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.
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