ANKLE FRACTURE Treatment Guidelines
Last Modified: Oct 2012

General

- This protocol is for patients who have had a stable open reduction internal fixation (ORIF) or a stable closed reduction and casting. ORIF means the patient will have hardware (plate and screws) to stabilize the fracture.
- Anatomic reduction is necessary to restore the normal anatomy of this weight bearing joint. This has significant implications for development of tibiotalar joint arthritis.
- It is important that the patient be compliant because frequently the patients are placed in a removable cast boot.
- Patients with intra-operative evidence of osteoporosis or osteomalacia (esp Diabetics) will be NWB for an extended period of time (generally 8-10 wks)

Phase I – Initial Stability (0 to 6 weeks)

- Non-weight-bearing (NWB) in cast or splint. Weight-bearing status will be set by orthopedic surgeon.
- Ambulatory device training (walker or crutches) and transfers.
- General lower extremity strengthening – SLR, quad sets, etc.

Phase II – Early Range of Motion/Gait training (6-8 weeks)

- Patient is placed in a removable cast boot in orthopedics office (6 weeks).
- Begin NWB ankle ROM exercises – PF, DF, inversion, and eversion.
- Gradually increase weight-bearing (PWB) status so patient is full weight bearing WBAT) by the end of the 8th week.
- Advance to cane.
- Advance with aggressive stretching program.
- Isometric exercises for PF, DF, inversion and eversion.
- Seated towel toe crunches and push aways (intrinsic foot musculature).
- Stationary bike for range of motion.
• Ice for swelling. Minor swelling usually occurs as patient increases weight-bearing status.

Phase IV – Return to Function (After 8 weeks)

• Home Exercise Program:
  • Theraband strengthening exercises – DF, PF, inversion, eversion
  • Mini squats, toe raises (bilateral and unilateral)
  • Continue daily stretching – increase aggressiveness
  • Unilateral standing balance (eyes open, eyes closed)
  • Strength program (2-3 sets of 10 repetitions)
    • Total gym squats and toe raises
    • Leg press
    • Hamstring curls
    • Leg extension
  • Endurance
    • Bike
    • Treadmill walking (advance to lateral stepping, backwards walking)
  • Proprioceptive Exercises – advance per tolerance and patients functional needs
    • 4-way straight leg raises with tubing (a.k.a. "steamboats")
    • Proprioceptive star – toe touch and lunges
    • Rebounder
    • Fitter
  • Seated BAPS board, progress to standing
  • Mobilizations per therapist
  • Modalities PRN – Fluidotherapy, moist heat, ice


Jason K. Lowry, MD