

Accelerated Syndesmosis Repair with Tightrope and Internal Brace Post-Op Rehabilitation Protocol

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The intent of this protocol is to provide a general framework for a **Syndesmosis Repair with Tightrope and Internal Brace**. Secondary surgical procedures (Ankle Fracture Treatment, Deltoid Repair) and the ongoing tissue status must be considered during rehabilitation with appropriate protocol modification. The physician will make any specific changes to the protocol as appropriate for the individual patient. Within this protocol, there are specific guidelines for activity progression, which directly relate to tissue tolerance and directional preference of movement.

GENERAL REHABILITATION PRINCIPALS

- 4-6 Week Period of Protected and Progressive Weight-bearing
- Early Resolution of Tissue Irritability/Effusion
- Progressive Loading into Dorsiflexion and Multi-Directional Movements
- Gradual Return of Functional Strength & Conditioning
- Criteria-Based Return to Cutting/Pivoting Activity after 8-10 weeks

WEEK 0-2

Precautions

- Non-Weight bearing 0-2 weeks with splint
- Transition to short leg cast and touchdown weightbearing (20lbs of pressure) 2-4 weeks
- Transition to AirCast Boot Week 4 through Week 6

WEEK 4

Precautions

- Full Weight-Bearing as tolerated in AirCast per Pain Monitoring Model*
- AirCast Boot removed for Physical Therapy ONLY
- Sagittal Plane ROM ONLY (No Forceful ROM)
- Continue to monitor and reduce swelling

Interventions (Follow Pain Monitoring Model*)

- (PRICE): Protect, Rest, Ice, Compression and Elevation every 2 hours (as allowed) for 30 minutes
- Plantarflexion AROM progressing to Sitting Heel Raises
- Protected Dorsiflexion AROM to Sitting Forefoot Raises (no stretching or forced motion)
- Plantar grade sustained Isometrics (45-90 seconds)
- Protected foot intrinsic and long toe flexor/extensor muscle activation exercises
- 4-Way SLR/ Non-Weight Bearing Exercises for larger lower limb muscles (Glute, Quad, Ham)

WEEK 5

Precautions

- Continue use of AirCast Boot for Standing Exercise/Ambulation (as needed)
- Avoid Biking with Ankle Positioned in Dorsiflexion
- Avoid Isotonic Strengthening into Dorsiflexion

Interventions (Follow Pain Monitoring Model*)

- (PRICE): Protect, Rest, Ice, Compression and Elevation as needed
- Plantar Grade Stationary Biking without AirCast Boot
- Progress sitting Heel/Forefoot Raises 20-30RM Load
- Other Isotonic Strengthening from Plantar Grade through Plantarflexion
- Standing Proprioceptive Exercises
- 4-Way SLR/ Non-Weight Bearing Exercises for larger lower limb muscles (Glute, Quad, Ham)

WEEK 6

Precautions

- Wean from AirCast Boot per Pain Monitoring Model*
- Progress Dorsiflexion AROM (No Aggressive Stretching)
- Progression of Exercise per Tissue Tolerance/Effusion Control

Interventions (Follow Pain Monitoring Model*)

- (PRICE): Protect, Rest, Ice, Compression and Elevation as needed
- Progress with Stationary Bike without AirCast Boot (Progression of Resistance Intervals)
- **Begin** Alter-G Return to Running Program** (50% Weight Bearing ONLY)
- Progress Seated Heel/Forefoot Raises 15-20RM Load
- Other Isotonic Strengthening from Dorsiflexion through Plantarflexion
- Shallow DL Squatting Progression

- Static, Double and Single Leg, Standing Proprioceptive Exercises
- Continue 4-Way SLR/ Non-Weight Bearing Exercises

WEEK 7

Precautions

- Progress Multi-Planar AROM
- Progression of Exercise per Tissue Tolerance/Effusion Control
- NO DISTAL Tibiofibular Mobilizations

Interventions (Follow Pain Monitoring Model*)

- (PRICE): Protect, Rest, Ice, Compression and Elevation every 2 hours as needed
- Increasing Intensity of Stationary Bike Resistance Intervals per Pain Monitoring Model*
- Introduce Multi-Planar AROM/ Open Chain Strengthening
- Continue Alter-G Return to Running Program**
- Mobilizations to the Superior Tibiofibular, Talocrural, Subtalar, Mid/Forefoot Joints
- Other Isotonic Strengthening from Limited Dorsiflexion through Plantarflexion
- Begin Standing Double/Single Leg Heel Raise Program per Tissue Tolerance
- Progressive Standing Proprioceptive Exercises

WEEK 8

Precautions

- Initiate Light Dorsiflexion Stretching
- Gradually Progress Weight Bearing Strengthening into Dorsiflexion
- Avoid Tissue Irritability/Increasing Effusion with Return to Running Program**
- Avoid Tissue Irritability/Increasing Effusion with Multi-Planar Weight Bearing Exercise
- **NO DISTAL** Tibiofibular Mobilizations
- No Multi-Planar Plyometric Exercise

Interventions (Follow Pain Monitoring Model*)

- Increasing Intensity of Stationary Bike Resistance Intervals per Pain Monitoring Model*
- Progress Return-to-Running Program** to Full Weight Bearing per Pain Monitoring Model*
- Mobilizations to the Superior Tibiofibular, Talocrural, Subtalar, Mid/Forefoot Joints
- Progress Multi-Planar AROM/Open Chain Strengthening
- Progressive CKC, Multi-Planar, Resistance Exercise
- Progressive Multi-Planar Standing Proprioceptive Exercises

WEEK 9

Precautions

- Stretching ALLOWED with respect to Pain Monitoring Model*
- Dorsiflexion + Eversion Strengthening/Plyometric
- Distal Tibiofibular Mobilizations

Interventions (Follow Pain Monitoring Model*)

- Progress Multi-Planar AROM/Progressive Resistance Exercise
- Continue Return-to-Running Program**
- Mobilizations to the Superior/Distal Tibiofibular, Talocrural, Subtalar, Mid/Forefoot Joints
- Initiate Light, Multi-Planar Plyometric Exercise/Drills (No Aggressive Multi-Planar Plyometrics)
- Continue Multi-Planar Standing Proprioceptive Exercises

WEEK 10-11+

Precautions

- Return to full activities as tolerated
- Protected Return to Play Progression per Tissue Irritability, Effusion, and Functional Status
- Progressive Increase in Plyometric Exercise per Pain Monitoring Model*

Interventions (Follow Pain Monitoring Model*)

- Continue Multi-Planar AROM/Progressive Resistance Exercise
- Continue Return-to-Running Program**
- Mobilizations to the Superior/Distal Tibiofibular, Talocrural, Subtalar, Mid/Forefoot Joints
- Increase Intensity of Multi-Planar Plyometric Exercise/Drills
- Continue Multi-Planar Standing Proprioceptive Exercises
- **Begin** Sport-Specific Return to Activity Progression per Tolerance

Return to Activity Criteria

- **Minimum** of 10-12 Weeks of Tissue Healing Time Since Surgery (*Could be as early as 8 weeks depending on severity of injury)
- Managed Tissue Irritability per Pain Monitoring Model*
- Resolving Joint Effusion (Non-Reactive Effusion to Activity)
- Functional/Closed-Chain Dorsiflexion Range-of-Motion (Activity Dependent)
- Adequate Functional Strength for Joint Protection and Task Performance
 - 90% LSI on Hop Testing for Level 1 Sports
 - Y-Balance Anterior Reach within 4-6cm
- Completed 1-3 Week Return to Activity Functional Progression

