

Ankle Fracture ORIF Rehabilitation Protocol

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Patient: _____ **DOS:** _____

Surgeon Parameters

Protected WB to 6 wks: ☐ (syndesmosis, posterior malleolus, poor bone, neuropathy)	Other Precautions:
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Weight bearing as tolerated in a boot from 2 wks unless checked above. Parameters above are patient-specific and supersede the general timeframes below.

Phase	Weight Bearing & Immobilization	Motion	Strengthening & Function
Phase 1 Weeks 0–2	Weight Bearing & Immobilization - Splint; foot-flat touch-down (≈20 lb) with crutches - Strict elevation	Motion Toe, knee, and hip motion	Strengthening & Function Quad sets, SLR, hip and core
► Advance to Phase 2 when: incision healed at the 2-wk visit.			
Phase 2 Weeks 2–6	Weight Bearing & Immobilization - CAM boot; WBAT in the boot, crutches → none If protected WB: touch-down in the boot until 6 wks	Motion Ankle AROM out of the boot (dorsiflexion, plantarflexion, inversion, eversion)	Strengthening & Function - Seated calf raises; bands from 4 wks - Bike in the boot; pool once incision fully healed
► Advance to Phase 3 when: healing on 6-wk radiographs, comfortable walking in the boot.			
Phase 3 Weeks 6–12	Weight Bearing & Immobilization - Wean boot to a shoe ± lace-up brace over 1–2 wks If protected WB: progress to full over 2 wks after radiographs	Motion Full ROM; joint mobilization, dorsiflexion stretching	Strengthening & Function - Calf raises, balance and proprioception, gait normalization - Running ≈10–12 wks once pain-free single-leg calf raises and hopping
► Full Release (typically 3–4 months): radiographic union, normal gait, symmetric single-leg calf raises and balance, cleared by physician. Calf pain or swelling, wound drainage, or fever — contact the surgeon.			

Thank you for taking care of our patient.

This protocol serves as a general guideline and outline only. Our team defers to the clinical judgment and expertise of the treating physical therapist to make appropriate adjustments and modifications based on the individual patient's presentation, progress, and response to treatment. For any questions regarding this protocol, please contact Dr. Wollenman directly at (561) 215 – 0184.