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Physical Therapy

Total Ankle Replacement- Postoperative Protocol

<u>Week</u>	<u>Physical Therapy Guidelines</u>	<u>Goals</u>
0-2	<ul style="list-style-type: none"> • backslab/ cast NWB • gait re-education with correct use of crutches/walker • AROM of hip and knee • rest and elevation of limb 14 cm/ 6in above heart 22 out of 24 hrs a day 	<ul style="list-style-type: none"> • ADL's with safe and independent crutches/walker use • control swelling and pain
2-6	<ul style="list-style-type: none"> • 1st post-op visit at F/A Clinic at 2 weeks post-op • If casted, changed to walker boot • seen by Physiotherapist in F&A Clinic and taught AROM of ankle (refer to exercise sheet given by therapist in F/A clinic) • Keep boot on at all times except remove boot 2-3x/day to do above exercises and for hygiene, boot on at night • can weight-bear when standing only (axial loading), NWB when walking • static quad exercises 	<ul style="list-style-type: none"> • Increase ROM • Safe/independent use of crutches/ walker
6-10	<ul style="list-style-type: none"> • Wean from boot to be WBAT in shoe at 6 weeks post-op as long as wound is completely healed • 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 • AROM at ankle (refer to exercise sheet given by therapist in F/A Clinic) • core exercises – recruit transversus abdominus • hip strength: glut med/abduction 	<ul style="list-style-type: none"> • maintain ankle ROM • maintain hip & knee ROM/strength • improve core strength • safe use of crutches/walker • increase mobility of scar WBAT out of boot and into shoe

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6-10 (cont'd)	<ul style="list-style-type: none"> • elevate to control swelling • joint mobilizations • scar massage • 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) 	<ul style="list-style-type: none"> • as above
10-14	<ul style="list-style-type: none"> • scar massage • heat • joint mobilizations • stationary bicycle • gait training • low level balance and proprioceptive exercises • progressive strengthening of hip, knee and ankle • continue core strengthening 	<ul style="list-style-type: none"> • increase core, hip, knee and ankle strength • safe gait with/without walking aid
14-16	<ul style="list-style-type: none"> • begin unilateral stance exercises • bilateral heel raises progressing to unilateral heel raises • higher level balance/proprioceptive exercises 	<ul style="list-style-type: none"> • ambulation with no walking aid <p>EXPECTED ANKLE ROM: DF: 10 degrees PF: 35 degrees</p>
16+	<ul style="list-style-type: none"> • return to normal activities i.e. golf & tennis 	<ul style="list-style-type: none"> • full strength

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.

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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).

IMPORTANT:

No patient with a total ankle should be doing a job, sport or activity causing impact to the joint.