

Ankle Instability Post-Operative Rehabilitation Protocol

Patient name: _____

Date of Surgery: _____

- 0 - 10 days:
 - Non-weight bearing in splint with crutches / knee scooter / iWalk device
 - Keep splint dry - do not remove
 - Elevate ankle above level of heart as much as possible, let down to level of ground for 5 minutes every hour
 - Use cryotherapy device as instructed
- 10 days to - 4 weeks
 - May begin to bear weight as tolerated in CAM boot (crutches may be necessary in the beginning)
 - At least 5 times daily perform foot range of motion exercises (pump foot up and down / ankle dorsiflexion and plantarflexion; no inversion movements)
 - Sleep with ankle stir-up brace
- 4 weeks
 - Transition out of the CAM boot and into ankle stir up brace with comfortable sneakers
 - Begin formal physical therapy (prescription will be given to you)
- 6 weeks
 - May begin straight line jogging/running
- 8 weeks
 - Begin to incorporate agility and cutting exercises
- 10-12 weeks
 - Full return to activities and sports as tolerated
 - May transition out of the brace as tolerated

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	1	2	3	4	5	6	7	8	9	10+
Phase I: Weeks 1-2	✓	✓								
Control pain. Rest and elevation to control swelling.	✓									
WBAT to FWB in cast or CAM boot. Most people can ambulate without crutches within 3-4 days.	✓									
Sutures removed at 10-16 days.		✓								
CAM boot—out of the boot to shower.	✓	✓	✓	✓						
Start active ROM (ankle PF/DF).		✓								
Ride stationary bike, walk, use elliptical trainer, etc, in the boot.		✓								
Hip AROM and strength: clam, side lift, gluteus maximus, SLR.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Knee AROM and strength: SLR, TheraBand ^b press, or leg machine.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Phase II: Weeks 3-6			✓	✓	✓	✓				
All should be FWB by 3 weeks.			✓							
Start official rehabilitation with physical therapist.				✓	✓	✓				
Start using ankle brace.				✓	✓	✓	✓	✓	✓	✓
Can bike, walk, use elliptical trainer, etc, without the boot.				✓	✓	✓	✓	✓	✓	✓
Core exercises: abdominal recruitment; bridging on ball; ball reach; arm pulleys or TheraBand using diagonal patterns.				✓	✓	✓	✓	✓	✓	✓
Stretching: gluteus maximus, gluteus medius, piriformis, rectus femoris, hamstrings.				✓	✓	✓	✓	✓	✓	✓
Phase III: Weeks 6-8						✓	✓	✓		
Full rehabilitation without restrictions as long as pain/discomfort is ≤3 out of 10.						✓	✓	✓		
Continue AROM ankle PF/DF and start inversion/eversion.						✓	✓	✓	✓	✓
Proprioception activities/agility training (can start at 4 weeks if pain is minimal, ROM is good), single-leg stance on even surface.						✓	✓	✓		
Muscle stimulation: intrinsics, invertors/evertors if required, gait training.						✓	✓	✓		
If required, manual mobilization to joints (not part of ligament reconstruction).						✓	✓	✓		
Phase IV: Week 8-9								✓	✓	
Proprioceptive training: single-leg stance on even surface with resistance to arms or weight-bearing leg; double-leg stance on wobble board, Sissel, ^c Fitter ^d ; single-leg stance on wobble board, Sissel, Fitter, with resistance to arms or non-weight-bearing leg.								✓	✓	
Strength: toe raises, lunges, squats								✓	✓	
Phase V: Week 10+										✓
Work-specific or activity-specific training.										✓
Plyometric training.										✓
Hopping, skipping, running.										✓

Abbreviations: AROM, active ROM; CAM, controlled ankle motion; DF, dorsiflexion; FWB, full weight bearing; ROM, range of motion; PF, plantar flexion; SLR, straight leg raise; WBAT, weight bearing as tolerated.

^aSpecific changes in the program will be made by the physician and/or physical therapist as appropriate for the individual patient.

^bTheraBand (Akron, OH).

^cSissel (Anaheim, CA).