

Lateral Ankle Repair Protocol

Phase 1: (Weeks 4–6)	
Rehabilitation Goals	<ul style="list-style-type: none"> • Effusion/ecchymosis control • Protect repair • Early mobilization of ankle • Introduce and progress weight bearing • Minimize gastroc/soleus atrophy • Maintain core, hip and knee strength
Precautions	<ul style="list-style-type: none"> • 4 weeks NWB, transition to WBAT in CAM boot at 4 weeks (per Dr. T) • Transition to supportive shoe and lace up ASO at week 6 • Avoid ankle inversion for 6-weeks
Interventions	<p>Modalities: cryo-pneumatic compression (game ready), IFC/Premod</p> <p>MT/PROM: STM/edema massage, gentle metatarsal/tarsal/subtalar/TC joint mobs</p> <p>Gait: step through pattern with BL axillary crutches, progressing to WBAT by week 6</p> <p>Ankle/foot AROM: 3-way ankle (w/ or w/out resistance), towel toe curl, doming, toe splay, seated heel/toe raise</p> <p>Stretching: Hamstring stretch, prone quad stretch, thomas stretch</p> <p>Neuromotor: Quad set, glute set, supine march, dead bug, straight leg bridge, clamshell/reverse, bent knee side plank, bird dog, SLR 4 ways, LAQ, hamstring curl/LAQ with resistance</p> <p>NMES: Biphasic or Russian (consider home unit)</p> <p>BFR: in the absence of significant effusion/edema, bruising, concern for DVT (use with NMES)</p> <p>Conditioning: Stationary bike (no resistance), arms only Aerodyne, UBE</p>
Criteria to Progress	<ul style="list-style-type: none"> • FWB in CAM boot for ambulation (discharge AD) • Good tolerance to weight bearing progressions • Normalize ankle ev/inv/DF ROM • Adequate muscle activity for PF/DF/ev AROM

Phase 2: (Weeks 6–10)	
Rehabilitation Goals	<ul style="list-style-type: none"> • Resolve majority of effusion/ecchymosis • Transition out of CAM boot • Initiate weight bearing exercise • Prepare patient for impact activities at ~10 weeks post-op
Precautions	<ul style="list-style-type: none"> • Gradual introduction of inversion AROM/PROM • Impact activities no earlier than 10 weeks post-op
Interventions	<p>Modalities/MT: Ankle/foot mobilizations as indicated (talorural, subtalar, metatarsal), normalize ankle AROM in all planes</p> <p>ROM: inv ROM, standing gastroc/soleus stretch, half kneeling DF stretch, inv/ev stretch (strap/half foam), prayer stretch for PF</p> <p>Gait/balance: Circle/cone/hurdle walking, side stepping, turning, SLS, tandem stance, tandem walk, FWB rocker/wobble board, Bosu stability, balance beam stability</p> <p>Therex:</p> <ul style="list-style-type: none"> • Box squat > squat, leg press, step up, slider lunge, heel tap lat > ant, split squat, pistol squat • Bridge > hamstring curl ball, RDL > SL, banded side steps, machine resisted strengthening • Heel raises <ul style="list-style-type: none"> • PWB UL/BL heel raises on shuttle/leg press • Seated soleus heel raise (can use knee ext machine), bridge soleus heel raise • Flat ground heel raise BL > eccentric > SL. On step heel raise BL > eccentric > SL <p>Conditioning: Aerodyne arms and legs</p> <p>BFR/NMES: continue as indicated</p>

Phase 2: (Weeks 6–10) Continued

Criteria to Progress	<ul style="list-style-type: none"> • Min effusion/pain with activity progressions • Normal, non-antalgic gait pattern (walking and going up stairs) • Ankle MMT \geq 4/5 • PF LSI \geq 60% • ROM nearing normal limits all planes
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Phase 3: Weeks 10–16

Rehabilitation Goals	<ul style="list-style-type: none"> • Progressive gastric/soleus strengthening • Progress functional activity and functional stability • Complete functional testing for return to impact activities • Initiate impact activities
Precautions	<ul style="list-style-type: none"> • Impact activities once pt passes functional testing
Interventions	<p>MT/ROM: as needed to restore functional mobility, consider banded self-mobilizations</p> <p>Therex/NMR:</p> <ul style="list-style-type: none"> • Airex/beam/bosu/disc- squat, SLS, SL RDL, step up, lunge, heel tap • Heel/toe walk, sled push on toes/heels flat, sled pull, lateral sled pull • BL rebounding heel raise, SL rebounding heel raise (once able to complete 15x BL) <p>Conditioning: Elliptical</p>
Criteria for Plyometrics	<ul style="list-style-type: none"> • ROM WNL • Trace discomfort/effusion at most with activity progression • 15x SL heel raise (normal and rebounding) with adequate ROM • Strength- Symmetrical squat/lunge, 10x shrimp squats to at least 60 degrees, 10x ant heel tap on 6-8" with minimal compensatory patterns
PWB Plyometrics	<ul style="list-style-type: none"> • Single plane and PWB (on shuttle or with band assistance) • \leq 100 foot contacts initially • 1-2 sessions per week, 5-10% progression of foot contacts per week
Sagittal Plyometrics	<ul style="list-style-type: none"> • PWB > box jump up > box jump down > 2 to 1 box jump > in place jumps > scissor hops > in place jog > line jumps > line hops > single leg box jumps > squat jumps > sagittal plane ladder drills > jogging
Frontal Plane Plyometrics	<ul style="list-style-type: none"> • PWB > lateral box jumps > single leg lateral box jumps > lateral line jumps > lateral line hops > Frontal plane ladder drills > lateral shuffling
Hop Testing	<ul style="list-style-type: none"> • Single hop for distance, triple hop for distance, crossover hop for distance, 6m hop for time
Criteria to Progress	<ul style="list-style-type: none"> • Min effusion/pain with activity progressions • Normalize ROM all planes • Ankle DF/Inv/Ev MMT WNL, PF 4+/5 • PF LSI \geq 80% • \geq 70% LSI on hop testing

Phase 4: (4+ months)	
Rehabilitation Goals	<ul style="list-style-type: none"> • Continue to progress gastric/soleus strength • Initiate interval running program • Initiate cutting/pivoting/agility • Initiate sprinting • Transition to self-management/strength and conditioning
Return to Run	<ul style="list-style-type: none"> • 1 mile ~1500 foot contacts, initiate interval program once pt demonstrates tolerance to this foot contact volume as well as 30-minute walk without pain/effusion • Further clearance via metronome set to 60-90BPM, complete heel raise and heel tap to this cadence • Cue against asymmetrical running pattern due to decreased load acceptance on affected limb • See return to run protocol for volume progression
Agility	<ul style="list-style-type: none"> • Change of direction, multiplanar movements, cutting, pivoting • Progress to multiplanar ladder drills and cone drills • Reaction activities, buddy exercises, sport specific drills • Track progress with T-drill and 5-10-5
Sprinting	<ul style="list-style-type: none"> • See return to sprinting protocol
Progression Criteria	<ul style="list-style-type: none"> • No effusion with progressions made • Good tolerance and performance of interval running program • Good tolerance and performance of agility exercises • Good tolerance and performance of interval sprinting program • Hop testing LSI \geq 85% • PF strength LSI \geq 85% • ACL RSI \geq 60% or use FAAM sport subscale
Return to sport criteria	<ul style="list-style-type: none"> • PF strength LSI 90-100% • Hop testing LSI 90-100% • Restore pre-injury conditioning/performance • Return to sport specific activities- non-contact practice, full practice, full play