

## Post-Surgical Protocol for Lateral Ankle Instability

Please use common sense and listen to your body. Let Dr. Yi know if there is a significant increase in pain/discomfort.

### Time

### Activity

First 2 weeks after surgery

Non-weight bearing in splint at all times (**for 2 weeks**)

- Crutches, walkers, and knee scooters are popular options to help you get around

~2 weeks after surgery

Partial progressive weight bearing as tolerated in boot vs. brace

- Your splint will be removed
- **If the incisions have healed enough, your sutures will be removed**
- It is ok to start showering and getting the incision sites wet, but please gently pat the incision down dry (do not rub the incision site as your incisions are continuing to heal)
- Do not soak the incisions for another 2 weeks
- **You will transition into a walking boot or an ankle brace**
- You will start **physical therapy**
  - o Start active plantarflexion, dorsiflexion, eversion
  - o **NO INVERSION FOR FIRST 6 weeks (no limits with ROM after 6 weeks)**
  - o Ok to start stationary bicycle
  - o Start gentle strengthening (start with band work and progress)
  - o Start proprioception and balance training
  - o Kinetic chain strengthening
  - o See attached protocol for “Ankle Instability Rehabilitation” below
  - o No impact activity (running/jumping) until 12 weeks after surgery
  - o Ok to start sport specific activity at 16 weeks

- Lace-up ankle brace recommended for ALL ACTIVITIES for first 3 months after surgery

- Lace-up ankle brace recommended for high risk activities (athletic activity and hiking) for first 6-9 months after surgery

## **ANKLE INSTABILITY REHABILITATION**

### **ACUTE PHASE AND RETURN TO ACTIVITY**

**(Ok to start easing into these exercises at 2 weeks after surgery)**

- **Neuromuscular Control and Balance Training**
  - Proprioceptive training
  - Balance training
  - BAPS board
    - Seated → standing
  - Single leg stance
  - Wobble board
  - De-stabilization device training
  - Step and hold
  - Plyometrics progression
    - Shuttle press: DL → alternating → SL
  - Foot intrinsics strengthening
- **Therapeutic Exercise**
  - Band strengthening
  - Ankle proprioceptive neuromuscular facilitation diagonals
  - Heel rise: DL → SL
  - Hip abductors/extensors
  - Single leg squat
  - Trampoline training
  - Hop training
- **Manual Therapy**

### **RETURN TO SPORT PHASE**

**(Ok to start 16 weeks after surgery)**

- **Neuromuscular Control and Balance Training**
  - Single leg calf raises (double leg, eccentrics, single leg)
  - Toe walking
  - Triple extension exercises
  - Hop training

- Single leg drop jumps
- Single leg stance (firm -> foam -> dynamic -> perturbations -> cognitive tasks -> eyes closed)
- **Therapeutic Exercise**
  - Resisted inversion/eversion in end range plantarflexion (ankle weights, TheraBand)
  - DL/SL heels rises with TheraBand (pull ankle into inversion/eversion)
  - Single leg squats
  - Hip abductors/extensors
  - RDL's
  - Planks
- **Agility and Sport Specific Exercises**
  - Lateral shuffling
  - Carioca
  - Figure 8 drills
  - Cone drills
  - Back pedal
  - Multi-directional hops
  - Ladder drills
  - Resisted jogging
  - Drop counter jumps
  - Change of direction drills

### **Preventing Blood Clots**

- Blood clots (formally known as “deep venous thrombosis”) can occur after injury, immobilization, and surgery. These blood clots can be dangerous especially if they travel to your lungs. Go to the emergency room or call the emergency line immediately if you have any symptoms such as calf swelling, calf pain, chest pain, shortness of breath.
- Fortunately, there are medications that effectively prevent blood clots
- You will take:

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### **Controlling Pain After Surgery**

- Unfortunately, you will have pain after surgery and there is no safe method to completely eliminate pain safely
- However, there are many strategies that can effectively decrease your pain level to a reasonable level:
  - Icing
  - Elevation of the leg (above the level of your chest)
  - Acetaminophen (“Tylenol”)
  - Oral anti-inflammatory medications (such as ibuprofen)
  - Narcotic pain medications (such as “oxycodone”)
- We will review and formulate a pain management plan specific to your situation (especially if you have allergies or adverse reactions to medications).
- Go to the emergency or call the emergency line immediately if you have pain that is significant and/or worsening despite taking medications