

Dr. Allen Ankle Fracture

Delayed Weight Bearing Post-Op Protocol

Phase I: Protection (0-2 weeks)

- Non-weight bearing in the splint
 - Must keep splint clean and dry, cover with a bag to shower
- Ice and elevation
- Scheduled Ibuprofen and Tylenol for pain control
- Opioid pain medication for breakthrough pain (goal to wean off by 2 weeks post-op)
- Aspirin 81mg BID daily for DVT prophylaxis (4 weeks total)
- Wiggle toes, short arc quads, quad sets, 4-way SLRs

Phase II: (2-6 weeks)

Early Motion (2-4 weeks)

- First post-op visit ~2 weeks
- Sutures removed at first visit
- Ok to shower and get wound wet
- Transition to a boot
- Ok to remove boot for hygiene and motion, wear the boot to sleep
- Remain non-weight bearing
- Begin AROM in all planes
 - DF/PF/Inv/Ev, Alphabets, toe towel curls
- Manage swelling
- Finish Aspirin 81mg BID for DVT prophylaxis

Early Weight Bearing (4-6 weeks)

- Begin partial weight bearing, with transition to full weight bearing as tolerated
 - 25% WB for 1-3 days, 50% WB for 1-3 days, 75% WB for 1-3 days, then FWB
- Gait training
- Manage swelling

Phase III: Full Weight Bearing and Strengthening (6-10 weeks)

- Second post-op visit at ~6 weeks
 - Discontinue boot when full weight bearing is achieved @ 6 weeks
 - May transition to Aircast or ankle brace if needed
- Continue to work on ROM (Towel stretch DF to neutral or further)
- Stationary bike
- Seated BAPs & heel raises
- Theraband strengthening
- Joint mobilizations as needed

Phase IV: Functional (10+ weeks)

- Third post-op visit at ~12 weeks
- Walk to jog to run program
- Job or sport specific training
- LE strengthening
- Proprioception training
- Contact sports at 12+ weeks, full return to sport activity is often 4-6 months