

Sanford Total Ankle Arthroplasty Physical Therapy Post-Operative Guidelines

| Week | Physical Therapy Guidelines | Goals |
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| 0-2 | <ul style="list-style-type: none"> Splint NWB Gait re-education with use of assistive device AROM of hip and knee Rest and elevation of limb to 14 cm/6 inches above the heart 22 out of 24 hrs a day | <ul style="list-style-type: none"> ADL's with safe and independent crutches/walker use or roller aid Control swelling and pain Healing |
| 2-6 | <ul style="list-style-type: none"> 1st post-op visits at F/A clinic as 2-3 weeks post op If casted, changed to walker boot Keep boot on at all times except remove boot 2-3x/day to do ROM exercises and for hygiene, boot on at night. Static quad exercises Weight bearing status determined by surgeon | <ul style="list-style-type: none"> Increase ROM Safe/independent use of assistive device Increase exercise tolerance Healing |
| 6-10 | <ul style="list-style-type: none"> Wean from boot to be WBAT in shoe at 10 week post-op as long as wound is completely healed Practice standing, weight shift, and small periods of walking out of the boot. Gradually increase time and distance in order to be completely out of the boot by 10 weeks post-op AROM at ankle Core exercises-recruit transversus abdominus Hip strength: glut med/abduction Elevate to control swelling Joint mobilizations Scar massage as needed May begin swimming if wound is healed and safe to get in and out of pool at week 6 Begin cycling on stationary bike in boot at 6 weeks Increase ADL's in standing (provided not in extended NWB period) | <ul style="list-style-type: none"> Maintain ankle ROM Maintain hip and knee ROM/ strength Improve core strength Safe us of assistive device Increase mobility of scar WBAT out of boot into shoe Healing |

Pain and Swelling: This procedure may cause a lot of swelling and pain. It is normal for the foot and ankle to be swollen up to 6-12 months post-op. Redness does not necessarily indicate infection. Significant drainage from the wound is usually a sign of infection.

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| 10-14 | <ul style="list-style-type: none"> • Scar massage • Heat • Joint mobilization • Stationary bike • Gait training • Low level balance and proprioceptive exercises • Progressive strengthening of hip, knee and ankle • Continue core strengthening | <ul style="list-style-type: none"> • Increase core, hip, knee and ankle strength • Safe gait with/without walking aid • WBAT out of boot and into shoe |
| 14-16 | <ul style="list-style-type: none"> • Begin unilateral stance exercises • Bilateral heel raises progressing to unilateral heel raises • Higher level balance/proprioceptive exercises | <ul style="list-style-type: none"> • Ambulation with no walking aid <p>Expected Ankle ROM: DF: 10 degrees PF: 35 degrees</p> |
| 16+ | <ul style="list-style-type: none"> • Return to normal activities i.e. golf & tennis | <ul style="list-style-type: none"> • Full strength |

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- The most important aspects of good functional outcome include AROM of ankle, strength of posterior muscle group in leg and balance.
- Please contact surgeon to update on patient status prior to formal discharge from outpatient Physical Therapy.