

Dr. Allen Ankle Fracture

Early Weight Bearing Post-Op Protocol

Phase I: Early Protected Weight Bearing (0-2 weeks)

Protection (0-1 weeks)

- Non-weight bearing in the boot or splint
- Boot to remain in place at all times
 - Must cover with 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)
- Wiggles toes, work on knee motion, quad sets

Early Protected Weight Bearing (1-2 weeks)

- Begin protected weight bearing in the boot, utilize crutches as needed
- Pain guides weight bearing
- Ok to remove boot for hygiene, keep wound clean and dry
- Ice and elevation
- Wean to Ibuprofen and Tylenol only for pain medication
- Wiggles toes, work on knee motion, quad sets

Phase II: Early Motion and Advanced Weight Bearing (2-6 weeks)

- First post-op visit ~2 weeks
- Sutures removed at first visit
- Ok to shower and get wound wet

-Continue weight bearing as tolerated, progress to full unassisted weight bearing as pain allows

-Manage swelling

-Begin ROM

-Ankle AROM in all planes

-Gentle PROM with DF to neutral (towel stretch)

-Toe towel curls

-Gait training

-Finish Aspirin 81mg BID for DVT prophylaxis

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

-Second post-op visit at ~6 weeks

-Discontinue boot

-May transition to Aircast or ankle brace if needed

-Continue to work on ROM (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