

BROSTRÖM REPAIR For Chronic Ankle Instability Rehabilitation Protocol

GENERAL CONSIDERATIONS:

- Time frames mentioned in this article should be considered approximate with actual progression based on clinical presentation. Careful observation and ongoing assessments will dictate progress.
- No passive inversion or forceful eversion for 6 weeks.
- Avoid plantarflexion greater than resting position for 4 weeks.
- Carefully monitor the incisions and surrounding structures for mobility and signs of scar tissue formation. Regular soft tissue treatments (i.e., scar mobilization) to decrease fibrosis.
- No running, jumping, or ballistic activities for 3 months.
- Bike at 8 weeks and elliptical trainer at 10 weeks.
- Aerobic and general conditioning throughout rehabilitation process.
- MD appointments at day 8-10, 1 month, 2 months, 4 months, 6 months, and 1 year postoperatively.

0 - 3 WEEKS:

- 10 days go to cast.
- 90° immobilizer for 3 weeks.
- Nonweightbearing for 3 weeks - no push-off or toe-touch walking.
- Progress from posterior splint to pneumatic walker once most of swelling is gone.
- Pain and edema control/modalities as needed (i.e., cryotherapy, electrical stim, soft tissue treatments).
- Toe curls, toe spreads / extension, gentle foot movements in boot, hip and knee strengthening exercises.
- Well-leg cycling (bilateral once in walker with light resistance), weight training, and swimming in posterior splint after 10-12 days postop.

3 - 6 WEEKS:

- Progress to full weightbearing in walking boot. Walking boot weightbearing for 3-6 weeks postop. Aircast splint for day-to-day activities for 6-12 weeks postop.
- Immobilizer for sleeping for 4 weeks, then Aircast splint for 4-6 weeks.
- Isometrics in multiple planes and progress to active exercises in protected ranges.
- Proprioception exercises, intrinsic muscle strengthening, manual resisted exercises.
- Soft tissue treatments daily and regular mobilization of intermetatarsal and midtarsal joints. Cautious with talocrural and subtalar mobilization.
- Cycling, aerobic machines in splint as tolerated, and pool workouts in splint.

6 - 12 WEEKS:

- Gradually increase intensity of exercises focusing on closed-chain and balance/proprioception.
- Passive and active range-of-motion exercises into inversion and eversion cautiously.

3 - 6 MONTHS:

- Progress back into athletics based on functional status.
- Wear a lace-up ankle support for athletics.