

## **Total Ankle Arthroplasty**

**Precautions:** For the first 4 weeks NWB. Total ankle arthroplasties utilize a trabecular metal replacement, so as you progress beyond this week gradual weight bearing is important and aids in the healing process (bone growth) of the joint replacement.

### **Phase I (1 – 3 weeks post-op)**

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed
- Modalities: PRN for swelling (ice and elevation)
- Brace/Boot:
  - For 3 weeks, posterior splint or monovalved cast as directed by physician
  - The immobilization period is important to encourage the healing of the incision and surgical area to prevent replacement disruption
- Gait: NWB with crutches, walker, or knee scooter
- Goals:
  - Maintain hip and knee ROM
  - Improve core, hip, and knee strength to prepare for gait in phase II

### **Phase II (3 – 8 weeks post-op)**

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed
- Modalities: PRN for swelling/pain (ice and elevation)
- Edema:
  - Gentle massage to control edema (distal to proximal)
- Brace/Boot: CAM boot
- Gait: WBAT and wean use of assistive device as directed by physician at week 3
- Goals:
  - Gradual increase of weight bearing with boot (as directed by surgeon's office) to promote healing
  - Avoid frontal plane movements (inv/eve) of the ankle such as twisting
  - Gradually increase strength/stability in the sagittal plane (PF/DF)
- ROM: Gentle ankle PROM progressing to AROM as allowed (maintain or achieve)
  - DF to 5 degrees

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- PF to 20 degrees
- No frontal plane motions (inv/eve)
- No calf stretching (passive or active)
- Strengthening:
  - At 3 weeks post-op, begin isometrics
    - Quad sets, glute sets, hooklying abd/add, short foot exercises, gentle DF/PF only at submax 25%
  - Hip/knee strengthening
  - Core strengthening
  - Progress aerobic fitness with use of recumbent bike, stationary bike, or pool exercises
  - At 3 weeks post-op, may initiate closed-chain strengthening in CAM boot

### **Phase III (8 weeks – 16 weeks)**

- Gait: FWB with transition to normal footwear
- Goals:
  - Able to ambulate independently in shoe
  - Complete bilateral heel raises
  - Initiate frontal plane exercises as allowed (inv/eve)
- ROM: AROM all planes to point of resistant (maintain or achieve)
  - DF to 10 degrees
  - PF to 30 degrees
  - Inv/eve within tolerable limits, no extreme range
- Strengthening:
  - Continue isometrics and progress to active strengthening (theraband) as tolerated to first point of resistance in ankle mobility, focusing on PF
  - Core/LE strengthening
  - Advance closed-chain strengthening in normal footwear with functional movements
- Stretching
  - Initiate gentle calf stretching
- Balance/Proprioceptive Activities
  - Initiate BAPS board in all planes
  - Progress static 2-legged exercises to single leg
  - Focus on ankle strategies (static and reaching outside BOS)
  - Balance board, compliant foam surfaces, and ½ foam roll

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- Return to Activity:
  - Walking, bike, and swimming ok
  - Avoid impact activities that affect the joint (jogging, jumping, running), unless otherwise advised per surgeon's office

**Adapted From:**

- 1) Consultation with Dr. William Bush at OrthoIllinois

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