

Rehabilitation guidelines for patients following a lateral ligament reconstruction

This is generally a Day Case procedure performed under general anaesthetic. Following surgery the patient will be placed in a below knee POP and be asked to NWB for two weeks. At two weeks they will attend clinic for removal of stitches and provision of a removable boot in which they can FWB. The patient will then be reviewed at 6 weeks and provided with an ankle stirrup. At this stage they can commence physiotherapy.

Phase One (6 – 8 weeks post-surgery)

Aim:

- **Improve strength;**
- **Reach an acceptable level of proprioception (single leg balance equal to opposite side) for ankle stirrup to be removed;**
- **Accept that inversion is limited post surgery (this may be less than half of the other side). Do NOT force this you will risk rupturing the repair;**
- **Improve plantar flexion and dorsiflexion ROM.**

Phase Two (8 – 12 weeks post-surgery)

Aim:

- **Progress proprioception;**
- **Introduce multi plane work.**

Do	Don't
Advise patients to still wear the ankle stirrup in any vulnerable environments if proprioception is poor.	
Discard the ankle stirrup once proprioception and muscle strength is equal to the opposite side.	
Avoid activities of extreme inversion.	Force inversion.
Progress proprioception exercises E.g. dynamic proprioception exercises.	

Do	Don't
Avoid any activity which will risk forced inversion of the ankle.	Advise the patient to NOT remove the air cast brace other than for physiotherapy.
Lower limb muscle strength work with theraband. Particularly eversion strengthening exercises.	DO NOT passively force the ankle into inversion.
Gentle proprioception exercises for example single leg standing.	
Hydrotherapy – particularly good during this phase for proprioception exercises.	
Take care of the scar. Any sign of break down refer patient back to clinic ASAP.	
Progress to FWB in the stirrup unless the clinic referral suggests otherwise.	DO NOT attempt running, jumping or hopping.
Remove the ankle stirrup when in bed.	
Discard the ankle stirrup once proprioception and muscle strength is equal to the opposite side.	
Introduce multi plane work.	

Phase Three (3 – 6 months post-surgery)

Aim:

- **Return the patient to sport / high activity demand.**

Do	Don't
Gait – Start jogging on the flat progress to hill running and on uneven ground once able.	
Continue with ROM exercises as appropriate.	Force inversion.
Continue with strength exercises particularly eversion as necessary.	
Progress proprioceptive exercises as appropriate.	
Sports specific rehab exercises.	
Introduce hopping and progress to long horizontal and vertical hops.	
Return to sport as able.	Return the patient to competitive sports until they have: <ol style="list-style-type: none"> 1. Good eversion power; 2. Proprioceptive control = to good side e.g. during a Horizontal Single Leg Hop x 3 test, the patient demonstrates the same control with the operated and unoperated leg.