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Fellowship Trained Foot & Ankle Surgeon  
Foot & Ankle Reconstruction, Sports Medicine, & Trauma

## **Phase I**

6-8 weeks post-op

### **Criteria to progress to this phase:**

- Cleared by physician to initiate therapy
- Tissue is in the remodeling and maturation phase of healing

### **Precautions:**

**\*\*NO BAPS BOARD**

**\*\*DO NOT FORCE TRANSVERSE OR FRONTAL PLANES OF MOTION**

### **Goals:**

- **Decrease edema** and stabilize/decrease pain levels
- Increase ankle joint AROM (**particularly DF**)
- Increase strength and proprioception
- Improved gait to full weight bearing in regular shoes without assistive device
- Wean from walking boot, utilizing it only when symptoms are increased
- Increase soft tissue flexibility
- Increase knowledge and awareness of injury and rehabilitation

### **Home Maintenance:**

- General AROM exercise in non-WB position (**focus on DF > PF**)
- Gastroc-Soleus stretch (progress from non-WB to WB positions)
- Seated heel/toe raises progressing to standing
- Toe curls and extension for foot intrinsic (**Towel Scrunches**)
- Stationary bike or pain free pool exercise can be performed to improve conditioning
- Ice, elevation, and compression as needed
- Walking boot should be worn only as pain dictates

### Phase II:

**9-14 weeks post-op**

#### Criteria to progress to this phase:

- Patient progressing with decreased pain and decreasing stable edema
- Progressing with AROM specifically DF
- Progressing with single leg balance
- Patient no longer needs walking boot
- Patient demonstrating progression towards FWB and normalized gait in regular shoes without use of assistive device

#### Precautions:

**\*\*NO BAPS BOARD**

**\*\*DO NOT FORCE TRANSVERSE OR FRONTAL PLANES OF MOTION**

#### Goals:

- **Goal of ankle replacement is pain relief and functional ROM. Expectations for ROM at D/C is the amount of ROM they had prior to surgery. This may be significantly less than what is considered WNL.**
- **Expectations are not for return to running and jumping. However, swimming, bicycling, and pain free pickle ball are reasonable**
- Increase soft tissue flexibility throughout bilateral lower extremities to approximately symmetrical limits
- Increase involved single leg balance to within 10 second of uninvolved lower extremity
- Mid-stance and toe-off phase of gait to functional limits
- Patient to utilize regular shoes 100% of time, without small heel lift with day to day activities
- Decreasing and stable pain with weight bearing and gait
- Increase knowledge and awareness of injury rehabilitation
- Patient properly and consistently performing solid HEP
- Perform discharge assessment and fax to Dr. Matthew Sorensen: 651-714-9106

### Home Maintenance:

- WB gastroc-soleus stretching
- Standing heel/toe raises as appropriate
- Single leg balance, eyes open
- Pain free hip 3-way with band
- Step-ups and step downs as appropriate
- Continue bike or pool exercise for LE conditioning
- Ice as needed
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### Home Exercise Program at D/C:

1. Flexibility of lower kinetic chain
2. Bilateral toe raises
3. Hip 3-way
4. Pain free lunges frontal plane
5. Anterior step ups and step downs as indicated
6. Pain free treadmill, bicycle, or pool exercise for fitness
7. Icing as needed

### Discharge Assessment Instructions

1. **Average Pain Rating** on 0 – 10 pain scale.
2. **Ask patient if they can perform 100% of normal day to day activities?** (from 0% of normal activities performed to 100% of normal activities; with or without pain)
3. **Single leg balance** (eyes open; normal shoes; best of 3 trials)
4. **Forward lunge** (assess L and R; measure distance from toe of stance leg to toe of lunge leg; touching ground with foot of lunge leg when returning to start position is disqualified; best of 3 trials)
5. **Bilateral heel raise with hands on wall** (toe stand) (**L and R performed simultaneously**; measure distance in INCHES from ground to bottom of heel of shoe; best of 3 trials for each foot)

**Discharge Assessment Form**
**Total Ankle Arthroplasty**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

TEST	SCORE
1. Average pain rating on 0 – 10 scale	_____
0 – 3 out of 10	4 points
4 – 6 out of 10	3 points
7 – 8 out of 10	2 points
9 – 10 out of 10	1 point
2. Patients perceived percentage of normal day to day activities that they can perform with or without pain	_____
90% - 100%	5 points
70% - 89%	4 points
50% - 69%	3 points
30% - 49%	2 points
0% - 29%	1 point
3. Single Leg Balance (Eyes open)	_____
Within 10 seconds of uninvolved	3 points
Within 15 seconds of uninvolved	2 points
Within 16 or more seconds	1 point
Unable to perform	0 points
4. Forward Lunge	_____
(Measure from toe of stance foot to toe of lunging foot)	
Within 3 inch of uninvolved	3 points
Within 5 inches of uninvolved	2 points
Within 6 or more inches	1 point
Unable to perform	0 points
5. Bilateral Heel Raise (with hands on wall)	_____
Within 1 inch of uninvolved	4 points
Within 1.5 inches of uninvolved	3 points
Within 2 inches of uninvolved	2 points
Within 2.5 or more inches	1 point
Unable to perform	0 points

**TOTALS: \_\_\_\_\_ / 19**