**Lateral Ligament Reconstruction- Postoperative Protocol**

### Week 0-2
- in walker boot NWB
- education on proper crutch/walker use
- AROM of hip and knee
- rest and elevation of limb to 14 cm/6in above heart 22 out of 24 hrs a day

### Goals
- ADL’s with safe crutch/walker use
- Control swelling and pain

### Week 2-6
- 1st post-op visit at F/A Clinic at 2 weeks post-op
- seen by Physiotherapist in F/A clinic and taught AROM of ankle and toes: **AVOID VARUS/INVERSION STRETCH**
- Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night
- Scar massage
- WBAT in walker boot at 2 wks post-op

### Week 6-10
- may come out of boot in physiotherapy
- AROM at ankle avoiding varus/inversion stretch (refer to exercise sheet given by therapist in F/A clinic)
- core exercise-recruit transversus abdominus
- hip strength: glut. med/abduction
- joint mobilizations
- elevate to control swelling
- scar massage
- increase ADL’s in standing
- begin cycling on stationary bike

### Goals
- increase ROM avoiding a varus /inversion stretch
- increase exercise tolerance
- maintain hip and knee ROM
- safe use of crutches/walker
- maintain ankle ROM avoiding inversion/varus stretch
- maintain hip & knee ROM/strength
- improve core strength
- safe use of crutches/walker
- increase mobility of scar
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<tr>
<th>Week</th>
<th>Physical Therapy Guidelines</th>
<th>Goals</th>
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| 10-14| • 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  
• may start inversion ROM exercises  
• scar massage  
• heat  
• joint mobilizations  
• stationary bicycle  
• may start swimming if safe to get in/out of pool (flutter kick only)  
• gait training in a shoe  
• low level balance and proprioceptive exercises  
• progressive strengthening of hip, knee and ankle  
• continue core strengthening | • WBAT out of boot and into shoe  
• increase core, hip, knee and ankle strength  
• safe gait with/without walking aid |
| 14-16| • begin unilateral stance exercises  
• bilateral heel raises progressing to unilateral heel raises  
• higher level balance/proprioceptive exercises  
• will require some form of support (ie. ankle brace) x 4 months | • ambulation with no walking aid  
• return to normal activities eg.. golf & tennis |

**Pain and Swelling**

This is 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.
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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).