

INLAND ORTHOPAEDICS AND SPORTS  
MEDICINE CLINIC – Pullman, WA  
Web site- inlandortho.net

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## **Ankle fracture / Open reduction internal fixation (ORIF) – post operative framework/protocol**

This protocol for ankle ORIF is a framework for the post-operative rehabilitation is a general guideline. Most patients are non-weightbearing for six to eight weeks with crutches or a scooter. Most patients will have some ankle swelling for 24 months post ankle fracture. Each case will have individualized components depending on the fracture type and fixation.

- i. **Rehabilitation Protocol 0-6 Weeks Post-Op**
  - a. Goal of first two weeks is to minimize swelling. Foot at eye level as much as possible. Splint protection for first 2-3 weeks. Non weight bearing to the operative ankle for 6 weeks from the date of surgery (minimum).
  - b. Elevate as much as possible for the first 2 weeks ( to facilitate skin/soft tissue healing.)
  - c. Approximately 2-3 weeks after surgery you will be switched into a CAM boot and sutures will be removed.
    - i. After being placed into the CAM boot wear a compression sleeve or thick cotton sock at all times. May take foot out of the boot 4x/day to work on range of motion exercises for the ankle. Move the foot and toes up and down.

- ii. Hamstring and achilles stretching. May shower and get wet.
- d. Start quad/hip/core strengthening week 3.
- e. Isometric ankle strengthening and closed chain stretching. –week 3.
- f. Stationary bike/light swimming/rowing machine at three weeks if cleared by Dr. Tingstad.
- g. Driving at 2 weeks for left ankle and 4-6 weeks for right ankle if automatic transmission and off narcotic pain medications.
- h. Therapist may utilize off the shelf orthotic to maintain neutral alignment of subtalar joint during closed chain stretching.

ii. **6-12 Weeks Post-Op**

- a. Advance to weight bearing as tolerated as directed, bilateral body weight squatting as tolerated. Aquatic treadmill and Alter- G as tolerated. CAM walker/Boot usually removed at 7-8 weeks.
- b. Goal of motion restoration to normal (match contralateral side) by 10 weeks.
- c. Begin isotonic strengthening exercises for the ankle, especially peroneal tendons
- d. Ankle proprioception- BAPS, split stance loading, single leg stance.(brush teeth standing on one foot)
- e. Modalities to minimize soft tissue swelling.
- f. Hip/Core/Hamstring/Quad progressive resistive exercises
- g. Continue stationary bike/ begin elliptical
- h. Treadmill walking/stair climbing/single leg squat

iii. **12-16 Weeks Post-Op**

- a. Goal is to normalize strength and reflexes.
- b. Advance stationary bike,
- c. Advance treadmill work
- d. Begin jog/run if motion is normalized, (once cleared by Dr. Tingstad)
- e. HOP TESTING/KEY TESTING DEPENDING ON SPORT

RETURN TO PLAY/SPORTS CONTINGENT ON PASSING FUNCTIONAL TESTING OF STRENGTH, MOTION AND COORDINATION PATTERNS.

For questions please contact Dr. Tingstad's team at Inland Orthopaedics at 509 332-2828.