

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC HOSPITAL FOUNDATION NHS TRUST

REHABILITATION GUIDE FOLLOWING CCR TO THE ANKLE

(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

WEEK	RANGE OF MOVEMENT	MOBILITY	REHABILITATION EXERCISES	GOALS
Day 0 – 7	No limit to passive movement. If osteotomy performed	TWB-PWB with E.C. NWB	SQ/SLR/Calf/ Glut --> circ. ex. Cryotherapy if appropriate. SQ/SLR	<ul style="list-style-type: none"> • Good understanding of post-operative rehabilitation. • No complications following surgery. • Promote distal circulation.
From Week 1 Week 2 (osteotomy)	No limit to NWB active movement. NWB		Passive physiological ROM mobilisations foot and ankle. Active Quads/ Hams. Active Add./ Abductors, adding resistance as tolerated. Early Proprioception (e.g. joint placing). Upper body exercises. Contra lateral leg exercises. Flexibility. Rest in elevation when not mobilising or exercising.	<ul style="list-style-type: none"> • Alleviate pain and swelling. • Encourage patient compliance. Osteotomy guided by Consultant Re Malleolar union.
From Week 3 (unless osteotomy)			Passive physiological and accessory ROM mobilisations foot and ankle Active F/E/Inv/Ev as tolerated Progress above PWB CKC exercises, mini-squats, low step ups/downs. Hydrotherapy	<ul style="list-style-type: none"> • Good co-contractive muscle control. • Pain free. • Reduce effusion. • Prevent scar adherence. • Prevent joint stiffness.

			Add resistance as tolerated and indicated for specific sport/ activities Specific soft tissue/ Scar massage if indicated	
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WEEK	RANGE OF MOVEMENT	MOBILITY	REHABILITATION EXERCISES	GOALS
From Week 6 Including osteotomy		Progress to FWB	Increase resistances. Progress proprioceptive exercises. Introduce low intensity and low volume plyometrics, e.g. PWB in parallel bars or in hydrotherapy pool → progress load as clinical judgement suggests.	<ul style="list-style-type: none"> Promote independent gait. Reduce pain. Avoid mechanical symptoms. Good biomechanical and dynamic control. Promote appropriate muscle strength/power and endurance. Improve proprioception. Maintain/improve cardiovascular Fitness. If osteotomy be guided by Consultant
From Month 2			Specific strength and endurance exercise days. Progress plyometric training.	<ul style="list-style-type: none"> No altered jogging pattern (limp) with respect to fatigue. No effusion. No pain. No mechanical symptoms.
From Month 3			Agility training. Sport specific exercises and drills. No impact loading	<ul style="list-style-type: none"> Prepare physical and psychological ability for complete return to



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				unrestricted function.
From Month 6 - Onwards			Return to sport when adequate strength, flexibility, Proprioception, endurance and power is gained for individual activity.	<ul style="list-style-type: none">• Unrestricted confident function.
No Impact loading until 6/12 post Surgery				