

Hays Medical Center

Ankle Fracture

General Principles:

This protocol was designed to provide the rehabilitation professional with a guideline of care. It should be stressed that this is only a protocol and should not be a substitute for clinical decision making regarding a patient's progression. Actual progression should be individualized based upon your patient's physical examination, progress, and presence of any complications.

Note: The total length of rehabilitation will vary depending on the following factors: severity or acuteness of injury, age, health, personal goals of patient, or healing of the fracture site.

PHASE I: (Protection)

Patients in this phase should concentrate on decreasing pain, swelling, and maintain maximum protection to allow for fracture healing. Gradual progression of active and passive ROM with no resisted / strengthening exercises.

Weight Bearing-

1. Typically Non-weight bearing restriction with duration to be specified by physician

Orthotics-

1. Ankle brace or walking boot per physician orders for exercises and ADL's
2. Compression wrap as needed to control swelling

Modalities (PRN)-

1. Ice, E-stim, Compression, and Elevation as needed to control pain and swelling
2. Moist heat, warm whirlpool, and/or pulsed ultrasound after 48 hours.
3. Ice for 20 minutes following exercises throughout protocol.

ROM-

1. Passive and Active ROM in all planes as tolerated. Gentle Inversion / Eversion ROM initially
2. NO resisted or strengthening activities

Exercises-

1. Towel stretch for gastrocnemius/soleus.
2. Stationary Bike, Upper body bike, Seated step machine with no resistance (In orthotic)
3. Elevated ankle pumps, alphabet, & toe curling
3. Aquatics
 - a. As appropriate for weight bearing restrictions
 - b. When incision healing allows

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PHASE II: (Intermediate)

Patients in this phase may be partial weight bearing with moderate protection of ankle brace or walking boot. Gradual progression of ankle isometrics, and light strengthening exercises.

Weight Bearing-

1. Partial weight bearing restriction as specified by physician

Orthotics-

1. Ankle brace or walking boot per physician orders for exercises and ADL's
2. May perform exercises out of orthotic as appropriate

Modalities (PRN)-

1. Continue only as needed.

ROM-

1. Progress ankle Active and Passive ROM to full as tolerated

Exercises-

1. Continue/progress previous exercises.
2. Seated wobble board / BAPS board
 - a. Progress to standing as weight bearing allows
3. Intrinsic foot strengthening
 - a. Marble pick up, towel scrunches
4. May add resistance to stationary bicycle, Step Machine, etc
5. Resisted Knee Extension and flexion strengthening
 - a. Keep resistance above fracture site
6. Shuttle / Leg Press
 - a. Within weight bearing restrictions
7. Ankle Isometrics (Sub-maximal, Sub-painful)
 - a. Progress to maximal as tolerated
8. Seated Ankle ROM including calf raises and toe raises

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PHASE III: (Strengthening)

Patients may progress to this phase when they are full weight bearing, ROM progressing to full in all planes, and minimal to no pain with Phase II exercises.

Weight Bearing-

1. Progress to full weight bearing as tolerated with normal gait

Orthotics-

1. Continue with brace for exercises. May discontinue brace per physician direction

ROM-

1. Maintain full ROM

Exercises-

1. Continue Phase II, advance resistance and duration as tolerated.
2. Progress to isotonic ankle strengthening, all planes as tolerated
 - a. Theraband
 - b. Shuttle calf raises
 - c. Standing / Seated calf raises with resistance
3. Standing balance / proprioception
4. May progress to Elliptical runner

PHASE IV: (Advanced Strengthening)

As patient's strength and proprioception improve, athletes may progress into sports-specific activities as tolerated. Begin with low level activities and progress duration and intensity.

Orthotics-

1. Continue with brace for exercises. May discontinue brace for ADL's per physician direction

Exercises-

1. Continue Phase III, advance resistance and duration as tolerated.
2. May initiate isokinetics
 - a. 60 to 180 degrees per second
3. Begin sports / work activities
 - a. Interval Running program
 - b. Plyometrics
4. May perform functional testing
 - a. Jump and hop tests
 - b. Isokinetic strength test

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