

## **Dr. Allen Ankle Fracture Delayed Weight Bearing Post-Op**

### **Diabetic/Neuropathy Protocol**

#### **Phase I: Immediate Post-Op (0-2 weeks)**

- Non-weight bearing in the splint
  - Must keep splint clean and dry. Cover with a bag to shower
- Ice and elevation
- Scheduled Ibuprofen and Tylenol for pain control
- Opioid pain medication for breakthrough pain (goal to wean off by 2 weeks post-op)
- Aspirin 81mg BID daily for DVT prophylaxis (4 weeks total)
- Wiggle toes, short arc quads, quad sets, 4-way SLRs

#### **Phase II Protection: (2-6 weeks)**

- First post-op visit ~2 weeks
- Wound check, sutures may be removed at this time
- Ok to shower and get wound wet if wound is healed and dry
- Transition to a boot or remain in a splint
- Ok to remove boot for hygiene and motion, wear the boot to sleep
- Remain completely non-weight bearing
- Limited or no motion to allow for soft tissue healing
  - If wound is well healed early motion may be at this time
- Manage swelling
- Finish Aspirin 81mg BID for DVT prophylaxis

-Additional follow up visits for wound checks as needed between 2-6 weeks

### **Phase III: Motion (6-12 weeks)**

- Second post-op visit at ~6 weeks
- Begin AROM in all planes
  - DF/PF/Inv/Ev, Alphabets, toe towel curls
- Remain NWB for 6 more weeks (12 weeks total)
- Boot at all times except hygiene and motion

### **Phase IV: Weight Bearing (12+ weeks)**

- Third post-op visit at ~12 weeks
- Begin WBAT in boot
  - Wean out of boot when able to fully WB
  - May transition to Aircast or ankle brace if needed
- Continue to work on ROM
- Gait training
- Additional follow ups as needed until complete healing