

Total Ankle Replacement Post-operative Protocol

DR. COURTNEY GRIMSRUD

Phase I: Recovery (weeks 0-6)

1st post-op visit in clinic at 2 weeks post-op

Goals:

Weeks 0-2: ADL's with safe and independent crutches/walker use, Control swelling and pain.
Weeks 2-6: Increase ROM at ankle, Increase exercise tolerance, Maintain hip and knee ROM, Safe/independent use of crutches/walker

Immobilization Device:

Weeks 0-2: Short leg splint, Gait re-education with correct use of crutches/walker.
Weeks 2-6: Transitioned to CAM walker boot. Keep boot on at all times except remove boot 2-3x/day to pump your ankle up and down and for hygiene. Advised to wear boot at night

Weight Bearing:

Weeks 0-2: Non-weight bearing
Weeks 2-6: Weight bearing as tolerated with CAM walker boot on at all times

Exercises:

Weeks 0-2: Able to range hip and knee as tolerated. Rest and elevation of limb 6 inches above heart 22 out of 24 hours a day.
Weeks 2-6: Start physical therapy, Static quad exercises. Dr. Grimsrud's team will provide you with prescription for physical therapy.

Phase II: Rehabilitation (weeks 6-10)

Goals:

Maintain ankle ROM, Maintain hip and knee ROM/strength, Improve core strength, Safe use of crutches/walker, Increase mobility of scar, weight bearing as tolerated, out of boot and into shoe

Boot/Device:

Wean from boot to be weight bearing as tolerated in shoe at 6 weeks post-op as long as wound is completely healed

Weight Bearing:

Weight bearing as tolerated. 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 weeks post-op.

Exercises:

ROM: AROM at ankle.
Strengthening: Core exercises: recruit transversus abdominus, hip strength: glut med/abduction, clam shell, SLR, Elevate to control swelling, Joint mobilizations, Scar massage

Cardiovascular Activity: 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)

Phase III: Restoration (weeks 10-14)

Goals:

Increase core, hip, knee and ankle strength, Safe gait with/without walking aid

Boot/Device:

Wean from walking boot

Weight Bearing: Increase weight bearing to full weight bearing in your normal supportive shoes such as Hoka tennis shoes or Birkenstock sandals

Exercises:

Scar massage and joint mobilizations, gait training, heat, Progressive strengthening of hip, knee and ankle, Low level and proprioceptive exercises, Continue core, hip and knee strengthening
Cardiovascular Activity: Stationary bike

Phase IV: Return to Play (weeks >14)

Goals:

Ambulation with no walking aid, Expected ankle ROM: DF: 10 degrees, PF: 35 degrees, Full Strength

Boot/Device:

None

Weight Bearing:

Full with normalized gait pattern

Exercises:

Begin unilateral stance exercises, bilateral heel raises progressing to unilateral heel raises, higher level balance/proprioceptive exercises, Return to normal activities

General Notes

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 break. 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 full 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 postop, 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!