



DR JASON DEVRIES
TOTAL ANKLE ARTHROPLASTY POST-OP THERAPY PROTOCOL

Phase 1 – Maximum Protection Phase (0-6 weeks)

Goals for Phase 1	Precautions for Phase 1
• Maximum protection • Minimize effusion • Minimize hypersensitivity issues • Proper assistive device use • Progress hip and quad strength	• No inversion and eversion • NWB first 2 weeks in splint • WB cast 2-4 weeks • Then WB boot

Post-Op Physical Therapy

- 1st physical therapy visit to occur at 2-4 weeks post-op; pending cast removal

Immobilization

- **0-2 weeks:** NWB splint
- **2-4 weeks:** WB cast
- **4-8+ weeks:** walking boot (per physician), WBAT

Weight Bearing/Brace

- **0-2 weeks:** NWB
- **2-4 weeks:** WBAT
- **4-6 weeks:** progress to WBAT in CAM boot per physician (based on radiographic evidence)

Range of Motion

- Gentle ankle PROM/AROM DF>PF
- **No inversion or eversion** to be performed in this phase

Manual Therapy

- Scar mobility following closure of incision
- Gentle flexibility of lower extremity musculature
- PROM/AROM ankle DF/PF gently
- Joint mobilizations (grade 1-2)

Strengthening

- Quadriceps/glute setting
- Hip strengthening
- Multi-plane OKC SLR, straight leg bridges, etc. until weight bearing
- Core strengthening

Modalities

- Vasopneumatic compression for edema management 2-3x/week (12-20 min)
- Cryotherapy at home 3x per day for 20 minutes each with ankle elevated above heart



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Phase 2 – Early Ankle Range of Motion Phase (6-10 weeks)

Goals for Phase 2	Precautions for Phase 2
• Early ankle AROM • Minimize effusion • Pain control • Emphasis on home exercises • Maintain hip and quad strength	• No inversion and eversion • WBAT in boot for 4-8+ weeks

Immobilization

- **4-8+ weeks:** walking boot at all times, per physician, including while sleeping

Weight Bearing/Brace

- WBAT in CAM boot or brace, per physician (based on radiographic evidence)
- Wean from assistive device as indicated

Range of Motion

- Ankle PROM/AROM DF>PF
- **No inversion or eversion** to be performed in this phase

Manual Therapy

- Scar mobility following closure of incision
- Gentle flexibility of lower extremity musculature
- Progress PROM/AROM ankle DF>PF
- Joint mobilizations (grades 2-3)

Strengthening

- **8-10 weeks:** light resistive ankle strength focusing on PF
- Hip strengthening
- Multi-plane CKC SLR in boot, etc.
- Core strengthening
- Nustep
- Begin bike in boot, no resistance

Aquatics

- Initiate aquatic therapy program when incisions closed
- Focus on normalization of gait pattern at reduced body weight (<50%)

Modalities

- Vasopneumatic compression for edema management 2-3x/week (12-20 min)
- Cryotherapy at home 3x per day for 20 minutes each with ankle elevated above heart



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Phase 3 – Ankle Active Range of Motion Phase (10-16 weeks)

Goals for Phase 3	Precautions for Phase 3
• Ankle AROM • Minimize effusion • Pain control • Maintain hip and quad strength	• No inversion and eversion • No BAPS board • Weight bearing progress in shoe • DF ROM: neutral • PF ROM: 20-30 deg

Immobilization/Weight Bearing

- Wean gradually into regular shoe at 10-12 weeks, per physician
- Progress weight bearing 25% 3-4 days until FWB
- Use of assistive device as needed
- Walking boot as pain indicates

Range of Motion

- Ankle AROM progression (DF>PF)
- **No inversion or eversion** to be performed in this phase

Manual Therapy

- Scar mobility
- Progress flexibility of lower extremity musculature
- Progress PROM/AROM ankle DF>PF
- Joint mobilizations (grades 1-3)

Strengthening

- Stationary bike
- Progress ankle strength resistance DF/PF
- LE strengthening
- Squats, heel raises, etc.
- No BAPS board
- Core strengthening

Neuromuscular Control

- Balance and proprioception in static stance
- Focus on ankle strategies

Aquatics

- Continue with aquatic therapy program

Modalities

- If indicated, continue with vasopneumatic compression for edema management (12-20 min)
- Cryotherapy at home 1-2x per day for 20 minutes, ankle elevated above heart



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Phase 4 – Return to Activity and Work Phase (16+ weeks)

Goals for Phase 4

- Progress back to regular activities as tolerated

Range of Motion Expectations

- Make as functional as possible, but this depends on prior ROM (goal of 10 deg DF, 30 deg PF)

Return to Work

- Sedentary job: no earlier than 3-4 weeks
- Significant standing or walking: no earlier than 4 months
- Anything in between: per physician

Return to Activity

- Low level of activities such as biking, swimming, or walking
- Avoid impact activities that affect the joint