

Rehabilitation Protocol: Ankle Syndesmosis Open Reduction Internal Fixation

- Phase I:**
0-2 weeks
- Brace: Splint with ankle in neutral position
 - ROM: none of ankle; okay for toe ROM
 - Weightbearing: Non-weightbearing
 - Strengthening: None
- Phase II:**
2-6 weeks
- Brace: Transition to walking boot full time except for during exercises and hygiene
 - ROM: Active ROM of ankle only
 - > Avoid passive dorsiflexion and eversion and forced stretching
 - Weightbearing: Non-weightbearing
 - Strengthening: intrinsic foot strengthening only; no ankle strengthening
- Phase III:**
7-12 weeks
- Brace: Transition out of boot over course of two weeks and into lace up ankle brace in athletic shoes
 - ROM: full active ROM, progressive sagittal plane motion
 - Weightbearing: progress to WBAT in boot then WBAT out of boot
 - Strengthening/Exercises:
 - > Normalize gait - begin AlterG walking on treadmill at 50% WB and progress to full weight
 - > Stationary biking
 - > Introduce proprioceptive exercises on even ground only
 - > Light soft tissue work
 - > Add lower extremity closed chain exercises in single plane
- Phase IV:**
12-16 weeks
- Brace: continue lace up ankle brace
 - ROM: full
 - Weightbearing: WBAT
 - Strengthening/Exercises:
 - > Maintain flexibility/ROM
 - > Banded strengthening
 - > Progress closed chain exercises
 - > Progressive proprioceptive training
 - > Static and dynamic balance on varied surfaces
 - > Flat line jogging/running
 - > Light multiplanar plyometrics
 - > Single and double leg heel raise
 - > Introduce dorsiflexion and eversion strengthening
 - > Plyometrics
- Phase V:**
16+ weeks
- Brace: none
 - ROM: full
 - Weightbearing: WBAT
 - Strengthening/Exercises:

- > progress plyometric program to dynamic, multi-planar exercises

- > increase intensity and resistance on closed chain exercises

- Activity: return to activity

Functional activities and sport-specific demands

- Return to sport after clearance by MD (likely will require >90% limb symmetry index on hop testing, functional dorsiflexion range of motion, appropriate functional strength, no effusion)