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Lateral Ankle Ligament Stabilization – Postoperative Protocol – Dr. Pao

WEEKS	PHYSICAL THERAPY GUIDELINES	MISC
0-4	**NWB (Non Weight Bearing) for first 4 weeks post op** • Sutures removed at 2 wks (first post op appointment) • Weeks 2-4 –boot/splint/cast (**remain non weight bearing)** • Ok for strengthening/maintaining ROM of other joints	• Protect the surgical site • Manage pain/swelling • Elevate in boot/splint/cast
4-6	**Weight Bearing in Boot** **Precautions: NO inversion (until 6 wks post op)** • Start Physical Therapy (PT) with partial WB in boot, progress to full by 10-14 days • No wobble board • Scar mobilization (dry, circular patterns) • Massage to posterior, anterior, and lateral compartments • Mobilization of mid-tarsal and inter-metatarsal joints • Mobilize ankle PF/DF • Upper body strengthening activities as tolerated (seated or supine) • Stationary Bike 5-20 minutes	· Active assisted range of motion to at least 10° DF and 30° PF · Isometric activation of the peroneus longus, brevis and tertius · Multiangle isometrics to 10° of dorsiflexion and 30° of plantarflexion · Seated active DF to 10° and PF to 30° with rockerboard · Rhythmic stabilization in all directions (DF/PF/Inv/Ev)
6-12	**Discontinue walking boot** • Transition into lace-up ankle brace based on comfort • PT modalities as needed to reduce residual pain / swelling • Advance to full active range of motion in all directions • Mobilizations as needed to address particular motion restrictions • Scar mobilization as needed • Treadmill walking / Stationary cycling	· Single-limb static standing balance on firm surface · Sagittal and coronal plane weight-shifting on rocker board · Multi-directional ankle strengthening with resistance band · Double-limb calf press (body weight only) · Single-limb standing on affected leg while pulling against resistance band with unaffected leg (sagittal plane) · Wall squats · Single-limb stepping

12-16	**Progress with PT as tolerated** **No Restrictions**	· Single-limb static standing balance on foam mat · Single-limb standing balance on wobble board or disc · Double-limb and single-limb calf press · Resisted lunges · Single-limb balance with Plyoball toss (front facing) · Medicine ball toss standing on wobble board with wide base of support · Single-limb standing on affected leg on foam mat while pulling against resistance band with unaffected leg (four directions) · Interval running
16 ->	**Return to sports/ activities** • Sport-specific drills	· Box jumps · Double-limb and single-limb plyometric hops · Straight line sprints · Shuttle run · Crossover and cutting drills

Guidelines: The surgical procedure involving lateral ligament reconstruction of the ankle can be variable. Adjunctive procedures may also be performed. These may include procedures addressing the peroneal tendons or cartilage (osteochondral lesions of the talus). Injuries to the articular cartilage may affect the return to activity timeline. The lateral ligament repair/reconstruction itself can include soft tissue only or augmentation with either allograft or suture-like material.

- The post op protocol may be adjusted based on additional procedures that are performed at the time of surgery.
- It is normal for the operative limb to be swollen up to 6-12 months post-op.
- The patient may drive if the surgery is on the LEFT foot as pain and swelling allows, if balance can be maintained, and patient can adhere to post op protocol.
- If the surgery is on the RIGHT foot, consult your surgeon before resuming driving.
- **It is important to bring this protocol to your PT appointments, so your therapist is aware of the precautions.**
- **It is extremely important to avoid falling in the post-operative period, as this increases the risk of compromising the repair / incision line.**