

## Lower Leg 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. 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.*

### 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 crutches
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- A. Orthotics: To be determined by physician. May be placed in walking boot or Sarmiento cast
  - 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 distal tibia/fibula involved, then ankle AROM and low intensity towel roll gastroc/soleus stretching only. Knee AROM and light AAROM.
  - D. Strengthening: Progress to weight-bearing strengthening i.e (mini squats and short step ups if wearing boot or sarmiento brace. May perform 4 way hip strengthening. No resistive LAQ, SAQ, or ankle strengthening unless indicated by physician on order. If ORIF, ankle T-band PREs may be performed after 4 wks post op. May perform QS, SLR if lower leg is supported in brace.
  - D. Soft tissue management: wound monitoring (avoid getting stitches wet), swelling control, scar massage, desensitization
  - E. Modalities: Use for pain, inflammation, swelling control, and muscle re-education as necessary

### Phase II: Weeks 6-10

#### Goals for Phase II:

1. Functional ROM
  2. Functional strength
  3. Normal gait
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- A. Orthotics: Discontinue use as directed 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. If wt bearing was previously WBAT in boot or sarmiento, transition to Air cast stirrup when indicated by physician.
  - C. Strengthening: More aggressive PRE's, weights, thera-band etc.
  - D. Balance/Proprioception: Single leg stance activities, balance beam, BAPs board etc.
  - E. Functional activities: Begin work and/or sports simulation activities as tolerated
  - F. Modalities: Use for pain, inflammation, swelling control, and muscle re-education as necessary

### Phase III: 10-14 weeks

#### Goals for Phase III:

1. Good strength
  2. Begin to sports activities
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- A. Strengthening: Progress strengthening activities as tolerated.
  - B. Conditioning: Bike, jogging, etc.
  - C. Functional activities: Sports/work activities as tolerated, single leg hopping, cariocas, triple jump, zig-zags, sports specific drills, crawling, ladder climb.

## **Lower Leg Fx (cont'd)**

### **Phase IV: 14 weeks to release**

#### **Goals for Phase IV:**

1. Normal strength
2. Return to work/sports

A. Continue strengthening/conditioning/functional activities as needed