



Jeremy L. Walters, D.P.M.

Foot and Ankle Specialist

150 Burnett's Way, Suite 100
Suffolk, VA 23434
(757) 547-5145

501 Discovery Drive
Chesapeake, VA 23320
(757) 547-5145

Tidewaterfootdoctor.com

Lateral Ankle Ligament Repair/ATFL Repair/Brostrom

For the Clinician: The intent of this protocol is to provide the clinician with a guideline of the post-operative rehabilitation for the patients who undergo therapy for a Lateral Ankle ligament repair, Brostrom type. It is not intended to be a substitute for clinical decision making regarding the progression of a patient's post-operative course based on their examination/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

For the Patient: The timeframes for expected outcomes contained within this guideline may vary from patient to patient based on individual differences, surgical techniques, surgeon's preference, additional procedures performed, and/or complications. Compliance with all the recommendations provided by your physician and physical therapist as well as your active participation in all parts of the rehabilitation process, are essential to optimizing the success of your procedure.

Post-op Week 3-6

- Protect healing tissue
- Progress to PWB at week 3 and to FWB after week 4 as requested by the surgeon
- Continue general strengthening of the LE, UE and trunk as indicated
- Avoid Inversion/Eversion of the operative ankle

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Treatment:

- Progress to PWB with assistive device with focus on normal gait patterning in boot
- Remove boot for beginning AROM exercises for Dorsiflexion and Plantarflexion without resistance. Okay to do at home. No Inversion or Eversion
- Initiate Pool Therapy with activities in the AP plane only (if pool available)
- Should be chest high water to satisfy permissible weight bearing



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- Decrease depth of water based on tolerance and patient's weight bearing status
- Modalities to help control/decrease inflammation and pain
- Avoid mobilizing the ankle and subtalar joints

Toe Curls, Toe Extension, Hip and knee strengthening exercises

Well-leg cycling, gluteal and core training

Proprioception exercises, theraband resistance. May cycle in boot with 0 resistance

Goals: Initiate gentle dorsiflexion, plantarflexion. Decrease edema. Work on gait and getting to full weight bearing in boot

Weeks 6-12

Gradually increase the above exercises and intensity

Can begin to add inversion/eversion exercises/ROM/strengthening starting postop week 7

Patient to transition from CAM boot into ASO Lace up ankle brace to be worn with running shoe

May begin to use stationary bike without boot. 0 resistance, no clip ins

May begin to slowly progress patient as tolerated in the various exercises.

Goals: Normal gait, full passive/active ROM by week 10, able to do single heel raise, able to balance on single foot >30 seconds. Able to perform box jump by week 10

I do not anticipate full running, agility, return to practice until 10-12 weeks postoperatively



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