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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 suing three suture anchors; Sports Physical Therapy: Return to Play in Athletes Following ankle injuries.

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MD name and date:

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