

Rehabilitation Protocol: Ankle Modified Brostrom Procedure



NYU Hospital for Joint Diseases
NYU LANGONE MEDICAL CENTER

Craig M. Capeci, MD
Orthopaedic Surgery & Sports Medicine
Clinical Assistant Professor

__1095 Park Ave, NY 212-427-7750
__1056 5th Ave, NY 212-348-3636
__263 7th Ave, Bklyn 718-246-8700

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: _____