ANKLE FRACTURE PROTOCOL

	Time Frame (Weeks)	Activity
PHASE I		WB: NWB Device: Splint
Maximum Protection	0-1	ROM: No ankle ROM
PHASE II ROM	1-2	WB: NWB Device: Boot ROM: A/AROM all planes to tolerance Manual Therapy: Gentle soft tissue mobilization to reduce edema Exercises: OKC proximal muscles, core, UE PREs
	2-3	WB: PWB in boot. At week 3 transition to WBAT in boot. Device: Boot ROM: Progress AROM in all planes Manual Therapy: gentle soft tissue mobilization to reduce edema Strength: Continue proximal OKC hip and core strength Foot intrinsic strengthening Cardio: Stationary bike in boot
PHASE III Progressive Strengthening	4-6	WB: weaning boot at 4 weeks—FWB with tennis shoe by 6 weeks. ROM: to tolerance Manual Therapy: Continue STM, joint and scar mobs as needed. Midfoot, forefoot, TCJ, STJ, 1st ray mobs Strength: Start isometrics at 6 weeks Exercises: Proprioception training and gait training/ normalize gait mechanics Initiate CKC LE strength and stretching. Bilateral squat progression. Cardio: Stationary bike in shoe, swimming/pool work out
PHASE IV Advanced Strengthening And Return to Activity	6-12	WB: normalize gait FWB in shoe ROM: emphasize functional CKC DF motion Device: in shoe full time Strength: Painfree ankle isotonics, PREs, heel raise progressions
	12+	Strength: advance strength, proprioception and end range PF strength Exercises: progress CKC strength and proprioception Walk/jog program at 14 weeks as functionally appropriate Return to play 16 weeks: starting non-contact drills at practice with linear movements working to multi- directional movement patterns Initiate and progress return to running/sprinting program Initiate and progress sports specific drills on filed or court Progress to scrimmage and contact drills at practice Progress to full game play 16-20 weeks