

**Katherine J. Coyner, MD**  
**UCONN Musculoskeletal Institute**

Medical Arts & Research Building  
263 Farmington Ave.  
Farmington, CT 06030  
Office: (860) 679-6600  
Fax: (860) 679-6649  
[www.DrCoyner.com](http://www.DrCoyner.com)

Avon Office  
2 Simsbury Rd.  
Avon, CT 06001  
Office: (860) 679-6600  
Fax: (860) 679-6649



**BROSTROM REPAIR FOR CHRONIC ANKLE  
INSTABILITY REHABILITATION PROTOCOL**

**GENERAL CONSIDERATIONS:**

- Time frames mentioned in this article should be considered approximate with actual progression based upon clinical presentation. Careful observation and ongoing assessments will dictate progress.
- No passive inversion or forceful eversion for 6 weeks.
- Avoid plantar flexion greater than resting position for 4 weeks.
- Carefully monitor the incisions and surrounding structures for mobility and signs of scar tissue formation. Regular soft tissue treatments (i.e. scar mobilization) to decrease fibrosis.
- No running, jumping, or ballistic activities for 3 months.
- Aerobic and general conditioning throughout rehabilitation process.
- M.D. appointments at day 8-10, 1 month, 2 months, 4 months, 6 months, and 1 year post-operatively.

**0 - 3 WEEKS:**

- 90 degree immobilizer for 3 weeks.
- Non-weight bearing for 3 weeks--no push off or toe-touch walking.
- Progress from posterior splint to pneumatic walker once most of swelling is gone.
- Pain and edema control / modalities as needed (i.e. cryotherapy, electrical stim, soft tissue treatments).
- Toe curls, toe spreads / extension, gentle foot movements in boot, hip and knee strengthening exercises.
- Well-leg cycling (bilateral once in walker with light resistance), weight training, and swimming in posterior splint after 10-12 days post-op.

**Katherine J. Coyner, MD**  
**UCONN Musculoskeletal Institute**



Medical Arts & Research Building  
263 Farmington Ave.  
Farmington, CT 06030  
Office: (860) 679-6600  
Fax: (860) 679-6649  
[www.DrCoyner.com](http://www.DrCoyner.com)

Avon Office  
2 Simsbury Rd.  
Avon, CT 06001  
Office: (860) 679-6600  
Fax: (860) 679-6649

**3 - 6 WEEKS:**

- Progress to full weight bearing in walking boot. Walking boot weight bearing for 3-6 weeks post-op. Aircast splint for day-to-day activities for 6-12 weeks postop.
- Immobilizer for sleeping for 4weeks, then Aircast splint for 4-6 weeks.
- Isometrics in multiple planes and progress to active exercises in protected ranges.
- Proprioception exercises, intrinsic muscle strengthening, manual resisted exercises.
- Soft tissue treatments daily and regular mobilization of intermetatarsal and midtarsal joints. Cautious with talocrural and subtalar mobilization.
- Cycling, aerobic machines in splint as tolerated, and pool workouts in splint.

**6 - 12 WEEKS:**

- Gradually increase intensity of exercises focusing on closed-chain and balance / proprioception.
- Passive and active range of motion exercises into inversion and eversion cautiously.

**3 - 6 MONTHS:**

- Progress back into athletics based upon functional status.
- Wear a lace-up ankle support for athletics.

**BROSTROM REPAIR FOR CHRONIC ANKLE INSTABILITY REHABILITATION PROTOCOL**