEK 6-8: **Depending on fracture pattern and healing, this phase may be longer; your surgeon will xray 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

**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 (Referral to Physical Therapy may be sent at this time)

- 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

- Fit for orthotics if needed

- Progress previous strengthening, stretching and proprioception exercises

- Sport and agility drills/tests

PHYSICAL THERAPY: start between 2-6 weeks post injury, focus on motion and managing swelling at first, then gait training and strengthening. At 12 weeks begin gentle running / higher impact activities. DRIVING: You may begin driving when you are fully weight bearing on right foot without crutches if right ankle. Be certain to practice in a parking lot or lightly used road before getting on the major roads. DO NOT DRIVE WITH BOOT ON RIGHT ANKLE. If left ankle, may drive automatic transmission car when off narcotic pain. RETURN TO PLAY/ACTIVITIES: once you can come up and down on your toes (single heel rise) on the surgical side, or you can hop on the surgical foot (single leg hop), you may return to sports and all activities.  This may take 6 months to a year.  There is no guarantee on outcome. All conservative management options have risk of worsening pain, progressive irreversible deformity, and failing to provide substantial pain relief. All surgical management options have risk of infection, skin or bone healing issues, and/or worsening pain. Our promise is that we will not stop working with you until we maximize your return to function, gainful work, and minimize pain.