

Department of Orthopaedic Surgery
Sports Medicine and Shoulder Service

Goals:

Rest, recovery & immobilize
Non-weight bearing on crutches

Immobilization:

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Begin early, supervised, gentle ankle plantarflexion exercises
Maintain core, upper limb, hip and knee strength

Immobilization:

Rigid walking boot

Maintain hip/knee/toe movement

Exercise bike with boot on

Gait re-education

- No knee hyperextension to compensate for lack of ankle dorsiflexion

Goals:

Normal walking

Aim to remove boot by weaning out by 12 weeks

Increase ankle and lower limb muscle strength

Immobilization:

Boot with ankle plantigrade/foot flat on the ground

Shower carefully so as not to stumble/forcefully dorsiflex ankle

PT Guidelines:

Strengthening

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Jogging, increase exercise intensity, sport specific drills

Immobilization:

Normal shoes with good heel support

PT Guidelines:

Theraband exercises

- Full active ankle range of motion with dorsiflexion as tolerated

Progress muscle strengthening from open chain to closed chain during this period

Proprioceptive rehabilitation

- Single leg stance, eyes closed, wobble board/ BOSU
- Double heel raise progress to single heel raise

Concentric/Eccentric

- Gastroc/soleus conditioning
- Single heel raises
- Dorsiflexion equal to contralateral side, no need to push to extreme

Closed chain

- Trampoline jogging, jumps and hops
- Plyometric Squats, Plyometric Lunges
- Hopping, Mini hurdle jumps, straight line running
- Introduce cutting/side to side/carioca/ figure 8 runs
- Acceleration-deceleration running drills
- Sport specific rehab

Goals:

Resumption of normal activity

Immobilization:

Normal shoe wear

PT Guidelines:

Normal activity, explosive actions, return to sport