HaysMed

Ankle Syndesmosis Repair

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.

Dr. Wait's patients will start WBAT at 6 weeks. Walking boot and ankle brace use and duration will vary per patient.

PHASE I: (Protection)

Weeks 1-2

Weight Bearing-
1. Non-weight bearing with crutch use with duration to be specified by physician

Orthotics-
1. Use of postoperative posterior splint

Modalities (PRN)-
1. Ice, E-stim, Compression, and Elevation as needed to control pain and swelling
2. Ice for 20 minutes following exercises throughout protocol.

ROM-
1. No ROM of the operative ankle

Exercises-
1. No strengthening of the operative ankle
2. Upper body strengthening
3. Open Chain Hip strengthening, all planes
4. Open Chain Knee strengthening
    a. Quad sets, Straight leg raises
5. Core strengthening
6. Consider UBE for cardiovascular conditioning

PHASE II: (Intermediate)

Weeks 3-4

Weight Bearing-
1. Toe touch weight bearing with use of walking boot and crutches

Orthotics-
1. Walking boot per physician orders for exercises and ADL's
2. Remove boot for beginning open chain AROM exercises for dorsiflexion and 75% plantar flexion without resistance.

Cont'd weeks 3-4

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Modalities (PRN)-
1. Continue as needed to control / decrease inflammation and pain.

ROM-
1. Begin ankle Passive and Active ROM
    a. Dorsiflexion
    b. Avoid passive inversion and eversion
    c. Avoid full-range plantar flexion

Exercises-.
1. Continue Phase I exercises as tolerated
2. Ankle Isometrics all directions- submaximal
3. Intrinsic foot strengthening: toe curls

PHASE III: (Strengthening)

Weeks 5-8

Weight Bearing-
1. Progress weight bearing gradually as directed by physician

Orthotics-
1. **Week 7** Gradually wean out of boot and into shoe with ankle brace support

Modalities (PRN)-
2. Continue only as needed.

ROM-
1. Progress to full Active and Passive ROM in all directions

Exercises-
1. Continue Phase II, advance resistance and duration as tolerated.
2. Add lower extremity closed chain exercise, single plane
3. Begin proprioceptive exercises
    a. Double leg initially, progressing to Single leg
    b. Even ground only, no BAPS, BOSU, or Wobble Board
4. Cardiovascular training: exercise bike in boot
    a. Increase intensity and duration as tolerated.
5. May initiate aquatic exercises if wound is fully healed

Weeks 9-12

Orthotics-
1. Use of prescribed ankle brace throughout rehabilitation

ROM
1. Full functional ROM of the ankle

Cont'd weeks 9-12

Exercises-
1. Progress closed chain exercises

2. Progress proprioceptive training
    a. Static and dynamic balance progressing to varied surfaces as patient is able
3. Progress intrinsic ankle strength w/ PNF diagonals
4. **Week 10:** Begin introducing jogging and running
    a. Prerequisites: no walking pain, adequate strength, full ROM
5. **Week 12:** Plyometric exercises introduced in brace
    a. Single plane only
    b. Prerequisites: pain free running with proper mechanics
6. May begin elliptical, treadmill or stair stepper.

PHASE IV: (Advanced Strengthening)

Weeks 13-16+

Orthotics-

1. Transition from prescribed brace to lace-up ankle brace, if needed

Exercises-

1. Continue with Phase III exercises, advance resistance and duration as tolerated
2. Progress plyometric program to include dynamic, multiplanar exercises
3. Begin sports specific drills
4. Begin multiplanar movements
5. May perform functional testing
    See LE testing protocol (Goal: 90% of uninvolved leg)
    ***Please complete functional testing sheet and send results to physician**

6. Patients will have full release to play sports during this time frame, but only with physician approval based on strength, functional test results, and overall level of function

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