

Diabetic Ankle Fracture Fixation - Rehab Protocol

GENERAL RECOVERY PRINCIPLES: ♣ No casting during recovery ♣ Come out of the boot at 2-week postop and begin to move your ankle up and down so your ankle does not get stiff. ♣ Compression stocking to be worn to control swelling along with ice/elevation ♣ Minimize Complication ♣ You may begin driving at 12 weeks if surgery on right foot, automatic transmission only for left post op.

	Weight-bearing	Brace	Range of Motion	Exercises
Phase 1 0-2 weeks	None	Post-Surgical Splint	None	<u>Elevate</u> - "Toes above the nose"
Phase 2 2-6 weeks	Non-weight bearing: No pressure through foot or heel at all (Varies Depending on patient and surgical factors)	Transition to CAM boot	Gentle AROM	Come out of boot for non-weightbearing ankle range of motion exercises (write alphabet letters in the air with big toe) Gentle scar massage and cryotherapy as needed. Pain-free ankle isometrics: inversion, eversion, dorsiflexion, and plantar flexion
Phase 3 6-12 weeks	Controlled DM: slowly progress WB starting at 8 weeks. Severe or uncontrolled DM: NWB	CAM Boot	Progress to full ROM	Continue eversion, inversion, and plantar flexion isometrics with low resistance bands. Progress proprioception exercises Low resistance exercises to rebuild strength as tolerated.
Phase 4 >12 weeks	Begin WB in severe or uncontrolled DM, Full WB otherwise.	Transition from CAM Boot to normal shoes as tolerated	Full	Continue eversion, inversion, and plantar flexion isometrics with resistance bands. Pool exercises ok if after 6 weeks if wounds are perfectly healed. Progress proprioception exercises and single toe raises. May begin elliptical, bike-based exercises*
Phase 5 >16 weeks	Full	Normal shoes if pain free	Full	Progress running to jogging. Increase conditioning activities Sport/job specific training.

Note: Early follow-up appointments are at 2, 6 and 12 weeks post-operatively with additional follow-up appointments will be scheduled based on progression through rehabilitation.