

MODIFIED BROSTROM LATERAL ANKLE LIGAMENT REPAIR ± PERONEAL TENDON REPAIR POST OPERATIVE INSTRUCTIONS AND REHABILITATION PROTOCOL

This protocol has been developed for the patient following modified brostrom repair for ankle instability. This protocol may vary in length, aggressiveness and return to sports/work/activities depending on factors such as: range of motion/swelling status, pre-operative function, concomitant injuries/procedures and rehabilitation goals and expectations.

For patients at a glance:

- a. **Take 1 tablet (81 mg) of aspirin per day**, starting the day after surgery and continuing **for 2 weeks**. This is recommended to reduce the risk of blood clots
- b. **Weight bearing:** After surgery you will be **non-weight bearing** on the operative leg and will use crutches for walking or a knee scooter. Non-weight bearing is continued in most cases for **2 weeks** following surgery, in some cases this may be extended. Progressive weight bearing will then start.
- c. **Splint/Cam Boot:** After 2 weeks the splint is discontinued and you are placed in a CAM walker as progressive weight bearing is begun. In most cases weight bearing will be started at 2 weeks.
- d. **Elevation:** For the first 48-72 hours after surgery it is important to keep the ankle elevated at heart level or slightly above as much as possible. This is done not only to decrease swelling but also for pain control.
- e. **Showering:** It is ok to shower following surgery, but the splint must be wrapped in a plastic bag/cast cover or something similar. Once the splint is removed, the CAM boot may be removed for showering. Do not scrub or soak the incision until it is fully healed ~4 weeks after surgery.
- f. **Activity/Exercises:** While in the splint, immediately after surgery, work on bending and extending your toes which can help reduce swelling. It is ok to start light activity and ambulate with the crutches as your pain allows. For increasing pain rest and elevate your operative side.
- g. **Pain medications:** Take the pain medications as prescribed. You can supplement your pain medications with over-the-counter Tylenol and ibuprofen as needed. Do not exceed recommended dosages listed on the bottle.
- h. If you had a **nerve block at the time of surgery, it usually wears off 24-36 hrs post-operatively**. It is normal to have some numbness in the foot the first several days after surgery as a result.
- i. **Return to driving:** To return to driving you need to be off of pain medications and cleared for full weight-bearing. In general, the criteria are that you feel comfortable enough to brake suddenly and/or make evasive maneuvers in a vehicle if that was required. It is your responsibility to wait to drive until you feel comfortable to do so.

I. Rehabilitation Protocol 0-2 Weeks Post-Op

- a. Non-weight bearing to the operative side for 2 weeks from the date of surgery. You will be in a splint for 2 weeks. Use crutches or a knee scooter following surgery
- b. **Goals:** 1) Healing and Protection 2) Swelling control (elevation) 3) Pain control
- c. Stretching: Hamstring/Quads/ITB/Hip Flexors
- d. Range of Motion (ROM)-flexion and extension of toes
- e. Active Range of Motion (AROM) of the hip and knee

- f. Straight leg raises and Quad Sets

II. 2-4 Weeks Post-Op

- a. Splint will be discontinued, stitches removed, CAM Walker
- b. Begin **Weight-Bearing as Tolerated** to the operative side. Wean off crutches/balance as pain allows
- c. The CAM walker is worn at all times while you are up and moving, except for exercises/PT
- d. Continue previous exercises as appropriate
- e. Begin gentle Active Ankle ROM:
 - i. Dorsiflexion, Inversion, Plantarflexion
 - ii. **Avoid active eversion** (if peroneal tendon repair performed)
- f. Isometrics
- g. Straight leg raises
- h. Begin stationary bike without resistance
- i. Modalities
- j. Ok for upper body exercises if seated or laying, no push-ups or other exercises that require ankle loading

III. 4-6 Weeks Post-Op

- a. Progress out of CAM walker to lace up ankle brace
- b. **Weight bearing as tolerated in brace.** Off crutches
- c. Continue previous exercises as appropriate
- d. Continue Isometrics
- e. Continue range of motion, scar massage, adhesion prevention
- f. Mini squats and Wall squats in ankle brace
- g. Can begin light resistance on stationary bike
- h. Begin hydro training
- i. **Goal: full range of motion, normal gait**

IV. 6-8 Weeks Post-Op

- a. Continue previous exercises as appropriate
- b. Continue lace up ankle brace
- c. Ankle AROM, can include eversion now
- d. Light theraband-DF, IN, PF, no eversion
- e. Stationary bike
- f. Elliptical trainer
- g. Hydro training

V. 8-12 Weeks Post-Op

- a. Use ankle brace as needed, can wean out of based on pain/stability
- b. Progress resistance therabands, including eversion

- c. Progress Quad/HS/Hip strengthening
- d. Proprioception exercises
- e. Elliptical
- f. Push-up progression
- g. Leg press, knee ext, HS curl
- h. Treadmill-walking progression. No jogging yet

VI. 3-4 Months Post-Op

- a. No brace
- b. Continue appropriate previous exercises
- c. Emphasis on proprioception
- d. Begin light jogging
- e. Functional activities

VII. 4-6 Months Post-Op

- a. Running progression program-progress to hard surfaces
- b. Agility drills/plyometrics
- c. Sport specific training
- d. Transition to home program
- e. Get ready to return to **impact/cutting sports at 5-6 months**