**Phase I, 0-1 weeks**. No weight bearing (i.e. walking); control pain and swelling

|  |  |
| --- | --- |
| PRECAUTIONS | - No walking, must use crutches or a knee scooter- You may rest your foot on the ground, but do not put your body weight on it- Keep the foot elevated as much as possible |
| Emphasize | - Pain and edema control; Cryotherapy and elevation- Independent transfers, ambulation, and stair negotiation- Pain-free Home Exercise Program (HEP) |
| Treatment Recommendations | - Transfer training in and out of bed, sit to stand, and stair training while maintaining non weight bearing (NWB) status- May perform upper body exercises while maintaining NWB status- Lower body/core exercises: Leg raises, quad sets, hip abduction, clamshells, abdominals/low back, prone hip extension and knee curls |
| Criteria for Advancement | - Safely transfers unassisted- Independent with ADLs- Independent with home exercise program (HEP) |

**Phase II, 2-3 weeks**. Transition to CAM walker boot; control pain and swelling

|  |  |
| --- | --- |
| PRECAUTIONS | - No walking, must use crutches or a knee scooter- You may rest your foot on the ground, but do not put your body weight on it- Keep the foot elevated as much as possible- Wear the boot at all times (even to sleep) except when bathing or doing exercises |
| Emphasize | - Pain and edema control; Cryotherapy and elevation- Independent transfers, ambulation, and stair negotiation- Pain-free Home Exercise Program (HEP) |
| Treatment Recommendations | - May shower if incisions are healing well, avoid soaks- May begin to remove the CAM boot several times per day to perform up/down (dorsiflexion/plantarflexion) ankle movements, avoid in/out (inversion/eversion) ankle movements - May perform upper body exercises while maintaining NWB status- Lower body/core exercises: Leg raises, quad sets, hip abduction, clamshells, abdominals/low back, prone hip extension and knee curls |
| Criteria for Advancement | - Safely transfers unassisted- Independent with CAM walker boot- Independent with home exercise program (HEP) |

**Phase III, 4-5 weeks**. Begin partial weight bearing in CAM boot; control pain and swelling

|  |  |
| --- | --- |
| PRECAUTIONS | - Must use crutches and CAM boot to begin walking- Do not bear full weight initially- Keep the foot elevated as much as possible- Wear the boot at all times (even to sleep) except when bathing or doing exercises |
| Emphasize | - Pain and edema control; Cryotherapy and elevation- Gait re-training- Pain-free Home Exercise Program (HEP) |
| Treatment Recommendations | - Gradually increase from partial weight bearing in the boot at four weeks, to full weight bearing in the boot at six weeks- May shower if incisions are healing well, avoid soaks- Continue to remove the CAM boot several times per day to perform up/down (dorsiflexion/plantarflexion) ankle movements, avoid in/out (inversion/eversion) ankle movements - May perform upper body exercises while maintaining NWB status- Lower body/core exercises: Leg raises, quad sets, hip abduction, clamshells, abdominals/low back, prone hip extension and knee curls |
| Criteria for Advancement | - Safely ambulates in the CAM boot unassisted- Pain and edema control after the introduction of walking- Independent with home exercise program (HEP) |

**Phase IV, 6-12 weeks**. Begin full weight bearing; discontinue CAM boot

|  |  |
| --- | --- |
| PRECAUTIONS | - Slow progression back to full weight bearing- No impact or torsional exercises/activities - Activity progression per PT instructions  |
| Emphasize | - Full range of motion in foot and ankle- Good strength of foot and ankle muscles - A normalized gait pattern on all surfaces - Gradually return to regular activities if ROM, strength, and gait pattern are sufficient  |
| Treatment Recommendations | - Ankle active/passive range of motion, stretching, and strengthening exercises - Joint mobilization techniques by the PT to restore motion of the foot and ankle- Start stationary bike with no resistance- Activity progression per PT instructions - Proprioception and balance exercises -Gait training to wean off the assistive devices and normalize gait   |
| Criteria for Advancement | - Safely ambulates on all surfaces with FROM and no pain- Independent with home exercise program (HEP) |

**Phase V, 13-16 weeks**. Resume regular activities

|  |  |
| --- | --- |
| PRECAUTIONS | - Slow progression back to full all regular activities- Begin impact activities with caution - Activity progression per PT instructions  |
| Emphasize | - Full range of motion in foot and ankle- Good strength of foot and ankle muscles - A normalized gait pattern on all surfaces - Gradually return to regular activities if ROM, strength, and gait pattern are sufficient  |
| Treatment Recommendations | - Single leg activities on varying surfaces- Progress as deemed appropriate by PT with resistive exercise and weight bearing activities - Advance functional training to include sports specific movement patterns  |
| Criteria for Advancement | - Safely performs single leg exercises on all surfaces with FROM and no pain- Independent with home exercise program (HEP) |

**Phase VI, 16-20 weeks**. Begin low-impact activities

|  |  |
| --- | --- |
| PRECAUTIONS | - Slow progression back to low-impact activities- Do not advance from one activity to the next if there is residual pain - Activity progression per PT instructions  |
| Emphasize | - Full range of motion and strength in foot and ankle- Gradual return to minimal or low impact sports (cycling, rowing, swimming, Stairmaster, elliptical, etc) |
| Treatment Recommendations | - Continue single leg exercises on varying surfaces- Begin plyometric exercises- Progress as deemed appropriate by PT with resistive exercise and weight bearing activities - Advance functional training to include sports specific movement patterns  |
| Criteria for Advancement | - Safely performs single leg exercises on all surfaces with FROM and no pain- Independent with home exercise program (HEP) |

**Phase VII, 20+ weeks**. Return to sports and high-demand activities

|  |  |
| --- | --- |
| PRECAUTIONS | - Slow progression back to high-impact activities- Do not advance from one activity to the next if there is residual pain - Activity progression per PT instructions  |
| Emphasize | - Gradual return to activities with multi-planar movements on uneven outdoor surfaces (hiking) - Gradual return to high impact activities (jogging, running, jumping) |
| Treatment Recommendations | - Sport specific training and conditioning (progress to high impact if applicable as tolerated)- Advanced plyometric exercises- Progress as deemed appropriate by PT with resistive exercise and weight bearing activities - Advance functional training to include sports specific training and conditioning  |
| Criteria for Return to All Activities | - Lower extremity functional tests should be >90% of healthy side- Increase cardiovascular load to match that of desired activity- Movement patterns, functional strength, flexibility, motion, endurance, power, deceleration and accuracy to meet demands of sport |