SOUTH BEND ORTHOPAEDICS

53880 Carmichael Drive • South Bend, IN 46635
60160 Bodnar Boulevard • Mishawaka, IN 46544
Phone: 574.247.9441
Fax: 574.247.9442
www.sbortho.com

Patient name:
Date of Surgery:
Surgery performed:

Tyler McGregor D.O.
General Ortho and Sports Medicine
South Bend Orthopaedics
Discharge Instructions and Rehabilitation Protocol
Postop Ankle ORIF PT Protocol
Without Syndesmosis Fixation or Neuropathy

This is a general guideline. Certain patients may require extra attention to certain areas of their body or portions of the protocol. Always listen to your therapist; a protocol never replaces their good clinical judgement. Do not attempt to increase weight, perform a new exercise, or increase your range of motion without their direction.

General information

Pain Medication:

- Narcotic Pain Medication is best utilized for acute pain and for short durations. It is given to allow for tolerable discomfort.
- ONE prescription of narcotic pain medication is typically sufficient after these procedures. Hydrocodone/acetaminophen (7.5/325 mg) may be taken 1 time every 6 hours as needed for pain. A maximum of 4 tablets may be taken in a given day. A total of 20 tablets will be prescribed.
- Common side effects of narcotic medication include: flushing, dizziness, nausea, drowsiness, constipation, delirium. If you are using narcotics, minimize constipation by drinking adequate amounts of water and consuming a high-fiber diet. A stool softener such as docusate and/or a GI motility agent such as senna may be purchased over the counter as well.
- DO NOT operate a motor vehicle or heavy machinery while under the influence of narcotic medication.
- Alternatives to narcotic pain medication include ibuprofen (600 mg every 6-8 hours) and Tylenol. You may take ibuprofen in conjunction with Norco if you are having breakthrough pain**. Tylenol is not to be taken with Norco**.

Minimizing Risk for Deep Vein Thromboses (DVT, blood clots)

- Blood clots in the extremities (DVT) or lungs (pulmonary embolism- PE) are possible after having surgery due to decreased mobility. If a blood clot travels out of the extremities and into the lungs, it can be a serious and life-threatening condition. Concerning symptoms include calf pain, leg foot and swelling, shortness of breath, increased breathing or heart-rate and fever.

SOUTH BEND ORTHOPAEDICS

53880 Carmichael Drive • South Bend, IN 46635
60160 Bodnar Boulevard • Mishawaka, IN 46544
Phone: 574.247.9441
Fax: 574.247.9442
www.sbortho.com

- Mechanical methods for preventing DVT include contracting (flexing) the muscles of the legs, including the calves, quadriceps and gluteals. These should be done 10-15 times per hour while awake.
- Compressive TED stockings may be placed on your legs after surgery.
- **Aspirin 325mg is recommended once per day for 4 weeks following surgery**. Patients with allergies sensitivities or other contraindications to aspirin or other anti-coagulation agents should not take aspirin and should consult with their surgeon and/or primary doctor.
- Contraceptive medications should be temporarily suspended for 6 weeks after surgery.
- Avoid prolonged sitting, laying down, immobility and long distance travel immediately after surgery, as this may increase the likelihood of DVT as well.

Return to Driving:

- You **must** be off of narcotic pain medication to resume driving.
- You must feel safe and comfortable behind the wheel. You must be confident in moving your foot from the gas pedal to the brake with ease.
- Research suggests that it takes up to 6-9 weeks after the initiation of weight-bearing, if your surgery involved your RIGHT LEG, to regain reaction time after having general anesthesia.

Immediate postop

- Ice/elevate 20 minutes every hour while awake
- gentle toe flexion/extension hourly
- **Non-weight bearing to operative extremity with crutches, walker, wheelchair or rolling scooter**
- **Maintain postoperative dressing – keep clean and dry**
- **Take pain medication as prescribed**

Postop Visit #1: 10-14 days after surgery

- Postop splint removal – placed into CAM walker boot
  - Ok to remove boot for therapy and showering
- Continue ice/elevation for pain and swelling control
  - Do not apply ice directly to skin
- Wound check
  - Suture removal, steri-strips placed. Allow them to fall off on their own.
  - **Do not submerge the ankle underwater in a bath, swimming pool or any other body of water until the incisions are completely healed, typically 4-6 weeks following surgery**. Premature submersion may lead to infection.
  - SPF 30 or greater is recommended over the incisions for the first year to minimize darkening of the scar.
- X-rays
- Initiate formal postop rehab 1-2 times weekly and daily home exercise protocol
  - Active/Passive dorsiflexion
  - Active/Passive plantarflexion
  - Active Inversion/Eversion exercises
  - Ice/elevation, fluid mobilization

SOUTH BEND ORTHOPAEDICS

53880 Carmichael Drive • South Bend, IN 46635
60160 Bodnar Boulevard • Mishawaka, IN 46544
Phone: 574.247.9441
Fax: 574.247.9442
www.sbortho.com

Week 3

- Initiate Weightbearing as tolerated with crutches/walker in cam walker boot
- Begin scar massage during PT sessions

Week 4-8: Postoperative visit #2 between weeks 5 and 6

- X-rays at clinic visit
- Passive / active dorsiflexion and plantar flexion stretching
- Inversion / Eversion ROM exercises – active assist and gentle passive
- Begin dorsiflexion and plantar flexion isometrics and progress to isotonics

Week 6-8:

- Continue above exercises
- Can start riding a stationary bicycle out of boot with minimal resistance
- Begin weaning from boot for daily ambulation at week 8
    - Ankle brace may be placed for continued symptoms
- Goal to have normal motion during this phase
- Initiate treadmill walking with wean up to 3.5 mph out of boot at discretion of physical therapist and range of motion has normalized

Week 9-11: Post-operative visit postop week #10

- Advance strengthening

Week 12 +:

- Can begin jogging, stairmaster
- Add isokinetics
- Increase strengthening, endurance, proprioception, flexibility exercise
- Initiate sport specific drills with gradual return to athletics

Other postop visits based on clinical and radiographic union and anticipated functional demand requirements.