


Total Ankle Replacement Post Operative Guidelines

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Purpose:

Define the process to be followed for all patients referred to NMC Rehabilitation Services from Northwestern Orthopedics after the above procedure has been performed.

Target User(s):

Treatment will follow the defined guidelines below and be carried out by Physical Therapist, Athletic Trainer and/or Physical Therapy Assistants.

References:

Clinical Orthopedic Rehabilitation a Team Approach

Fourth Edition Giangarra, Charles, Manske, Robert, Brotzman S. Brent copyright 2018

Day of surgery- first post op MD visit

NO DRIVING or Impact Activities

Edema control:

- Compression dressing with posterior splint
- Encourage elevation of foot above hip, minimize dependency on limb
- Pt should follow MD instructions for use of anti-coagulation
- ADL's independently with NWB
- Cryocuff on continuously

Gait: Non weight bearing with appropriate assistive device, can feather touchdown for balance pivot transfer only

Suggested Exercises:

- AROM hip, knee, toes/MTPJ's

Week 1-3

NO DRIVING or Impact Activities

Edema control:

- Below Knee cast
- Encourage elevation of foot above hip, minimize dependency on limb
- Pt should follow MD instructions for use of anti-coagulation as appropriate
- ADL's independently with NWB
- Cryocuff 2-4 x per day for 30 min, ok to use continuous if patient prefers

Gait: Non weight bearing with appropriate assistive device, can feather touchdown for balance pivot transfer only

Suggested Exercises:

AROM hip, knee, toes/MTPJ's

Week 3-6

Start PT

WB in deep water as long as incision is healed is ok.

NO DRIVING or Impact Activities

Edema control:

Sutures removed at 3 weeks, TELFA if needed for incision

Removable cast and compression stocking may remove to bathe if incision is healed

Encourage elevation of foot above hip, minimize dependency on limb

Pt should follow MD instructions for use of anti-coagulation as appropriate

Gait: Gradual progression from PWB to full in removable cast focusing on quality of gait pattern as criteria for progression. Can remove cast while with Physical Therapy.

Suggested Exercises:

Can remove cast for ROM HEP and when in PT.

AROM hip, knee, toes, MTPJ's and ankle/hindfoot

Gait, balance, proprioception exercises as tolerated at PT

Stationary bike while at PT is ok, no resistance on the bike. Pt cannot bike at home.

Submaximal ankle isometrics in neutral

Week 6-8

Resume driving if appropriate

Edema control: continue per prior phases as needed, anticoagulation discontinued

Gait: Transition to shoe with rigid sole (athletic or hiking type shoe)

Full weight bearing as tolerated

Suggested Exercises:

AROM hip, knee, toes, MTPJ's and ankle/hindfoot

Gait, balance, proprioception exercises

Consider cycling/swimming as home cardio alternatives to impact activities

Ankle theraband activities

Week 8+

Edema control: continue per prior phases as needed

Gait: Progress tolerance to walking. Avoid high impact activities forever!

Suggested Exercises:

Ankle/hindfoot AROM, mobilization and scar mobilization as needed

Higher level gait, balance, proprioception exercises

Responsibilities- Variances will be communicated by the surgeon directly to rehab staff.