This rehabilitation program is designed to return the individual to their full activities as quickly and safely as possible following a Modified Brostrom procedure with an internal brace. 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 Modified Brostrom procedure with an internal brace.

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: (With internal bracing system)** 
  + Weeks 0 - 2: Non-weight bearing
  + Weeks 2 - 4: WBAT with walking boot
  + Weeks 4 + : Full weight bearing with walking boot progressing to ankle stabilizing orthoses

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| **Phase** | **Suggested Interventions** | **Goals/Milestones for Progression** |
| **Phase I**  Weeks 0 – 4 | Immobilization: Cast or walking boot  WB Status: NWB weeks 0 – 2, WBAT weeks 2 – 4 in walking boot  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 * Double leg weight shifting | Goals of Phase:   1. 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 4 - 8 | WB Status: Full weight bearing; start first in walking boot, and the progress to semi-rigid ankle stirrup orthotic.  Precautions: Avoid mobilizing talocrural and subtalar joints.  Therapy:   * Ankle sub-max isometric strengthening in neutral * AROM and AAROM for all planes of ankle mobility * 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 in ankle brace 2. Pain-free eversion against gravity |
| **Phase III**  Weeks 8 – 12 | Precautions: No plyometrics until week 11  Therapy:   * 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 * Bike, elliptical * Soft tissue mobilization and joint mobilizations as indicated   Plyometric Progression (Week 11):   * Horizontal leg press jumps * Bilateral jumps: Vertical jumps in place, up to 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   Progress as above for single leg jumps.  \*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. |