

Physical Therapy

TOTAL ANKLE REPLACEMENT – POSTOPERATIVE PROTOCOL

WEEK	PHYSICAL THERAPY GUIDELINES	GOALS
0-2	<ul style="list-style-type: none"> • Backslab/cast NWB • Gait re-education with correct use of crutches/walker • AROM of hip and knee • Rest and Elevation of limb 14 cm/6in above heart 22 out of 24 hours a day 	<ul style="list-style-type: none"> • ADL's with safe and independent crutches/walker use • Control swelling and pain
2-6	<ul style="list-style-type: none"> • 1st post-op visit at F/A Clinic at 2 weeks post-op • If casted, changed to walker boot • Seen by Physiotherapist in F&A Clinic and taught AROM of ankle (refer to exercise sheet given by therapist in F/A clinic) • Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night • Can weight-bear when standing only (axial loading), NWB when walking • Static quad exercises 	<ul style="list-style-type: none"> • Increase ROM • Safe/independent use of crutches/walker
6-10	<ul style="list-style-type: none"> • Wean from boot to be WBAT in shoe at 6 weeks post-op as long as wound is completely healed • Practice standing, weight shift and small periods of walking out of the boot. Gradually increase time and distance in order to be completely out of the boot by 8 week post-op • AROM at ankle (refer to exercise sheet given by therapist in F/A Clinic) • Core exercises – recruit transversus abdominis • Hip strength: glut med/abduction • Elevate to control swelling • Joint Mobilizations • Scar massage • May begin swimming if wound is healed and safe to get in and out of pool • Begin cycling on stationary bike • Increase ADL's in standing (provided not in extended NWB period) 	<ul style="list-style-type: none"> • Maintain ankle ROM • Maintain hip and knee ROM/strength • Improve core strength • Safe use of crutches/walker • Increase mobility of scar WBAT out of boot and into shoe
10-14	<ul style="list-style-type: none"> • Scar massage • Heat • Joint mobilizations 	<ul style="list-style-type: none"> • Increase core, hip, knee and ankle strength

	<ul style="list-style-type: none"> • Stationary bicycle • Gait training • Low level balance and proprioceptive exercises • Progressive strengthening of hip, knee and ankle • Continue core strengthening 	<ul style="list-style-type: none"> • Safe gait with/without walking aid
14-16	<ul style="list-style-type: none"> • Begin unilateral stance exercises • Bilateral heel raises progressing to unilateral heel raises • Higher level of balance/proprioceptive exercises 	<ul style="list-style-type: none"> • Ambulation with no walking aid <p>EXPECTED ANKLE ROM: DORSIFLEXION: 10 degrees PLANTARFLEXION: 35 degrees</p>
16+	<ul style="list-style-type: none"> • Return to normal activities i.e. golf & tennis 	<ul style="list-style-type: none"> • Full strength

Pain and Swelling:

This procedure causes a lot of swelling and pain. It is normal for the foot and ankle to be swollen up to 6-12 months post-op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually a sign of infection.

Driving:

The patient may drive if the surgery is on the **LEFT** foot as pain and swelling allows, and if the car is an automatic. If the surgery is on the **RIGHT** foot the patient may return to driving if they are full weight bearing and can safely demonstrate an emergency stop on the brake. **THE PATIENT CANNOT DRIVE WHILE THEIR FOOT IS IN A WALKER BOOT.** The patient should contact their insurance company before driving a car.

Return to Work:

Return to work at a fully sedentary job no earlier than 3-4 weeks post-op.

Return to work at a job requiring significant amounts of standing or walking no earlier than 4 months post-op.

Return to work for jobs with physical requirements between the above extremes is individualized (if uncertain please contact the surgeon).

IMPORTANT:

No patient with a total ankle should be doing a job, sport or activity causing impact to the joint.