

## ANKLE LIGAMENT RECONSTRUCTION POST-OPERATIVE GUIDELINES

### INITIAL SURGICAL DRESSING

A gauze dressing will be covered by a very padded cast. This cast is too wide to accommodate a rubber walking boot. Caution is used to avoid sliding when the cast is resting on a hard floor surface. Occasionally, the cast needs to be decompressed if the pain control is not gained by 36 to 48 hours postoperative.

### BED REST, ELEVATION, AND WEIGHTBEARING

Bed rest is prescribed for at least two days after operation if one foot is operated upon and four days after operation if both feet are operated upon. During the period of bed rest, the feet are elevated above the level of the heart. After the period of bed rest, progress with sitting with the operated foot (feet) elevated at chair level. Progressing with ambulation around the house is encouraged. Confinement to the house for the first week is recommended.

Partial weightbearing is allowed after the first 24 hours when getting up to go to the bathroom. During the first 24 hours, effort is made to avoid weightbearing on the ball of the foot; with the crutches, place weight as lightly as possible on the heel. After the first 24 hours, approximately 50% of one's weight is placed on the foot. Full weight bearing is allowed with a cane about 2 weeks after operation.

### CRUTCHES/WALKER/CANE

Crutches are used for about 2 weeks and then the crutches are usually discarded.

### BANDAGES, CASTS, AND WALKER BOOTS.

The initial cast is changed to a walker boot at two weeks postoperative. Initially, the walker boot is to be removed only for showering until 3 weeks after operation. The walker boot is used day and night until 6 weeks after operation. In the latter 3 weeks it is removed both for showering and for exercises.

## FOOTWEAR AND ELASTIC STOCKING

At about 6 weeks postoperative, transition to a shoe is made, and a soft “ankle sprain” brace is used. A lightweight hiking boot is often ideal. The lightweight ankle sprain brace is used for all walking for about 6 weeks and thereafter it is used through 6 months for all sports activities and running.

## SHOWERING, SUTURES, AND DRIVING

The initial cast should be kept dry. This can be done with double trash bags bound tightly at the knee with a strong rubber band. Commercially available “cast guards” are available through the internet. Search on Google using the term Cast Guard. The showering cast guards are also available at some orthopaedic supply stores.

Sutures are removed at two weeks postoperative.

When operation is on the right, driving is usually started at 8-10 weeks postoperatively with the brace, when safe. If the operative side is on the left, driving may be started two to three weeks postoperative. Earlier driving may cause increased swelling on the right as it is in a dependent position.

## REHABILITATIVE EXERCISES

First week: Isometric exercises are begun on the day of surgery as soon as able. Tighten the muscles of the foot and leg for 20 seconds, relax briefly and repeat. A “set” of isometric contractions is 5. Make an effort to do one set of isometric contractions every two hours of the waking day until ambulating with full weightbearing and without a cast.

After two weeks, massage is started when a removable walker boot is used. Use both hands to grasp the ankle and the foot (including the toes). Apply progressively greater pressure with the hands. A set of massage is 5 twenty-second (hand applications). Do 4 or 5 sets per day in the initial two weeks of massage, then reduce the massage sets as motion exercises become emphasized.

## REHABILITATIVE EXERCISES (continued)

Formal physical therapy is prescribed beginning with the time that a removable device is used. The physical therapy will emphasize maximizing residual motion, strengthening the lower extremity, and in the later phases of physical therapy, emphasis will be placed on developing maximum smoothness of walking (gait).

## SKIN CARE

Skin care is to begin when a removable device is used. At that time, soften the skin with Vaseline, vitamin E ointment, or a thick hand lotion like Curel. When using Vaseline, cover the whole foot with a light amount of Vaseline and wipe away any excess. Do 2 or 3 times a day.