

THE ROBERT JONES AND AGNES HUNT ORTHOPAEDIC FOUNDATION NHS TRUST

REHABILITATION *GUIDE* FOLLOWING TOTAL ANKLE REPLACEMENT (TAR)

(This is not an exhaustive list of all rehabilitative techniques or therapies and this should not over rule any clinical judgement)

WEEK	MOBILITY	REHABILITATION EXERCISES	GOALS
<u>Week 0-2</u>	NWB in POP with appropriate walking aids	<ul style="list-style-type: none"> ○ Circulatory exercises ○ SQ/IRQ/SLR/Glut/Hams exercises ○ Upper body exercises ○ Flexibility exercises ○ Contralateral leg exercises ○ AROM exercise for hip and knee ○ Rest in elevation when not exercising or mobilising NWB 	<ul style="list-style-type: none"> • Good understanding of post- operative rehabilitation. • No complications following surgery. • Elevation to control swelling • Control of pain with adequate pain relief • Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature. • Safe and independently mobile with appropriate walking aids and correct weight bearing status as advised on discharge from hospital. • Safe with transfers and stairs if necessary
<u>Week 2-6</u> (reviewed in out patient clinic by a member of the F+A team for removal of stitches and removal of cast)	<p>NWB → PWB (from POP to aircast boot)</p> <p>Progress to FWB in aircast boot</p>	<ul style="list-style-type: none"> ○ Circulatory exercises ○ SQ/IRQ/SLR/Glut/Hams exercises ○ Upper body exercises ○ Flexibility exercises ○ Contralateral leg exercises ○ AROM exercise for hip and knee ○ Rest in elevation when not exercising or mobilising NWB ○ PROM/ AAROM/ AROM of operated ankle ○ Increase weight bearing status 	<ul style="list-style-type: none"> • Control of swelling and pain • Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature and swelling. • Safe independent use of elbow crutches to encourage gradual increase in weight bearing status. • Education on the use of the aircast boot to be worn at all times except for hygiene reasons or when exercising.

WEEK	MOBILITY	REHABILITATION EXERCISES	GOALS
<u>Week 6-12</u> (review in out-patient clinic by a member of the F+A team 6/52 post op with X-ray)	FWB in aircast boot → FWB in normal footwear	<ul style="list-style-type: none"> Swelling management Gait re-education from aircast boot in to normal footwear. Review lower limb biomechanics and kinetic chain Standing practice Weight transfer exercises AROM exercises in graded weight bearing status (NWB→PWB→FWB) (e.g. heel slides, seated heel raises, DFxn over pressures stretches) Gradual increase in time and distance weight bearing. Balance and proprioception exercises Cycling on static bike Hydrotherapy for mobility, strength and gait re-education (consider wound healing) Stretching of tight structures e.g. TA ROM and strength exercises for other joints in kinetic chain as appropriate including core strengthening exercises, hip, knee, gluts/ hams/ quads exercises. Manual Therapy – soft tissue techniques, joint mobilisations and scar massage if indicated. Pacing advice as appropriate 	<ul style="list-style-type: none"> Independently mobile in aircast boot +/- walking aid to independently mobile in normal footwear +/- walking aid Swelling and pain control as appropriate Education and advice on self-monitoring /management of sensation, skin colour, circulation, temperature and swelling. Maintain/improve ankle ROM Maintain Hip/ Knee ROM and strength Prevent scar adherence. Prevent joint stiffness.



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Orthopaedic Hospital**
NHS Foundation Trust

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<u>12 weeks – 6 months</u> (review in out-patient clinic by F+A Consultant)	FWB	<ul style="list-style-type: none"> ○ Progressively wean off walking aids as able ○ Footwear advice – wider fitting shoes adjustable shoes ○ Double leg heel raises → Single leg heel raises ○ Begin unilateral weight bearing exercises ○ Strength exercises for foot and ankle and other muscle groups in kinetic chain as appropriate ○ Higher level balance and proprioception exercises ○ Manual Therapy – soft tissue techniques, joint mobilisations and scar massage if indicated. ○ Stretch tight structures e.g. TA ○ Hydrotherapy to progress strength and mobility ○ Lower limb biomechanics/ kinetic chain assessment to address any findings including core stability progressions ○ Orthotics if required ○ Pacing advice 	<ul style="list-style-type: none"> ● Promote independent gait ● Optimise normal ankle and foot movement and restore gait pattern ● Wear correct normal footwear ● Achieve optimal ankle ROM ● Achieve Grade 4 or 5 muscle strength around ankle ● Optimise core strength and kinetic chain control

<p><u>From 6 months- 18 months</u></p>	<p>FWB</p>	<ul style="list-style-type: none"> ○ Gait re-education continued- progressions of mobility and function, increasing dynamic control with specific training towards functional goals ○ Progression of ROM, strength, balance and kinetic chain exercises including increasing resistances/ loading (progress resistance/load as clinical judgement suggests.) ○ Manual Therapy – soft tissue techniques, joint mobilisations and scar massage if indicated. ○ Stretch tight structures e.g. TA ○ Pacing advice 	<ul style="list-style-type: none"> ● Promote independent gait- unaided or with walking aid if required long term ● Good biomechanical and dynamic control. ● Promote appropriate muscle strength/power and endurance ● Achieve Grade 5 muscle strength around ankle. ● Maintain/improve cardiovascular fitness ● Return to gentle no impact sports/hobbies
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