



Rehabilitation Guidelines for Ankle ORIF

The intent of this protocol is to provide the clinician with a guideline to establish and progress a patient through post operative rehabilitation. It is not intended to be a substitute for one's clinical decision making. The plan of care should be based upon the patients clinical exam and individual goals. Prior to initiation of interventions the therapist needs to **check with the surgeon/operative report regarding progression**. The therapist needs to take into consideration multiple variables including: mechanism of injury, fracture type, fixation method, **fixation stability**, bone and tissue quality, and surgeon specific philosophy/preferences. The therapist also needs to consider patient characteristics including preoperative function, home environment, comorbidities, age, goals, and expectations. Based upon these variables, wide variations of progressions and patient outcomes may exist, however the following is a basic guideline that can be used as a reference.

❖ Notify the surgeon ***immediately*** of any concerns for DVT, infection, edema, or significant variation in expected progression/outcomes.

❖ **Pre-Op (if available):**

- Measure for and fit with thigh high ted hose
- Perform crutch/walker training and issue crutches/walker if needed
- Evaluation should be scheduled for 2- 3 days after surgery for Dr. Heck and Dr. Hecht patient
 - Dr. Tremains patients: Do not schedule until after 2 week follow up appointment with MD
- Post-op instructions and education from surgery date to initial physical therapy appointment

❖ **Phase I: 0-6 weeks**

- *Goals:*
 - Maintain integrity of fixation/repair
 - Decrease pain and inflammation
 - Promote tissue and fracture healing
 - Incrementally increase range of motion (**per surgeon consultation**)
 - Patient education of precautions and progressions
- *Precautions:*
 - Nonweightbearing
 - **If syndesmotic fixation will remain nonweightbearing until hardware removal at 8-12 weeks**



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- ROM within relative pain free range
- Avoid ROM that is too aggressive or increases pain/swelling
 - Keep incision dry and clean
- 0-2 weeks
 - First post operative visit
 - **Dr. Heck and Dr. Hecht patients:**
 - Assess need to remove post operative splint
 - Remove splint if excessive drainage through post-op dressing or if patient reports high/abnormal pain.
 - After incision is checked, place patient back into splint with appropriate padding.
 - **Dr. Tremains patients:**
 - **Do NOT remove post operative splint**
 - Initiate pain free range of motion once pain/swelling subsides and **per consultation with physician**
 - Initiate proximal muscle strength and range of motion
 - Patient education regarding precautions
 - Patient education in home exercise program as appropriate
 - Continual assessment for DVT or infection
- 2-6 weeks
 - Initiate or progress range of motion based upon pain/swelling or physician consultation
 - Initiate nonweightbearing strengthening (4 weeks)
 - Physician may prescribed transition to CAM boot (NWB)
 - Maintain nonweightbearing
 - Continual assessment for DVT or infection
- ❖ **Phase II: 6-12 weeks**
 - Criteria to progress to phase II.
 - Achieve bone healing by adhering to precautions in phase I
 - Check with surgeon
 - Minimal pain/effusion
 - **If syndesmotic fixation, patient will remain nonweightbearing until hardware removal approximately at 8-12 weeks**
 - Goals for Phase II
 - Continue healing of fracture site
 - Do not overstress healing structures
 - Normalize ROM



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- Enhance dynamic stability through neuromuscular control
- Initiate gradual return to functional activities and light work activities
 - Note: progression is time and criterion based and needs to progress per continuous assessment of patients impairments and functional limitation
- 6-12 weeks
 - Initiate functional weight bearing exercises (per physician approval)
 - Initiate balance/proprioception exercises
 - Advance intensity of ROM if indicated
 - Fit with ASO brace (may transition from CAM walker)
- Syndesmotic fixation
 - MD will schedule hardware removal for 8-12 weeks post ORIF
 - After hardware removal:
 - Keep incision dry 2 weeks/monitor for infection
 - May initiate and advance functional activities with physician approval
- ❖ **Phase III: 12+ weeks**
 - Criteria to progress to phase III
 - Minimal to no pain
 - Full AROM without substitution
 - 5/5 strength
 - Nontalgic gait
 - Goals
 - Full P/AROM
 - Enhance dynamic stability
 - Gradual restoration of strength, power, and endurance
 - Advance neuromuscular control
 - Return to full ADLs/work
 - With syndesmotic fixation adjust time frames pending timing of hardware removal
 - 12+ weeks
 - Advance all activities based upon patient goals and expectations
 - May initiate impact and sport specific movements with physician approval
- ❖ Each patient is an individual and should be treated as such. Work together with the referring orthopedic for optimal patient outcome.