

This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a Deltoid ligament repair. Modifications to this guideline may be necessary dependent on physician specific instruction or other procedures performed. This evidence-based 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 Deltoid ligament repair.

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.

• **Weightbearing Progression:**

- Weeks 0 - 2: Non-weight bearing
- Weeks 2 - 4: Partial weight bearing progressing to WBAT with walking boot
- Weeks 4 - 8: Full weight bearing with walking boot
- Weeks 8+: Full weight bearing

Phase	Suggested Interventions	Goals/Milestones for Progression
<b>Phase I</b>  Weeks 0 – 2	Immobilization: Cast or walking boot  WB Status: NWB  Precautions: Avoid passive or active ankle ROM  Therapy: <ul style="list-style-type: none"> <li>• Cryotherapy, compression, elevation</li> <li>• Hip, knee and core strengthening</li> <li>• Toe curls, toe extension, toe spreads</li> <li>• Transfer and gait training with optimal AD</li> </ul>	Goals of Phase: <ol style="list-style-type: none"> <li>1. Edema control/reduction</li> <li>2. Protection of surgical site</li> <li>3. Independence with safe mobility</li> </ol> Criteria to Advance to Next Phase: <ol style="list-style-type: none"> <li>1. Reduction in pain and edema</li> </ol>

<p><b>Phase II</b></p> <p>Weeks 3-8</p>	<p>Immobilization: Cast or walking boot</p> <p>WB Status: Partial weight bearing progressing to WBAT with walking boot and appropriate AD as needed</p> <p>Precautions: Avoid stretching into ankle eversion or external rotation</p> <p>Therapy:</p> <ul style="list-style-type: none"> <li>• Initiate PROM, AAROM and AROM for all planes of ankle mobility</li> <li>• Open chain hip/knee strengthening</li> <li>• Ankle sub-max isometric strengthening in neutral</li> <li>• Proprioception activities involving double leg stance</li> <li>• Gait training</li> <li>• NuStep, Anti-gravity treadmill, stationary bike</li> <li>• Continue with hip, knee and core strengthening</li> <li>• Light soft tissue mobilization as indicated</li> <li>• Joint mobilizations as indicated, avoiding tensioning of deltoid ligament</li> </ul>	<p>Goals of Phase:</p> <ol style="list-style-type: none"> <li>1. Protection of the repair</li> <li>2. Normalized gait pattern with walking boot</li> <li>3. Prevention of scar adhesions</li> </ol> <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> <li>1. Pain-free ambulation</li> <li>2. Pain-free AROM of ankle in all planes</li> </ol>
<p><b>Phase III</b></p> <p>Weeks 8-12</p>	<p>WB Status: Full weight bearing with ankle stabilizing brace as needed</p> <p>Therapy:</p> <ul style="list-style-type: none"> <li>• Ankle AROM in all planes with alphabet, circles, BAPS board</li> <li>• Standing BAPS board</li> <li>• Progression of ankle strengthening from short arc isotonic to full arc isotonic to eccentric</li> <li>• Gastrocnemius/soleus stretching</li> <li>• Proprioception activities involving unilateral stance</li> <li>• Gait drills: forward march, backward march, side stepping, backward stepping</li> <li>• Bike, elliptical</li> <li>• Soft tissue mobilization and joint mobilizations as indicated</li> </ul>	<p>Goals of Phase:</p> <ol style="list-style-type: none"> <li>1. Full ankle ROM</li> <li>2. 5/5 strength in all ankle muscle groups</li> <li>3. Normalized, pain-free gait on even/uneven surfaces and stairs (with or without ankle brace as needed)</li> </ol> <p>Criteria to Advance to Next Phase:</p> <ol style="list-style-type: none"> <li>1. Full ankle strength on manual muscle testing</li> <li>2. Single leg balance equal to contralateral side</li> </ol>

<p><b>phase IV</b></p> <p>Weeks 12 +</p>	<p>Precautions: Continue use of ankle brace during sports or high-level activity for 6 months for increased stability and proprioception</p> <p>Therapy:</p> <ul style="list-style-type: none"> <li>• Toe running/hopping</li> <li>• Initiate jogging with progression to running</li> <li>• Jump rope</li> <li>• Initiate proprioception and plyometric activities             <ul style="list-style-type: none"> <li>○ Horizontal leg press jumps</li> <li>○ Bilateral jumps: Vertical jumps in place, up to and down from 4" and 6" blocks</li> <li>○ Depth jumps up and down from 8" and 12" block</li> <li>○ Lateral jumping over line, up and over 4" block</li> <li>○ Jumps in series with multiple planes</li> <li>○ Start with straight line running, progress to large figure 8's, cutting and zig-zags</li> <li>○ 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</li> </ul> </li> <li>• Sport-specific movements</li> </ul>	<p>Goals of Phase:</p> <ol style="list-style-type: none"> <li>1. No apprehension with sport-specific drills and activities</li> <li>2. Stability with high velocity movements</li> <li>3. No pain with plyometric activities</li> </ol> <p>Return to Sport:</p> <ol style="list-style-type: none"> <li>1. May return to sport after receiving clearance by orthopedic surgeon along with physical therapist/athletic trainer</li> </ol>
--	---	---