



Purpose:

This guideline 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: NWB
- Weeks 2 – 4: Partial WB progressing to WBAT with walking boot
- Weeks 4 - 8: Full WB with walking boot
- Weeks 8+: FWB

PHASE	SUGGESTED INTERVENTIONS	MILESTONES FOR PROGRESSION
Phase I Weeks 0-2	Immobilization: <ul style="list-style-type: none"> • Cast or walking boot WB Status: <ul style="list-style-type: none"> • NWB Precautions: <ul style="list-style-type: none"> • Avoid passive or active ankle ROM Therapy: <ul style="list-style-type: none"> • Cryotherapy, compression, elevation • Hip, knee and core strengthening • Toe curls, toe extension, toe spreads • Transfer and gait training with optimal AD 	Goals: <ul style="list-style-type: none"> • Edema control/reduction • Protection of surgical site • Independence with safe mobility Criteria to Advance: <ul style="list-style-type: none"> • Reduction in pain and edema
Phase II Weeks 2-8	Immobilization: <ul style="list-style-type: none"> • Cast or walking boot 	Goals: <ul style="list-style-type: none"> • Protection of the repair • Normalized gait pattern with walking boot

Deltoid Ligament Repair

GUIDELINE

REAHB SERVICES



	<p>WB Status:</p> <ul style="list-style-type: none"> Partial weight bearing progressing to WBAT with walking boot and appropriate AD as needed <p>Precautions:</p> <ul style="list-style-type: none"> Avoid stretching into ankle eversion or external rotation <p>Therapy:</p> <ul style="list-style-type: none"> Initiate PROM, AAROM and AROM for all planes of ankle mobility Open chain hip/knee strengthening Ankle sub-max isometric strengthening in neutral Proprioception activities involving double leg stance Gait training NuStep, Alter-G, stationary bike with boot on Continue with hip, knee and core strengthening Light soft tissue mobilization as indicated Joint mobilizations as indicated, avoiding tension of deltoid ligament 	<ul style="list-style-type: none"> Prevention of scar adhesions <p>Criteria to Advance:</p> <ul style="list-style-type: none"> Pain-free ambulation Pain-free AROM of ankle in all planes
<p>Phase III Weeks 8-12</p>	<p>WB Status:</p> <ul style="list-style-type: none"> FWB with ankle stabilizing brace as needed <p>Therapy:</p> <ul style="list-style-type: none"> Ankle AROM in all planes with alphabet, circles, BAPS board Standing BAPS board Progression of ankle strengthening from short arc isotonic to full arc isotonic to eccentric Gastrocnemius/soleus stretching Proprioception activities involving unilateral stance Gait: <ul style="list-style-type: none"> Forward march, backward march, side stepping, backward stepping Bike, elliptical Soft tissue mobilization and joint mobilizations as indicated 	<p>Goals:</p> <ul style="list-style-type: none"> Full ankle ROM 5/5 strength in all ankle muscle groups Normalized, pain-free gait on even/uneven surfaces and stairs (with or without ankle brace as needed) <p>Criteria to Advance:</p> <ul style="list-style-type: none"> Full ankle strength on manual muscle testing Single leg balance equal to contralateral side
<p>Phase IV Weeks 12+</p>	<p>Precautions:</p> <ul style="list-style-type: none"> Continue use of ankle brace during sports or high-level activity for 6 months for increased stability and proprioception 	<p>Goals:</p> <ul style="list-style-type: none"> No apprehension with sport-specific drills and activities Stability with high velocity movements



	<p>Therapy:</p> <ul style="list-style-type: none"> • Toe running/hopping • Initiate jogging with progression to running • Jump rope • Initiate proprioception and plyometric activities <ul style="list-style-type: none"> – Horizontal leg press jumps – Bilateral jumps: <ul style="list-style-type: none"> ⇒ 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 – Start with straight line running, progress to large figure 8's, cutting and zigzags – Retro jog, side shuffle, carioca, bounding, jog-sprint-jog, figure eights, 45° cuts, 90° cuts, single leg hop for distance, single leg hop for time • Sport-specific movements 	<ul style="list-style-type: none"> • No pain with plyometric activities <p>Return to Sport:</p> <ul style="list-style-type: none"> • May return to sport after receiving clearance by orthopedic surgeon along with PT/AT
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