

REHABILITATION GUIDELINES FOR BROSTROM REPAIR WITH INTERNAL BRACE

PHASE I (0-6 WEEKS POST-OP)

DATES:

Appointments	• See physician in 10-14 days post op for suture removal • Start therapy 10-14 days post op
Rehabilitation Goals	• Edema control • Protect repair • Teach TTWB gait pattern
Precautions	• Ankle in neutral with short leg cast for 10 days, then change to CAM Walker • TTWB x 2 weeks then progress to WBAT x 4 weeks • ROM as tolerated started 2 weeks post-op: protect inversion and plantarflexion (75% of full) ROM
Suggested Therapeutic Exercises	• 4-way straight leg lifts • Quad and Gluteal strength open chain only • Plank from knees; core exercises open chain only • Toe ROM • Ankle ROM (avoid forceful inversion and plantarflexion)
Cardiovascular Exercises	• Upper Body Ergometer
Progression Criteria	• Control of pain and edema • Independent in HEP • Maintaining TTWB precautions

PHASE II (WEEKS 6-8 POST OP)

DATES:

Appointments	- Follow-up visit with MD 6 weeks post op - Continue with therapy 2x week
Rehabilitation Goals	- Progress weight bearing to full with progression of CAM Walker to brace - Prevent scar adhesions - Continue to protect inversion and plantarflexion (75% of full) ROM
Precautions	- No passive stretching into plantarflexion and inversion - Avoid prolonged standing or walking
Suggested Therapeutic Exercises	- AROM ankle all directions - Gastrocnemius and Soleus stretching - Submaximal Isometrics (except inversion) in neutral - Proprioception with bilateral stance only - Gait in pool to normalize mechanics - Continue with planks and core strength now in closed chain
Cardiovascular Exercises	- Walking in pool (no swimming) - Upper body ergometer - Stationary Bike
Progression Criteria	- Normalize Gait pattern - Pain free AROM

PHASE III (8-12 WEEKS POST OP)

DATES:

Appointments	- Follow-up with MD at 10-12 weeks post op - Continue with therapy 2x week
Rehabilitation Goals	- Restore full ROM in weight bearing - Normal gait pattern on uneven surface and stairs - Normalize strength to full in ankle
Precautions	- No plyometric training prior to 11-12 weeks - Pt education on progression of weight bearing with daily activities - No return to sports prior to 12 week and return to sport test
Suggested Therapeutic Exercises	- Strengthen ankle throughout full ROM and eccentric control in weight bearing - Balance progression from double leg to single leg, even to uneven surface - Gait drills all directions and agility - Stretching to gain full weight bearing Rom - Foot intrinsic strength

	• Slow progression of plyometric strength from double leg jump to single leg jump of ready at 11-12 weeks
Cardiovascular Exercises	• Walking • Biking
Progression Criteria	• Full AROM, PROM, and strength • No pain or swelling after activity • Normal gait pattern on all terrain • Single leg balance equal to other side on even surface

PHASE IV (12-16 WEEKS POST OP)

DATES:

Appointments	• Continue with therapy 1-2 x week as needed
Rehabilitation Goals	• Perform higher velocity movements with stability • No compensatory patterns with functional activities • Return to sport
Precautions	• Continue to wear brace with sports for 6 months post op
Suggested Therapeutic Exercises	• Return to running drills • Low velocity progressing to high velocity movement changes • Plyometric progressing from double leg to single leg landing • Single leg balance on uneven surface with dynamic movements • Sport specific drills
Cardiovascular Exercises	• Jogging • Slow return to sport
Progression Criteria	• Full Return to sport after passing RETURN TO SPORT TEST • Y-balance test, agility T-test, vertical jump test

References: Brigham and Women's Hospital: Modified Brostrom-Gould Repair; University of Wisconsin Sports Medicine: Rehabilitation Guidelines for Lateral Ankle Reconstruction; Journal of Orthopaedic Surgery and Research: Treatment of chronic lateral ankle instability: a modified Brostrom technique using three suture anchors; Sports Physical Therapy: Return to Play in Athletes Following ankle injuries.

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