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 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 boot or cast
  + Weeks 6+ : WBAT with walking boot progressing to ankle stabilizing orthoses

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| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I**  Weeks 0 – 6 | **Immobilization**: Cast or walking boot  **WB Status**:   * Weeks 0-3: Non-weight bearing * Weeks 3-6: Toe-touch weight bearing   **Precautions**: Avoid passive or active ankle ROM  **Therapy**:   * Hip, knee and core strengthening * Toe curls, toe extension, toe spreads * Transfer and gait training with optimal AD | **Goals of Phase:**   1. Pain & Edema control/reduction 2. Protection of surgical site 3. Independence with safe mobility   **Criteria to Advance to Next Phase:**   1. Reduction in pain and edema |
| **Phase II**  Weeks 6 - 8 | **WB Status**:   * WBAT: * Start progressive, protective weight bearing first in walking boot * Progress to semi-rigid ankle stirrup orthotic.   **Precautions**:   * NO ROM into inversion (AROM, AAROM, PROM) * NO stretching into plantarflexion. * Avoid mobilizing talocrural and subtalar joints.   **Therapy**:   * 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 | **Goals of Phase:**   1. Protection of the repair 2. Normalized gait pattern with walking boot 3. Prevention of scar adhesions   **Criteria to Advance to Next Phase:**   1. Normalized gait without pain with involved ankle in ankle brace. 2. Pain-free eversion against gravity |
| **Phase III**  Weeks 8 – 12 | **Precautions**: No plyometrics until week 11  **Therapy**:   * 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 isotonics to full arc isotonics to eccentrics * 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   **Plyometric Progression** (Week 11):   * Horizontal leg press jumps   Bilateral jumps:   * 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   Single leg jumps: Use bilateral jump progression  \*Delay plyometric progression until patient can complete 10 repetitions pain-free. | **Goals of Phase:**   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   **Criteria to Advance to Next Phase:**   1. Full ankle strength on manual muscle testing 2. Single leg balance equal to contralateral side |
| **Phase IV**  Weeks 12 – 16 | **Precautions**: Continue use of ankle brace during sports for 6 months for increased stability and proprioception  **Therapy**:   * Initiate jogging with progression to running * Jump rope * Proprioception and plyometric activities   + 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 | **Goals of Phase:**   1. No apprehension with sport-specific drills and activities 2. Stability with high velocity movements   **Return to Sport:**   1. May return to sport after receiving clearance by orthopedic surgeon along with physical therapist/athletic trainer. |