SPORTS MEDICINE ASSOCIATES
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POST-OP BROSTROM LATERAL LIGAMENT REPAIR

PHASE I: IMMEDIATE POST-OP (0-2 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Protect repair • Edema control/reduction • Minimize muscle atrophy in proximal musculature
Weight Bearing	• Non-weight bearing with crutches
Interventions	*Range of motion/Mobility* • Supine passive hamstring stretch • Avoid A/PROM into inversion • Avoid A/PROM into plantarflexion *Strengthening* • Quad sets • Straight leg raises • Hip abduction • Prone hamstring curls
Criteria to Progress	• Decreased pain and edema • Independent with transfers with appropriate weight bearing precaution

PHASE II: INTERMEDIATE POST-OP (3-6 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Continue to protect repair • Edema and pain control • Progress weight bearing using appropriate assistive device • Gradually restore ankle dorsiflexion, eversion and plantar flexion
Weight Bearing	• Weight bearing as tolerated in boot
Additional Interventions *Continue with Phase I interventions as indicated	*Range of motion/Mobility* • PROM/AAROM/AROM: ankle dorsiflexion, plantar flexion, eversion o Avoid ankle inversion • Gentle long-sitting gastroc stretch *Cardio* • Upper body ergometer *Strengthening* • Submax ankle isometrics all direction except inversion

	• Lumbopelvic strengthening: sidelying clamshells, plank *Balance/proprioception* • Joint position re-training
Criteria to Progress	• Decreased pain and edema • Full ROM ankle dorsiflexion, plantar flexion, eversion (inversion to neutral) • Independent with home exercise program (HEP)

PHASE III: LATE POST-OP (7-8 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Continue to protect repair • Normalize gait pattern • Restore full ROM • Begin controlled ankle strengthening
Weight Bearing	Weight bearing as tolerated in shoe with active ankle brace
Additional Interventions *Continue with Phase I-II interventions as indicated	*Range of motion/Mobility* • Gentle stretching of proximal lower extremity muscles: prone quad stretch, standing quad stretch, kneeling hip flexor stretch • Gentle standing gastroc stretch and soleus stretch • Ankle/foot mobilizations adhering to identified precautions (avoid stress to CFL and ATFL) *Cardio* • Stationary bike, flutter kick swimming, pool jogging if patient has access to pool and fully healed incision *Strengthening* • 4 way ankle theraband • Calf raises • Seated calf machine • Lumbopelvic strength progressions: bridges on physioball, bridge on physioball with hamstring curl, bridge on physioball with alternating march • Supplemental gym strengthening: leg press, knee extension machine, hip abductor and adductor machine *Balance/proprioception* • Double limb standing on uneven surface (wobble/rocker board) • Single limb balance with progression to uneven surface including perturbation training
Criteria to Progress	• Normalized gait pattern without assistive device • Ankle ROM equal to uninvolved • Symmetrical joint position sense (within 5 degree error)

PHASE IV: TRANSITIONAL (9-12 WEEKS AFTER SURGERY)

Rehabilitation Goals	• Maintain full ankle ROM • Progress ankle and lower extremity strengthening • Avoid post exercise pain/swelling • Normalize function movements
Additional Interventions *Continue with Phase I-III interventions as indicated	*Strengthening* • Single leg calf raises • Squats • Dead lifts • Resisted stepping *Balance/proprioception* • Y-balance/Star balance • Single leg balance with ball toss • Step ups with single leg holds
Criteria to Progress	• Able to perform 25 single leg heel raises. • 90 percent performance with Y-balance / Star balance test on involved LE compared to uninvolved side. • No pain or swelling after exercises.

PHASE V: EARLY RETURN TO SPORT (3-4 MONTHS AFTER SURGERY)

Rehabilitation Goals	• Safely progress strengthening • Promote proper movement patterns • Avoid post exercise pain/swelling
Additional Interventions *Continue with Phase II-IV interventions as indicated	*Cardio* • Elliptical, stair climber *Range of Motion/Mobility* • Standing gastroc stretch and standing soleus stretch *Strengthening* • Squat to chair • Hip hike • Lateral lunges • Single leg progression: partial weight bearing single leg press, slide board lunges, step up/downs progression, single leg wall slides
Criteria to Progress	• No swelling/pain after exercise • No swelling/pain with 30 minutes of fast paced walking • 90 percent performance single leg hop test for distance and triple hop for distance • Cumberland Ankle Instability Tool (CAIT) of FAAM

PHASE V: UNRESTRICTED RETURN TO SPORT (5-6+ MONTHS AFTER SURGERY)

Rehabilitation Goals	• Continue strengthening and proprioceptive exercises • Safely initiate sport specific training program

	• Symmetrical performance with sport specific drills • Safe progression into full sport
Additional Interventions *Continue with Phase II-V interventions as indicated	• Interval running program • Return to Running Program • Agility and Plyometric Program
Criteria to Progress	• Last stage, no additional criteria