

Ankle/Foot Fracture

****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.

*Initial rehab will depend on the severity and location of the fracture. If fixed with ORIF rehab will be more aggressive. If not fixed with ORIF the patient will be immobilized for up to 6 weeks. The physician will determine patient's weight bearing status and progress the patient as appropriate. Some patients will be progressed through each phase at a more accelerated rate, depending on the physiology of healing, as directed by the physician. *If fixated with a syndesmosis screw, NWB until indicated by physician**

Phase I: 0 – 6 weeks

Goals for Phase I:

1. Pain and swelling control
 2. Normal ROM of non-involved joints
 3. Safe/functional gait with or without assistive gait device
- A. Orthotics: Patient is immobilized in insert, cast or walking boot as directed by the physician. May remove walking boot for bathing and AROM
 - B. Gait training: Weight-bearing to be determined by the physician. If WBAT, patient should be progressed from WBAT with crutches to FWB without crutches
 - C. ROM: Work to restore normal ROM of non-involved joints. If in walking boot, may remove boot for gentle AROM of involved ankle/foot.
 - Ankle Fx ORIF: AROM started during 1st post op visit (DF,PF, INV, EV), Achilles towel stretching as tolerated.
 - Ankle Fx w/out ORIF: Pain free AROM (do not exceed 10 degrees of Dorsiflexion), PROM Dorsiflexion to neutral during 1st 2 wks, progress to 5 degrees of pain free PROM by 4 weeks, then 10 degrees by 6 wks. Avoid inversion/eversion ROM until 4 weeks post accident. Begin active Inv/Ev ROM at start of 5th wk. PROM Inv/Ev and joint mobs after 6th wk.
 - Metatarsal /Foot Fx: Ankle AROM as tolerated, If passive Dorsiflexion is necessary, perform w/ foot supported on floor unweighted during gastroc/soleus stretch. Avoid towel roll stretching to prevent undistributed forces/torque throughout the metatarsals.
 - D. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage, desensitization
 - E. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase II: 6 – 9 weeks

Goals for Phase II:

1. Functional ROM
 2. Functional strength
 3. Normal gait
 4. Normal ADL's (transfers, housecleaning etc.)
 5. Begin work/sports activities
- A. Orthotics: Gradually discontinues use of walking boot when directed by physician, use air-cast, rocket-soc etc as ordered by physician
 - B. Gait-training: If patient has been NWB, begin progressive weight-bearing, patient should be progressed from WBAT with crutches to FWB without crutches
 - C. ROM: Work to restore full P/AROM of ankle and foot, including sub-talar joint mobility/mobs
 - D. Strengthening: Begin gentle strengthening; PRE's (isometrics, thera-band, heel lifts etc), weight-bearing activities, conditioning activities (bike, treadmill). If ankle ORIF, t-band strengthening may begin at beginning of 3rd week if ROM is progressing.
 - E. Balance/Proprioception: Single leg stance activities, balance beam, BAPs board etc.

- F. Functional activities: Begin sports/work activities (climbing, stairs, jogging, carioca's, triple jump, zig-zags etc.)
- G. Modalities: Utilize for pain, inflammation, swelling control, and muscle re-education as necessary

Phase III: 9 weeks to release

Goals for Phase III:

1. Good strength
 2. Return to sports activities
- A. Orthotics: Continue strengthening/conditioning/functional activities as needed

