



REHABILITATION GUIDELINES FOR BROSTROM REPAIR

PHASE I (0-6 WEEKS POST-OP)

DATES:

Appointments	<ul style="list-style-type: none"> • See physician in 10-14 days post op for suture removal • Start therapy 10-14 days post op
Rehabilitation Goals	<ul style="list-style-type: none"> • Edema control • Protect repair • Teach TTWB gait pattern
Precautions	<ul style="list-style-type: none"> • Ankle in neutral in cast then change to CAM boot • NWB 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Upper Body Ergometer • Bike
Progression Criteria	<ul style="list-style-type: none"> • Control of pain and edema • Independent in HEP

PHASE II (WEEKS 6-8 POST OP)

DATES:

Appointments	<ul style="list-style-type: none"> Follow-up visit with MD 6 weeks post op Continue with therapy 2x week
Rehabilitation Goals	<ul style="list-style-type: none"> Wean from CAM boot to brace FWB gait Prevent scar adhesions Continue to protect inversion and plantarflexion (75% of full) ROM
Precautions	<ul style="list-style-type: none"> No passive stretching into plantarflexion and inversion Avoid prolonged standing or walking
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Walking in pool (no swimming) Upper body ergometer Stationary Bike
Progression Criteria	<ul style="list-style-type: none"> Normalize Gait pattern Pain free AROM

PHASE III (8-12 WEEKS POST OP)

DATES:

Appointments	<ul style="list-style-type: none"> Follow-up with MD at 10-12 weeks post op Continue with therapy 2x week
Rehabilitation Goals	<ul style="list-style-type: none"> Restore full ROM in weight bearing Normal gait pattern on uneven surface and stairs Normalize strength to full in ankle
Precautions	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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

	<ul style="list-style-type: none"> • Slow progression of plyometric strength from double leg jump to single leg jump of ready at 11-12 weeks
Cardiovascular Exercises	<ul style="list-style-type: none"> • Walking • Biking
Progression Criteria	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Continue with therapy 1-2 x week as needed
Rehabilitation Goals	<ul style="list-style-type: none"> • Perform higher velocity movements with stability • No compensatory patterns with functional activities • Return to sport
Precautions	<ul style="list-style-type: none"> • Continue to wear brace with sports for 6 months post op
Suggested Therapeutic Exercises	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Jogging • Slow return to sport
Progression Criteria	<ul style="list-style-type: none"> • 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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