

R. JOHN ELLIS, JR., M.D.
LAWRENCE A. SCHAPER, M.D.
MARK G. SMITH, M.D.
G. JEFFREY POPHAM, M.D.
AKBAR NAWAB, M.D.
MICHAEL SALAMON, M.D.
MATTHEW PRICE, M.D.
DANIEL RUEFF, M.D.
ERIN GISH, P.A.-C
TIM LOERKE, P.A.-C



ORTHOPAEDIC SURGERY
FRACTURES
JOINT REPLACEMENT
SPORTS MEDICINE

TOTAL ANKLE REPLACEMENT (TAR)

The following protocol should be used as a guideline for rehabilitation progression, but may need to be altered pending the nature and extent of the surgical procedure, healing restraints or patient tolerance.

- Patient will be TTWB-NWB with appropriate assistive device or knee scooter, in a posterior splint for the first 10 days followed by a lower leg cast for an additional 3-4 weeks.
- At week 5-6, patient will be WBAT in a walking boot with appropriate assistive device.
- May begin outpatient physical therapy 6 weeks postop as allowed by MD.

PT Phase 1: (6 weeks postop)

- Open chain AROM with no resistance in all planes as tolerated
- Gastroc and Soleus stretching
- Hamstring, Quadriceps and Piriformis stretching
- Seated knee extensions (LAQ)
- Standing hamstring curls
- Standing weight shifts/axial loading out of the boot
- Scar care PRN

PT Phase 2: (8 weeks postop)

Continue with previous exercises and add:

- Start weaning from the boot on level surfaces, gait training with appropriate assistive device
- Working towards SLB out of the boot as tolerated
- Seated ROM board
- Core OKC hip strengthening
- Add resistance to AROM in all planes
- Begin cycling on stationary bike
- Scar mobilization PRN

PT Phase 3: (10 weeks postop)

Continue with previous exercises and add:

- Gait training without assistive device
- Progressive LE strengthening as tolerated (PRE's, swimming, cycling)

PT Phase 4: (12-16 weeks postop)

- More advanced SLB/Proprioceptive retraining (Rebounder, Sport Kat, Therapad, etc)
- Bilateral heel raises, progressing to unilateral
- Focus on return to normal strength, ROM, and function