

# Inland Orthopaedic Surgery & Sports Medicine Clinic

Kyle J. Hazelwood, M.D.

## OPEN REDUCTION INTERNAL FIXATION ANKLE FRACTURE POST OPERATIVE INSTRUCTIONS AND REHABILITATION PROTOCOL

This protocol has been developed for the patient following open reduction internal fixation (ORIF) after ankle fracture. This protocol may vary in length, aggressiveness and return to sports/work/activities depending on factors such as: concomitant procedures/injuries, level of fracture comminution (how severe the ankle fracture is) range of motion/swelling status, pre-operative function, rehabilitation goals and expectations.

Physical therapy is not always required after surgery for an ankle fracture and is highly dependent on each individual patient and injury. For the first 6 weeks you may do home range of motion exercises. After 6 weeks time and depending on factors such as gait, strength and stiffness you may require formal physical therapy.

### I. POST-OPERATIVE INSTRUCTIONS:

- a. **Take 1 tablet (325 mg) of aspirin per day**, starting the day after surgery and continuing **for 2 weeks**. The risk of blood clots is quite low after an ankle fracture but aspirin is taken as a precaution to decrease the risk. Certain factors such as smoking, birth control pills and certain medical conditions increase the risk of blood clots and it is especially important to take the aspirin for those situations.
- b. After your surgery you will be **non-weight bearing** on the operative leg and will use crutches for walking. Non-weight bearing on the ankle will continue for a **minimum of 6 weeks**. This time may be longer depending on factors such as the type of fracture that occurred and healing seen on postoperative radiographs.
- c. **For the first 48-72 hours after surgery for an ankle fracture it is important to keep the ankle elevated at heart level of slightly above as much as possible**. This is done not only to decrease swelling but also for pain control.
- d. You will be placed into a splint after surgery. While in the splint work on bending and extending your toes which can help reduce swelling. It is ok to begin to mobilize and walk with the crutches as your pain allows. However, avoid going long periods of time without elevating the leg as this will cause increased pain and swelling.
- e. The splint will be continued for 2 weeks from the date of the surgery. If the splint begins to feel too tight as a result of swelling it is ok to split the white cast padding underneath the ace bandage and loosen the ace bandage, but do not remove the splint (fiberglass or plaster) material. At the time of your first postoperative appointment you will likely be switched into a CAM boot.
- f. It is ok to shower after surgery, but **keep the splint as dry as possible** by either bathing or keeping the splint wrapped. Once the splint is removed it is ok to get the incision wet in the shower but just let water run over the incision. Do not scrub or soak the incisions and pat dry. Do not submerge incisions in bath or pool until fully healed 5-6 weeks.
- g. If you had a **nerve block at the time of surgery, it usually wears off 12-24 hrs post-operatively**. It is normal to have some numbness in the foot the first few days after surgery as a result. **The first night after surgery take pain medication before going to bed as the nerve block will often wear off during the night**.
- h. Decrease the frequency of your pain medicine as your symptoms allow. Generally patients are able to be off of pain medicine around 7-10 days post-op.
- i. Return to driving: Previous studies have demonstrated that return to normal braking time after an ankle fracture doesn't return to normal until 9 weeks from the time of surgery. For this reason it is best not to

2500 W. A Street Suite 201, Moscow, Idaho 83843 (208) 883-2828  
825 SE Bishop Blvd., Suite 120, Pullman, WA 99163 (509) 332-2828

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drive until 9 weeks post-op for right ankle fractures. For left ankle fractures return to driving is generally ok when you are out of the splint, are off of pain medications and have minimal pain in the ankle.

## **II. Rehabilitation Protocol 0-6 Weeks Post-Op**

- a. Non weight bearing to the operative ankle for 6 weeks from the date of surgery (minimum). Use crutches for ambulation.
- b. Elevate as much as possible
- c. Approximately 2 weeks after surgery you will be switched into a CAM boot
  - i. After being placed into the CAM boot, come out of the boot 3-4x/day to work on range of motion exercises for the ankle. Move the foot up and down and side to side.
- d. Start quad/hip/core strengthening
- e. Isometric ankle strengthening

## **III. 6-12 Weeks Post-Op**

- a. Advance to weight bearing as tolerated as directed
- b. Continue to work on range of motion exercises for the ankle
- c. Begin isotonic strengthening exercises for the ankle
- d. Ankle proprioception
- e. Modalities
- f. Hip/Core/Hamstring/Quad progressive resistive exercises
- g. Stationary bike/elliptical
- h. Treadmill walking/stair climbing

## **IV. 12-16 Weeks Post-Op**

- a. Continue previous exercises
- b. Advance stationary bike
- c. Advance treadmill work
- d. Begin jogging as instructed by Dr. Hazelwood

## **V. 16+ Weeks Post-Op**

- a. Continue previous exercises
- b. Begin sport specific activities agility drills
- c. Return to sports/high impact activities 4-6 months from date of surgery, depending upon function, range of motion, strength and healing as seen on post-operative radiographs