



These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: Most Ankle Fusions and Bone Grafts

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
Week 1-2	<ul style="list-style-type: none">• cast NWB• sutures removed @ 10 -14 days• encourage ADL• education on proper crutch use• rest and elevation to control swelling and pain• education: surgical procedure, anatomy, healing time, rehab phases• hip: AROM• knee: AROM	<ul style="list-style-type: none">• rest and recovery from surgery• control swelling and pain• increase ADL with safe use of crutches	
Week 3-8	<ul style="list-style-type: none">• walker boot NWB or fiberglass cast• elevate to control swelling• education: protect graft• stand to do ADL• core exercises<ul style="list-style-type: none">- recruit abdominals- bridging- ball reach• hip: AROM<ul style="list-style-type: none">- strength: clamside liftglut maxSLR• knee: AROM<ul style="list-style-type: none">- strength: theraband press• ankle: depending on surgeon's evaluation, AROM with ankle DF/PF, inversion/eversion may be suggested at 6-8 weeks• stretching: glutspiriformisrectus femorishamstrings • x-ray taken week 6-7	<ul style="list-style-type: none">• maintain hip and knee ROM• improve core, hip and knee strength• safe use of crutches• protect fusion site	
Week 8-10	<ul style="list-style-type: none">• gradual FWB in walker boot depending upon x-ray findings *greatly depends on joint fused*• elevation for swelling control• stationary bicycle• continue core, hip and knee strengthening	<ul style="list-style-type: none">• FWB in walker boot• increase core, hip, and knee strength	
Week 11-12	<ul style="list-style-type: none">• wean from walker boot *depending on joint fused* (may begin earlier based on surgeon's evaluation)• massage to decrease edema• AROM: ankle DF/PF, inversion/eversion• muscle stimulation to intrinsic, invertors/evertors as required• start gait retraining• progress exercises to standing• leg press• x-ray taken in week 12	<ul style="list-style-type: none">• FWB without boot	



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Most Ankle Fusions and Bone Grafts:

Post-op Rehabilitation Guidelines

Phases and Expected Time Lines	Rehabilitation Guidelines	Goals of the phase	Notes
Week 13-15	<ul style="list-style-type: none"> x-ray shows good healing at graft site AROM and PROM at ankle and non-fused joints Stretches: calf rectus femoris hamstrings glut, piriformis manual mobilization to any restricted non-fused joints of the ankle, foot and toes gait retraining to optimal mechanics with fusion strength training ankle <ul style="list-style-type: none"> toe raises theraband NWB DF, inv/eversion WB inversion/eversion proprioceptive training: progression <ul style="list-style-type: none"> single leg even ground double leg stance on wobble board or Sissel single leg stance on wobble board or Sissel 	<ul style="list-style-type: none"> full ROM non-fused joints near full strength optimal gait pattern 	
Week 16	<ul style="list-style-type: none"> strength training: work specific proprioceptive training: to level required with work continue gait retraining if required orthotics or shoe modifications if needed to improve gait pattern 	<ul style="list-style-type: none"> full strength full function for work 	

*Depending on joint fused and ongoing level of pain/discomfort:

Ankle joint	WB 12-16 weeks
Lisfranc	NWB 8-10 weeks
Subtalar	WB 6-8 weeks
Triple arthrodesis	NWB 8-10 weeks
1 st MTP	Heel weight bearing 8-10 weeks

Legend of Abbreviations:

ADL	activities of daily living
AROM	active range of motion
DF	dorsiflexion
FWB	full weight bearing
NWB	non weight bearing
PF	plantarflexion
PROM	passive range of motion
SLR	straight leg raise
WB	weight bearing

Developed by:

The post-operative rehabilitation guidelines are based on protocols identified from an extensive review of the current surgical and rehabilitation literature along with VSC and community orthopaedic surgeon, physical medicine specialist, and sports medicine physician input. The Orthopaedic Section of the BCMA has reviewed these guidelines during their development and has been helpful in that process. Representatives from the Physiotherapy Association of B.C. have also reviewed these guidelines.