

Rehab guide for patients following:

# Microfracture of the Talocrural Joint

Prepared for: Rehabilitation Therapists

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Revision: 4

	Movement	Mobility	Rehab/Exercises	Goals before progression
<b>Week 0-2</b>	Active dorsiflexion 1-2 minutes every hour	Heel TWB	<ul style="list-style-type: none"> <li>• Circulatory exercises</li> <li>• Elevate ankle when not mobilising</li> </ul>	<ul style="list-style-type: none"> <li>• Safe on stairs, turns , etc.</li> <li>• Surgical scar dry and remove sutures</li> </ul>
<b>Week 2-4</b>	<ul style="list-style-type: none"> <li>• Active and passive dorsiflexion 1-2 minutes every hour</li> </ul>	<ul style="list-style-type: none"> <li>• PWB crutches for first week then progress to FWB commensurate with swelling and discomfort</li> </ul>	<ul style="list-style-type: none"> <li>• Avoid communal wet areas</li> <li>• Circulatory</li> <li>• Thera-Band dorsiflexion and eversion</li> <li>• Low resistance static bicycle</li> </ul>	<ul style="list-style-type: none"> <li>• Plantigrade +/- 10 dorsiflexion</li> </ul>
<b>Week 4-6</b>	FROM with proviso's above	FWB with proviso's above	<ul style="list-style-type: none"> <li>• <b>Ensure full active and passive dorsiflexion</b></li> <li>• Basic proprioception and balance</li> <li>• Core</li> <li>• VMO/Hip abductor strength and balance</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Full active and passive dorsiflexion</b></li> <li>• Normal gait</li> </ul>

	Movement	Mobility	Rehab/Exercises	Goals before progression
<b>Week 6-12</b>	Ensure dorsiflexion complete	No restrictions	<ul style="list-style-type: none"> <li>• <b>Ensure full active and passive dorsiflexion</b></li> <li>• High resistance/ low reps strength lower limb</li> <li>• Bike/static bike high resistance</li> <li>• Core</li> <li>• Basic plyometrics</li> <li>• Proprioception</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Ensure full active and passive dorsiflexion</b></li> <li>• VMO/Hip abductor balance</li> <li>• Proficient in basic plyometric programme</li> <li>• Proficient in basic proprioception programme</li> </ul>
<b>Week 12-16</b>	<b>If dorsiflexion (comparable to the contralateral ankle) is incomplete refer back to surgeon</b>	<ul style="list-style-type: none"> <li>• Jog/Walk programme</li> <li>• Solo tennis/ squash from 12/52</li> </ul>	<ul style="list-style-type: none"> <li>• High resistance/ high rep strength of VMO, hip abductors and hamstrings</li> <li>• Bike high resistance</li> <li>• Advanced proprioception</li> <li>• Advanced plyometrics</li> </ul>	<ul style="list-style-type: none"> <li>• Bilateral proprioceptive control</li> <li>• 30 mins. continuous jog</li> </ul>

## SUMMARY

### Objectives

- Full ankle dorsiflexion comparable to contralateral side to be encouraged from day one. Any passive block to extension after 6 weeks needs re-referral
- Proprioception work to start ASAP and not necessarily follow the strength programme
- Aim for jog/walk programme by 12-13 weeks. This will vary greatly among patients of various athletic ability.
- Aim to return to racket sport by 12 weeks
- Return to rugby, football, hockey, netball , etc., 16 weeks unless failure to achieve final objectives.

## Notes

- Post surgery patients are routinely reviewed in the orthopaedic clinic at 6 weeks and 3 months
- Earlier review if patient fails to meet goals
- Clinical queries to be directed to [sportsinjurysurgeon@gmail.com](mailto:sportsinjurysurgeon@gmail.com)