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Total Ankle Arthroplasty Protocol

Phase 1	Surgery to 6 weeks post-op
Appointments	 Rehabilitation appointments begin approximately 14 days after surgery, 1-2 times per week
Rehabilitation Goals	 Activities of daily living (ADLs) with safe crutch/walker use; instruction as needed Control swelling and pain Begin ankle range of motion (ROM) at 2 weeks: Dorsiflexion (DF)/plantar flexion (PF) Maintain hip and knee ROM Increase hip, knee and core strength
Precautions	 Non-weight bearing (NWB); short leg cast for two weeks, followed by tall CAM boot for one month or until week 6 Watch for signs of infection Avoid long periods of dependent positioning of the foot and complete frequent elevation
Suggested Therapeutic Exercise/Treatment	 Frequent elevation of ankle above the level of the heart Ankle active range of motion (AROM: DF/PF) Four-way leg raises lying down Knee AROM Transverse abdominis recruitment Edema massage
Cardiovascular Exercise	Upper Body Ergometer (UBE)
Progression Criteria	☐ 6 weeks post-op☐ No wound complications

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Phase 2	Begin after meeting Phase 1 criteria (usually 6 weeks after surgery)
Appointments	Rehabilitation appointments are 1-2 times every 1-2 weeks
Rehabilitation Goals	 Reduce swelling Increase ankle ROM in all planes Weight-bearing tolerance in boot with safe ADL progression Increased mobility of scar Maintain hip/knee ROM, strength and flexibility
Precautions	 Progress weight bearing in boot per surgeon's instructions MUST be pain free, normal gait Week 6-10 in CAM boot: Week 6-8: up to 50% weight bearing Week 8-10: progression to full weight bearing Week 10: Begin progression into normal shoe Continue to sleep in the boot
Suggested Therapeutic Exercises	 Gait training and weight shifts Ankle AROM/passive range of motion (PROM) Calf stretching Scar massage and soft tissue mobilization of calf Joint mobilization: focus on talocrural distraction to improve ankle DF/PF Four-way ankle isometrics Seated tilt/BAPS board Seated knee extension and prone hamstring curls against gravity (no ankle weights) Four-way leg raises in standing Transverse abdominis strengthening
Cardiovascular Exercise	 Stationary bike (in boot, no resistance) Swimming (once wound is fully healed) Aquatic therapy may begin if available
Progression Criteria	 □ Able to ambulate independently in walking boot □ Active ROM between 5° DF and 20° PF

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Phase 3	Begin after meeting Phase 2 criteria (usually 10 weeks after surgery)
Appointments	Rehabilitation appointments are once per week
Rehabilitation Goals	 WBAT in shoe Normalize gait without assistive device Retrain ankle proprioception Improve ankle strength
Precautions	 Avoid exercises that create movement compensations Wean from boot and progress WBAT, with use of Hely-Weber Zap ankle brace as needed
Suggested Therapeutic Exercises	 Gait training Scar massage and joint mobilizations as needed Calf stretching Four-way ankle strengthening with resistance band Balance and proprioception exercises Functional movements (squats, steps) Core and lower extremity strengthening
Cardiovascular Exercise	Stationary bikeSwimmingAquatic therapy
Progression Criteria	 □ Able to ambulate independently in shoe □ Able to complete bilateral heel raises

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Phase 4	Begin after meeting Phase 3 criteria (usually 14 weeks after surgery)
Appointments	Rehabilitation appointments are once every 2-4 weeks
Rehabilitation Goals	 Normal gait pattern Single leg stance with good control for >10 seconds Ankle ROM between 10° DF and 35° PF Able to complete single leg heel raise
Precautions	 Avoid forceful impact activities Anticipate return to golf at 3-4 months, hiking at 4-5 months
Suggested Therapeutic Exercises	 Balance and proprioception exercises on unstable surfaces Higher level core and lower extremity strengthening exercises Higher level functional movements (floor transfers, lunges walking on hillsides)
Cardiovascular Exercise	 Stationary bike progressing to outdoor cycling Swimming Walking Golfing

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