



ANKLE FRACTURE OPEN REDUCTION INTERNAL FIXATION (ORIF)

Progression to the next phase is based on Clinical Criteria and/or Time Frames as Appropriate.

IMMEDIATE PROTECTION PHASE (Post-Op Days 1 – Week 6)

Jennifer L. Cook, M.D.
Board Certified
Orthopaedic Surgery

Stephen A. Hanff, M.D.
Board Certified
Orthopaedic Surgery

James P. Donovan, M.D.
Board Certified
Orthopaedic Surgery

Aaron K. Mates, M.D.
Board Certified
Orthopaedic Surgery

Goals:

- Protect healing tissue
- Control pain and swelling
- Control weight bearing forces
- Independent transfers and ambulation

Weight-bearing: NWB with optimal ambulatory assistive device for 6 weeks

Splint/Brace: Cast or boot for 6 weeks

Treatment:

- **Week 1-2**
 - Transfer and gait training with assistive device, NWB on surgical lower extremity
 - Patient education and independent HEP
 - 4-way SLR
 - AROM Hip and Knee
 - Lower extremity stretching – hamstring, quads, ITB, Hip flexors as needed
 - Elevation and Cryotherapy
- **Weeks 3-6**
 - Continue appropriate previous exercises
 - Ankle AROM
 - Ankle pumps, alphabet
 - Gastroc stretch with towel
 - Seated BAPS
 - Stationary bicycle (in walking boot)
 - 4-way isometric ankle strengthening
 - Aquatic Therapy
 - NWB activities – deep-water running
 - Scar massage / mobilization
 - Modalities as needed

A REGISTERED LIMITED LIABILITY PARTNERSHIP FOR ORTHOPAEDIC SURGERY

2165 Little Road • Trinity, FL 34655 • 727-37-BONES (727-372-6637) • Fax 727-375-5044 • www.floridajointcare.com

MODERATE PROTECTION PHASE (Weeks 6-12)

Goals: Normal AROM/PROM
Normal Strength
Normal Gait
Normal Balance

Weight-bearing: WBAT using assistive device at least 2 weeks and progress to FWB.
Discharge assistive device when gait is normal and edema is controlled.

Splint/Brace: Walking boot for ambulation x 2 weeks and transition into running shoe.

Treatment:

- Continue previous exercises as appropriate
- Isotonic theraband exercises x 4 – gradually increase resistance
- Proprioception training
 - Standing balance, single leg stance activities, medicine ball progressions
- Heel Raises
 - Double leg and progress to single leg as tolerated
- CKC Exercises
 - Mini-squats, leg press/total gym, double leg heel-raises, forward/retro/lateral step-downs, Mini-band walking (forward, backward, lateral)
- Aerobic Conditioning
 - Elliptical, Stairmaster
- Aquatic Therapy
 - Deep-water training
 - Aquatic treadmill (Shoulder to chest level running at 10 weeks)

ADVANCED STRENGTHENING PHASE (Months 3-4)

Goals: Walk 2 miles at 15 minute/mile pace

Treatment:

- Continue previous exercises as appropriate
- Aquatic Therapy – unrestricted activities
- Progress to dry land running as tolerated
- Plyometric Drills
 - Bilateral progressing to unilateral activities

ADVANCED STRENGTHENING (Months 4-6)

Criteria for entering Advance strengthening:

Minimum 4/5 Ankle Manual Muscle Testing

Symmetrical pain-free AROM

Pain-free ADL activities

Goals:

Return to all activities

Pass functional testing protocols

Treatment:

- Advance impact and functional progressions
- Sport specific drills with brace as needed
- Sport test at 4 months based on progress

-