



Ankle Syndesmosis Repair Protocol

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Phase I

0 – 2 weeks

1. Cast or splint x 2 weeks
2. Crutches, non-weight bearing (NWB) x 2 weeks
3. Wound protection & toe wiggles

Goals: Maximize edema reduction, wound healing, ensure neurovascular integrity

2-6 weeks

1. Placed in post-operative boot to begin PWB 30-50 lbs as tolerated
2. Begin ROM and stationary bike without Boot. Seated heel raise.
3. Continue ice, rest and elevation as needed

Goals: Continued wound healing, improve mobility to +10° DF (pain-free range)

Phase II

6-12 weeks

1. Progress to full-weight bearing out of boot
2. If FWB and >10° DF, begin progressive resistive exercises
3. Running in aqua treadmill as tolerated
 4. More aggressive proprioceptive exercises
 5. Recommended exercises without boot
 - a. Seated multi-directional ankle T-band strengthening
 - b. Multi-directional weight shifts
 - c. Single leg mini-squats: 50-75% body-weight

Goals: Increased strength with exercise without pain, improved scar mobility, no reactive effusion, normalization of gait out of boot without use of crutches

Phase III

12-16 weeks

1. Continue gait training
2. Flat in-line running if following criteria met:
 - a. Hop 10 times on involved leg with good mechanics
 - b. Audible symmetry with foot strike
 - c. Normalized functional ROM
 - d. Conditioning: Increase incline as strength and endurance improves
3. Continued progression of strength/stability/balance exercise on stable and unstable surfaces
4. Plyometrics
 - a. Single-leg shuttle plyometric

- b. Bilateral LE straight plane
- c. Bilateral LE diagonal plane
- d. Rotational

- i. Multi-directional

- 5. Sports specific exercise/agility progression, emphasis on proper mechanics

Goals: Return to sport and full unrestricted activity.