



## Purpose:

This guideline 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: NWB
- Weeks 3-6: toe-touch WB in neutral in boot or cast
- Weeks 6+: WBAT with walking boot progressing to ankle stabilizing orthoses

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
<b>Phase I</b> Weeks 0-6	<b>Immobilization:</b> <ul style="list-style-type: none"> <li>• Cast or walking boot</li> </ul> <b>WB Status:</b> <ul style="list-style-type: none"> <li>• Weeks 0-3: Non-weight bearing</li> <li>• Weeks 3-6: Toe-touch weight bearing</li> </ul> <b>Precautions:</b> <ul style="list-style-type: none"> <li>• Avoid passive or active ankle ROM for 0-3 weeks</li> <li>• Avoid ankle inversion for 0-6 weeks</li> </ul> <b>Therapy Weeks 0-3:</b> <ul style="list-style-type: none"> <li>• Hip, knee and core strengthening</li> <li>• Toe curls, toe extension, toe spreads</li> <li>• Transfer and gait training with optimal AD</li> <li>• Plank from knees</li> </ul> <b>Therapy Weeks 3-6:</b>	<b>Goals:</b> <ul style="list-style-type: none"> <li>• Pain &amp; edema control/reduction</li> <li>• Protection of surgical site</li> <li>• Independence with safe mobility</li> </ul> <b>Criteria to Advance:</b> <ul style="list-style-type: none"> <li>• Reduction in pain and edema</li> <li>• Restore ankle dorsiflexion and eversion ROM (inversion to neutral)</li> </ul>



	<ul style="list-style-type: none"> <li>PROM and AAROM of ankle dorsiflexion, plantar flexion and eversion</li> <li>Gentle long sitting gastroc stretch</li> <li>Submaximal ankle isometrics all directions except inversion</li> </ul>	
<b>Phase II</b> Weeks 6-8	<p><b>WB Status:</b></p> <ul style="list-style-type: none"> <li>WBAT:             <ul style="list-style-type: none"> <li>Start progressive, protective weight bearing first in walking boot</li> <li>Progress to semi-rigid ankle stirrup orthotic</li> </ul> </li> </ul> <p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>NO ROM into inversion (AROM, AAROM, PROM)</li> <li>NO stretching into plantar flexion</li> <li>Avoid mobilizing talocrural and subtalar joints</li> </ul> <p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>Ankle sub-max isometric strengthening in neutral             <ul style="list-style-type: none"> <li>All planes except inversion</li> </ul> </li> <li>AROM and AAROM for plantarflexion and dorsiflexion</li> <li>Proprioception activities involving double leg stance</li> <li>Gait training progressing to FWB, weaning from AD</li> <li>NuStep, Alter-G</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 CFL and ATFL</li> <li>Gastroc and soleus stretching</li> <li>Lumbopelvic strength progressions:             <ul style="list-style-type: none"> <li>Bridges on physioball, bridge on physioball with hamstring curl, bridge on physioball with alternating march</li> </ul> </li> <li>Balance and proprioception             <ul style="list-style-type: none"> <li>Double limb standing on uneven surfaces</li> </ul> </li> <li>Single limb balance with progression to uneven surface including perturbation training</li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>Protection of the repair</li> <li>Normalized gait pattern with walking boot</li> <li>Prevention of scar adhesions</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>Normalized gait without pain with involved ankle in ankle brace</li> <li>Pain-free eversion against gravity</li> </ul>
<b>Phase III</b> Weeks 8-12	<p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>No plyometrics until week 11</li> <li>No return to sport testing until after week 12</li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>Full ankle ROM</li> <li>5/5 strength in all ankle muscle groups</li> </ul>



	<p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>• Start gentle AROM into inversion</li> <li>• Ankle AROM in all planes with alphabet, circles, BAPS board, etc.</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: <ul style="list-style-type: none"> <li>— Forward march, backward march, side stepping, backward stepping</li> </ul> </li> <li>• Bike, elliptical</li> <li>• Soft tissue mobilization and joint mobilizations as indicated</li> <li>• Plyometrics: <ul style="list-style-type: none"> <li>— Horizontal leg press jumps</li> <li>— Bilateral jumps: <ul style="list-style-type: none"> <li>⇒ Vertical jump in place</li> <li>⇒ Up and down from 4" and 6" blocks</li> <li>⇒ Depth jumps</li> <li>⇒ Up and down from 8" and 12" block</li> <li>⇒ Lateral jumping over line</li> <li>⇒ Up and over 4" block</li> <li>⇒ Jumps in series with multiple planes</li> </ul> </li> <li>— Single leg jumps: <ul style="list-style-type: none"> <li>⇒ Use bilateral jump progression</li> </ul> </li> </ul> </li> </ul> <p><i>**Delay plyometric progression until patient can complete 10 repetitions pain-free</i></p>	<ul style="list-style-type: none"> <li>• Normalized, pain-free gait on even, uneven surfaces and stairs <ul style="list-style-type: none"> <li>— With or without ankle orthoses as needed</li> </ul> </li> <li>• No apprehension with high level activity or direction changes</li> </ul> <p><b>Criteria to Advance:</b></p> <ul style="list-style-type: none"> <li>• Full ankle strength on manual muscle testing</li> <li>• Single leg balance equal to contralateral side</li> </ul>
<p><b>Phase IV</b> Weeks 12-16</p>	<p><b>Precautions:</b></p> <ul style="list-style-type: none"> <li>• Continue use of ankle brace during sports for 6 months for increased stability and proprioception</li> </ul> <p><b>Therapy:</b></p> <ul style="list-style-type: none"> <li>• Initiate jogging with progression to running</li> <li>• Jump rope</li> <li>• Proprioception and plyometric activities <ul style="list-style-type: none"> <li>— Retro jog</li> </ul> </li> </ul>	<p><b>Goals:</b></p> <ul style="list-style-type: none"> <li>• No apprehension with sport-specific drills and activities</li> <li>• Stability with high velocity movements</li> </ul> <p><b>Return to Sport:</b></p> <ul style="list-style-type: none"> <li>• May return to sport after receiving clearance by orthopedic surgeon along with PT/AT</li> </ul>



	<ul style="list-style-type: none"><li>— Side shuffle</li><li>— Carioca</li><li>— Bounding</li><li>— Jog-sprint-jog</li><li>— Figure 8s</li><li>— 45° cuts, 90° cuts</li><li>— Single leg hop for distance &amp; for time</li><li>• Sport-specific movements</li><li>• Low velocity progressing to high velocity movement changes</li><li>• Y balance Test</li><li>• Agility T Test</li><li>• Return to Sport Testing</li></ul>	
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