



Ankle Fracture Open Reduction Internal Fixation

2 Week Weight Bearing Protocol

0-2 Weeks

- Non-weight bearing (NWB) in a splint with crutches/walker/knee scooter/iWalk
- Use cast cover over plastic bag to keep splint dry when bathing
- Elevation 90% of the day
- Exercises: straight leg raise, side leg raises, hamstring curls

2-6 Weeks

- Follow up at 10-14 days for first post-op visit. Sutures will be removed and steri strips placed. Steri strips typically fall off within about a week, please remove if they haven't done so. May now wash the ankle in the shower with running water and soap, no submerging the ankle in still water (bath, hot tub, pools, oceans, etc) - can do this around 4 weeks once the incision is fully healed – please discuss with Dr. Wessling for clearance.
- Fitted for CAM Boot, can begin **WEIGHT BEARING AS TOLERATED**.
- Remove CAM boot for ankle range of motion exercises (dorsiflexion, plantarflexion, inversion, eversion)
- Begin physical therapy (@2-4 weeks post-op, discuss with Dr. Wessling): 2-3x weekly
 - @ 2 weeks can begin stationary bike without boot
 - @ 4 weeks can begin elliptical without boot; swimming if cleared by MD
- At 6 weeks may transition into an ankle brace to be worn with sneakers

6-10 Weeks

- **WBAT** in sneakers with ankle brace
- Progress **gait training** → normalize walking pattern (wean from assistive devices)
- **PT focus:**
 - Ankle ROM (progressive DF, PF, inversion, eversion)
 - Progressive strengthening (therabands, light ankle weights)
 - Proprioception (single-leg balance, wobble board, foam pad)
 - Core/hip strengthening
- **Cardio:** swimming, stationary bike, elliptical, walking program
- At 8–10 weeks → can begin **outdoor biking, low-impact cardio**

10-12 Weeks

- Transition out of ankle brace as tolerated for daily activities (continue brace for sports/high-demand activity)
- Advance **strengthening:** calf raises, step-ups, lunges, resistance training
- Advance **balance/proprioception:** single-leg stance with perturbation, dynamic balance drills
- Light agility/functional drills (ladder, side shuffle, gentle jogging in pool/treadmill if pain-free)
- Clearance for **return to driving** typically ~10–12 weeks (discuss with MD if right ankle involved)

3-6 months

- Full return to daily activities
- Progressive strengthening with focus on calves, peroneals, and hip stabilizers
- Advance to plyometrics, agility, sport-specific drills (running progression, cutting, jumping) if pain-free and with surgeon/PT clearance
- Continue proprioceptive training to reduce risk of reinjury
- Gradual return to impact sports at ~4–6 months, depending on healing and functional progress

6+ months

- Return to high-level sport, running, and full activity as tolerated
- Ongoing strengthening & neuromuscular control recommended to prevent recurrence
- Occasional brace use for high-risk activity may be recommended for up to 1 year