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PHYSICAL THERAPY PROTOCOL

Ankle Fracture — Open Reduction & Internal Fixation

Plate/screw fixation of malleolar ankle fracture (± syndesmosis)

Internal fixation stabilizes the ankle. Weight bearing is protected while the fracture heals and is advanced per the fixation and the presence of any syndesmotic injury, which requires a longer non-weight-bearing period. Early edema control and gentle motion reduce stiffness.

General Precautions

- Non-weight-bearing with crutches for ~6 weeks (longer if the syndesmosis was fixed) — follow surgeon-specific instructions.
- Splint then walking boot; elevate frequently to control swelling.
- No forced ankle range of motion early.
- Progress to weight bearing only when cleared.

Phase I — Protection Weeks 0-2

Goals

- Protect the fixation
- Control swelling
- Maintain toe/knee/hip motion

Precautions / Restrictions

- Non-weight-bearing
- Splint/boot
- No ankle ROM until incisions healed / per surgeon

Exercises & Interventions

- Toe curls and motion
- Knee and hip motion / straight-leg raises
- Edema control / elevation
- Upper-body and general conditioning as tolerated

Criteria to Advance

- Wound healing
- Swelling controlled

Phase II — Motion Weeks 2-6

Goals

- Restore ankle range of motion
- Maintain protected weight bearing

Precautions / Restrictions

- Remain non-weight-bearing until ~6 weeks (per surgeon)
- Boot for protection

Exercises & Interventions

- Active ankle dorsiflexion/plantarflexion, inversion/eversion (out of boot, if stable)

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- Gentle stretching within comfort
- Scar management
- Continue edema control

Criteria to Advance

- Improving ankle motion
- Radiographs showing healing

Phase III — Weight Bearing & Strength Weeks 6–12

Goals

- Progress to full weight bearing
- Restore strength and normal gait

Precautions / Restrictions

- Advance weight bearing per surgeon; wean boot to shoe

Exercises & Interventions

- Progressive weight bearing; wean crutches/boot
- Ankle strengthening (bands, calf raises)
- Balance/proprioception
- Gait training

Criteria to Advance

- Full weight bearing without pain
- Normal gait
- Radiographic union

Phase IV — Return to Activity Months 3–6

Goals

- Restore full strength and return to activity

Exercises & Interventions

- Progressive strengthening and balance
- Running and agility progression as tolerated
- Sport-specific drills

Criteria to Advance

- Symmetric strength and balance
- Return to sport typically ~3–6 months

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.