

This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a Broström procedure. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based Broström procedure guideline is criterion-based; time frames and visits in each phase will vary depending on many factors. The therapist may modify the program appropriately depending on the individual's goals for activity following a Broström procedure.

This guideline is intended to provide the treating clinician with a frame of reference for rehabilitation. It is not intended to substitute clinical judgment regarding the patient's post-operative care based on exam/treatment findings, individual progress, and/or the presence of concomitant procedures or post-operative complications. If the clinician should have questions regarding post-operative progression, they should contact the referring physician.

- **Weight bearing Progression:**
 - Weeks 0-3: Non-weight bearing
 - Weeks 3-6: Toe touch weight bearing in neutral in boot or cast
 - Weeks 6+ : WBAT with walking boot progressing to ankle stabilizing orthoses

| Phase | Suggested Interventions | Goals/Milestones for Progression |
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| Phase I Weeks 0 – 6 | Immobilization: Cast or walking boot WB Status: <ul style="list-style-type: none"> • Weeks 0-3: Non-weight bearing • Weeks 3-6: Toe-touch weight bearing Precautions: Avoid passive or active ankle ROM for 0-3 weeks, AVOID ankle inversion 0-6 weeks Therapy: <ul style="list-style-type: none"> • Hip, knee and core strengthening • Toe curls, toe extension, toe spreads • Transfer and gait training with optimal AD • Plank from knees Week 3-6 <ul style="list-style-type: none"> • PROM and AAROM of ankle dorsiflexion, plantar flexion, and eversion at 3-6 weeks | Goals of Phase: <ol style="list-style-type: none"> 1. Pain & Edema control/reduction 2. Protection of surgical site 3. Independence with safe mobility Criteria to Advance to Next Phase: <ol style="list-style-type: none"> 1. Reduction in pain and edema 2. Restore ankle dorsiflexion and eversion ROM, (inversion to neutral) |

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| | <ul style="list-style-type: none"> • Gentle long sitting gastroc stretch at 3 weeks • Submaximal ankle isometrics all directions except inversion | |
| <p>Phase II</p> <p>Weeks 6 - 8</p> | <p>WB Status:</p> <ul style="list-style-type: none"> • WBAT: <ul style="list-style-type: none"> - Start progressive, protective weight bearing first in walking boot - Progress to semi-rigid ankle stirrup orthotic. <p>Precautions:</p> <ul style="list-style-type: none"> • NO ROM into inversion (AROM, AAROM, PROM) • NO stretching into plantar flexion. • Avoid mobilizing talocrural and subtalar joints. <p>Therapy:</p> <ul style="list-style-type: none"> • Ankle sub-max isometric strengthening in neutral (all planes except inversion) • AROM and AAROM for plantarflexion and dorsiflexion • Proprioception activities involving double leg stance • Gait training progressing to full weight bearing, weaning from AD • NuStep, Anti-gravity treadmill • Continue with hip, knee and core strengthening • Light soft tissue mobilization as indicated • Joint mobilizations as indicated, avoiding tensioning of CFL and ATFL • Gastroc and soleus stretching • Lumbopelvic strength progressions: bridges on physioball, bridge on physioball with hamstring curl, bridge on physioball with alternating march • Balance and proprioception- double limb standing on uneven surfaces • Single limb balance with progression to uneven surface including perturbation training | <p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Protection of the repair 2. Normalized gait pattern with walking boot 3. Prevention of scar adhesions <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. Normalized gait without pain with involved ankle in ankle brace. 2. Pain-free eversion against gravity |

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| <p>Phase III</p> <p>Weeks 8 – 12</p> | <p>Precautions: No plyometrics until week 11 ; no return to sport testing until after week 12</p> <p>Therapy:</p> <ul style="list-style-type: none"> • Start gentle AROM into inversion • Ankle AROM in all planes with alphabet, circles, BAPS board, etc. • Standing BAPS board • Progression of ankle strengthening from short arc isotonic to full arc isotonic to eccentric • Gastrocnemius/soleus stretching • Proprioception activities involving unilateral stance • Gait drills: forward march, backward march, side stepping, backward stepping • Biking, elliptical • Soft tissue mobilization and joint mobilizations as indicated <p>Plyometric Progression (Week 11):</p> <ul style="list-style-type: none"> • Horizontal leg press jumps <p><u>Bilateral jumps:</u></p> <ul style="list-style-type: none"> • Vertical jump in place • Up and down from 4" and 6" blocks • Depth jumps • Up and down from 8" and 12" block • Lateral jumping over line • Up and over 4" block • Jumps in series with multiple planes <p><u>Single leg jumps:</u> Use bilateral jump progression</p> <p>*Delay plyometric progression until patient can complete 10 repetitions pain-free.</p> | <p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. Full ankle ROM 2. 5/5 strength in all ankle muscle groups 3. Normalized, pain-free gait on even, uneven surfaces and stairs (with or without ankle orthoses as needed) 4. No apprehension with high level activity or direction changes <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> 1. Full ankle strength on manual muscle testing 2. Single leg balance equal to contralateral side |
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| <p>Phase IV</p> <p>Weeks 12 – 16</p> | <p>Precautions: Continue use of ankle brace during sports for 6 months for increased stability and proprioception</p> <p>Therapy:</p> <ul style="list-style-type: none"> • Initiate jogging with progression to running • Jump rope • Proprioception and plyometric activities <ul style="list-style-type: none"> ○ Retro jog, side shuffle, carioca, bounding, jog-sprint-jog, figure eights, 45-degree cuts, 90 degree cuts, single leg hop for distance, single leg hop for time • Sport-specific movements • Low velocity progressing to high velocity movement changes • Y balance test, agility T test; return to sport testing | <p>Goals of Phase:</p> <ol style="list-style-type: none"> 1. No apprehension with sport-specific drills and activities 2. Stability with high velocity movements <p>Return to Sport:</p> <ol style="list-style-type: none"> 1. May return to sport after receiving clearance by orthopedic surgeon along with physical therapist/athletic trainer. |
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