Rehabilitation Protocol: Ankle Modified Brostrom Procedure

Name: ____________________________________________ Date: ________________

Diagnosis: ______________________________________ Date of Surgery: ____________

- Phase I (Weeks 0-6)
  - **Weightbearing:** Non-weightbearing in CAM boot/cast at all times using crutches; elevation above level of heart
  - **Range of Motion:** None.
  - **Therapeutic Exercise:**
    - Multi-plane hip strengthening
    - Core and upper extremity strengthening

- Phase II (Weeks 6-8)
  - **Weightbearing:** As tolerated; CAM walker and assistive devices until gait normalizes
  - **Range of Motion** – PROM/AROM/AAROM of the ankle in all planes
    - Emphasize restoring dorsiflexion
  - **Therapeutic Exercise**
    - Isometric and early isotonic ankle strengthening
    - Foot intrinsic strengthening
    - Bilateral progressing to unilateral squat, step and matrix progression
    - Proprioception training
    - Non-impact cardiovascular work

- Phase III (Weeks 8-12)
  - **Range of Motion** – Full painless range of motion in all planes
  - **Therapeutic Exercises**
    - Advance ankle and foot intrinsic strengthening
    - Pool running progressing to dry land jogging
    - Linear progressing to lateral and rotational functional movements
    - Bilateral progressing to unilateral plyometric activity

- Phase IV (Months 4-6)
  - Advanced impact and functional activities
  - Sport-specific drills on field or court with functional brace
  - **Return to full unrestricted activity/sports when cleared by MD**
  - Consider functional brace for first year postoperatively

Comments:

Frequency: _____ times per week Duration: ______ weeks

Signature: ____________________________________________ Date: ________________