



**BC Foot & Ankle Clinic  
St. Paul's Hospital**



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**Physical Therapy**

**Lateral Ligament Reconstruction- Postoperative Protocol**

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
0-2	<ul style="list-style-type: none"> <li>• in walker boot NWB</li> <li>• education on proper crutch/walker use</li> <li>• AROM of hip and knee</li> <li>• rest and elevation of limb to 14 cm/6in above heart 22 out of 24 hrs a day</li> </ul>	<ul style="list-style-type: none"> <li>• ADL's with safe crutch/walker use</li> <li>• Control swelling and pain</li> </ul>
2-6	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> post-op visit at F/A Clinic at 2 weeks post-op</li> <li>• seen by Physiotherapist in F/A clinic and taught AROM of ankle and toes: <b>AVOID VARUS/INVERSION STRETCH</b></li> <li>• Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night</li> <li>• Scar massage</li> <li>• WBAT in walker boot at 2 wks post-op</li> </ul>	<ul style="list-style-type: none"> <li>• increase ROM avoiding a varus /inversion stretch</li> <li>• increase exercise tolerance</li> <li>• maintain hip and knee ROM</li> <li>• safe use of crutches/walker</li> </ul>
6-10	<ul style="list-style-type: none"> <li>• may come out of boot in physiotherapy</li> <li>• AROM at ankle avoiding varus/inversion stretch (refer to exercise sheet given by therapist in F/A clinic)</li> <li>• core exercise-recruit transversus abdominus</li> <li>• hip strength: glut. med/abduction</li> <li>• joint mobilizations</li> <li>• elevate to control swelling</li> <li>• scar massage</li> <li>• increase ADL's in standing</li> <li>• begin cycling on stationary bike</li> </ul>	<ul style="list-style-type: none"> <li>• maintain ankle ROM avoiding inversion/varus stretch</li> <li>• maintain hip &amp; knee ROM/strength</li> <li>• improve core strength</li> <li>• safe use of crutches/walker</li> <li>• increase mobility of scar</li> </ul>

## Lateral Ligament Reconstruction – Postoperative Protocol

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
10-14	<ul style="list-style-type: none"> <li>• start weaning boot – practice standing, weight shift, and small periods of walking – gradually increasing time and distance in order to be completely out of the boot by 12 wks</li> <li>• may start inversion ROM exercises</li> <li>• scar massage</li> <li>• heat</li> <li>• joint mobilizations</li> <li>• stationary bicycle</li> <li>• may start swimming if safe to get in/out of pool (flutter kick only)</li> <li>• gait training in a shoe</li> <li>• low level balance and proprioceptive exercises</li> <li>• progressive strengthening of hip, knee and ankle</li> <li>• continue core strengthening</li> </ul>	<ul style="list-style-type: none"> <li>• WBAT out of boot and into shoe</li> <li>• increase core, hip, knee and ankle strength</li> <li>• safe gait with/without walking aid</li> </ul>
14-16	<ul style="list-style-type: none"> <li>• begin unilateral stance exercises</li> <li>• bilateral heel raises progressing to unilateral heel raises</li> <li>• higher level balance/proprioceptive exercises</li> <li>• will require some form of support (ie. ankle brace) x 4 months</li> </ul>	<ul style="list-style-type: none"> <li>• ambulation with no walking aid</li> <li>• return to normal activities eg.. golf &amp; tennis</li> </ul>

### Pain and Swelling

This procedure causes a lot of swelling and pain. It is normal for the foot and ankle to be swollen up to 6-12 months post-op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually a sign of infection.

### 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 brake. **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 fully 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).