



## **NONOPERATIVE ANKLE FRACTURE**

### **GUIDELINES Acute Care Phase 1: Weeks 0-2**

#### **PRECAUTIONS**

- **Weight bearing as tolerated in controlled ankle motion (CAM) boot**
  - **May use assistive device as needed**
- Avoid having lower extremity in prolonged dependent position

#### **TREATMENT RECOMMENDATIONS**

- Transfer training: in and out of bed and sit to stand- chair, toilet
- Gait training with assistive device (if needed)
- Stair training
- ADL training
- Cryotherapy
- Elevation of LE to prevent swelling (educate patient in “toes above nose”)
- Therapeutic exercise with focus on maintaining non-operative LE and bilateral UE motion, flexibility and strength
- Active range of motion, self-mobilization of ankle
  - Dorsiflexion, plantar flexion
  - Inversion, eversion
- Initiate proprioception exercises on stable surfaces

#### **CRITERIA FOR ADVANCEMENT**

- Understanding of elevation protocol and other precautions
- Independent with transfers

#### **EMPHASIZE**

- Control swelling - Elevation protocol
- Gait training
- Ankle ROM in all planes



## NONOPERATIVE ANKLE FRACTURE

### GUIDELINES Phase 2: Weeks 2-6

#### PRECAUTIONS

- **Weight bearing as tolerated in controlled ankle motion (CAM) boot**
- Avoid having lower extremity in prolonged dependent position

#### TREATMENT RECOMMENDATIONS

- Gait training – advance aboe
- Cryotherapy
- Therapeutic exercise with focus on maintaining non-operative LE and bilateral UE motion, flexibility and strength
  - Proximal strengthening – prone, sidelying glute sets, abd/adduction
  - Quad sets, SLR
- Ankle and toe A/PROM
  - Focus on seated and closed chain motion
- Progress to standing flexibility exercises
  - Runner's gastrocnemius stretch with rear LE
  - Progress to toe articulation (push off motion with rear foot)
  - Bilateral mini-squats
- Progress hip flexibility with emphasis on extension
- Continue balance/proprioception exercise training
  - Multidirectional wobble board
  - Weight shifting
  - Tandem stance
- Strengthening
  - Proximal LE
  - Bilateral heel raise progression: seated, seated with load, leg press, standing with upper body support, standing unsupported
  - Intrinsic
- Stationary bike
- Aquatic exercise – deep water jogging → advance
- Incorporate Blood Flow Restriction Therapy if accessible

#### CRITERIA FOR ADVANCEMENT

- Full WBAT unassisted
- Ankle / subtalar ROM near symmetric to contralateral side



## NONOPERATIVE ANKLE FRACTURE

### GUIDELINES Phase 3: Weeks 7+

#### PRECAUTIONS

- WBAT, transition to athletic shoe

#### TREATMENT RECOMMENDATIONS

- Progressive gait and stair training
- Forward step up/down progression
- AROM/PROM and mobilizations of ankle and toes
  - Half-kneel, step stretching, flat footed squat with knees over toes and UE support, squat on toes
  - Lunging with elastic band or strap for talocrural self-mobilization
- Progress unilateral static and dynamic standing balance/proprioceptive exercises
  - Unstable surfaces e.g. foam, rocker board
  - Single leg activities with attention to equal weight bearing on 3 points of foot tripod
- Strengthening
  - Progress from bilateral to unilateral standing exercises, e.g. heel raises with proper eccentric control
  - Progress to dynamic, closed chain proximal LE strengthening
- Progress cardiovascular conditioning
  - Elliptical (forward and backward)
  - Encourage gym program
  - Retro treadmill
- If pain or gait deviations are persistent consider aquatic exercises or antigravity treadmill

#### CRITERIA FOR ADVANCEMENT

- Functional Ankle/toe ROM to allow for symmetrical gait
- Community ambulation FWB without CAM boot appropriate
- Ascend/descend 6-inch steps reciprocally