Ankle Dislocation

****DISCLAIMER:** Total length of rehab will vary depending upon the following factors: severity or acuteness of injury, age, health, or personal goals of the patient.

Phase I: 0 – 4 weeks

Goals for Phase I:

1. Swelling and pain control
2. Functional gait with crutches

A. Orthotics: Patient is initially immobilized in a cast to allow for healing. Pt transitioned to walker boot after 1st post op Doctor visit.
B. Gait-training: Patient will be non-weight bearing while casted. When walker boot applied progress from partial wt. bearing to full wt.bearing w/out crutches in boot. Will need instruction in safe, functional gait.
C. Soft tissue management: swelling control

Phase II: 4 – 8 weeks

Goals for Phase II:

1. Ambulate FWB, without crutches
2. Functional ROM
3. Functional strength

A. Orthotics: Patient is transferred to a walking boot, per physician orders
B. Gait-training: Patient should be progressed from non-weight bearing to WBAT with crutches to FWB without crutches
C. ROM: Work to restore full A/PROM of ankle
A. Strengthening: Begin with AROM, progress to PRE's (isometrics, thera-band, heel lifts etc), weight-bearing activities as tolerated, conditioning activities (bike, treadmill)
D. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase III: 8 – 12 weeks

Goals for Phase III

1. Normal gait
2. Good strength
3. Begin work/sports activities

A. Orthotics: Rocket-soc or air-cast used for stability as needed
B. ROM: Continue A/PROM as needed
C. Strengthening: More aggressive PRE's, weights, single leg activities etc.
D. Balance/Proprioception: Single leg stance activities, balance beam, BAPs board etc.
E. Functional activities: Begin sports/work activities (climbing, stairs, jogging, carioca's, triple jump, zig-zags etc.)

Phase IV: 12 weeks to release

Goals for Phase IV:

1. Normal strength
2. Return to work/sports

A. Continue strengthening/conditioning/functional activities as needed