



Melbourne Orthopaedic Group

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REHABILITATION PROTOCOL FOR TOTAL ANKLE REPLACEMENT

Physiotherapy Protocol

The following is intended to guide the patient through the post operative rehabilitation process. Each patient may still require individualised modifications to their program depending on the extent of the original injury, type of surgery performed, pain level, degree of stiffness and strength.

Operation

Date

Crutches

Restrictions

This letter is written both as a courtesy and in confidence to assist in the assessment and management of a referred patient. This letter must not be copied to any third party, including the patient or anyone nominated by the patient, without the express permission of the Author.

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Dosage 1-2 daily

0-2 weeks

Elevate 95 % time
Contralateral foot and ankle, SLR, Hip and Knee flexion
NWB

2-4 weeks

POP
NWB mobility with gait aide

4-6 weeks

CAM Boot
PBAT with gait aide
Assisted Active Plantar / Dorsiflex
Assisted Active In / Eversion
Active Toe Flexion / Extension
Active ROM Alphabet
Toe curl, pick up.
Swelling Mgt
Contralateral Bridge
Quads over fulcrum
SLR
Calf Stretch with towel < Plantar grade

6-12 Weeks

WBAT
Weight Shift onto operated side
Balance
Soleus Stretch with towel, progress to standing
Gastroc Streth with towel, progress to standing
Hamstring Stretch
Seated Calf Raises
Theraband Resisted Gastroc
Intrinsic foot strengthening in standing
Foot Mobilisation
Squat
Bridging
Gait
Hydrotherapy

12-20 weeks

Ankle Mobilisation Accessory and Physiological
Resisted Theraband In / Eversion
Resisted Theraband Tib Anterior
Calf Raises Bilateral on flat, progress to single leg
Heel-Toe Walking / Balance
Side to side walking
Exercise bike
Gait Technique
Increase walking distance
Planking/ Core
Step Ups/ Down
Seated WB

20 Weeks +

Eccentric Calf raises
Toe Walking
Heel Walking
Wobble Board
Proprioception
Fast Feet on Step, Fwd and Side
Side Stepping/ Hopping
Cross Leg Over Step
Lunge on Box
Plyometrics

Return to low impact sport