



Pediatric Orthopedic and Scoliosis Center
Rehabilitation Medicine Center

Rehabilitation prescription for:

Patient label

Dr. Tysklind's Ankle Advanced Rehabilitation Protocol

Diagnosis: R / L

Procedure date:

S/P:

EVALUATION & TREATMENT:

- Begin **progressive weight-bearing strengthening exercises**, with focus on:
 - o Leg press (Double leg and single leg, progressing towards strength of non-affected limb)
 - o Squats
 - Optimize form, with knees over feet and prevention of valgus thrust
 - Avoid deep squats/hyperflexion (beyond 100 degrees)
 - Add weight, progress reps as tolerated
 - o Step ups and side step up/downs → Advance to lunges and side lunges
 - o Stationary bike (60 RPM minimum with increasing resistance)
 - o Calf raises (double leg → single leg → single leg w/ weights)
 - o Balance/proprioception: static and dynamic balance activities
 - o Slide board (if available)
- Please clear for/advance to **straight ahead running** only when operative side GS/TA strength = **70%** strength of contralateral/non-operative side
 - o Manual muscle testing should not be used alone to estimate
 - o Single leg weighted calf raises: E.g. if non-op sided reps for a given weight=20, and operative-sided reps=15, then strength estimate is 75%
 - o Encourage initial running to be light jogging on soft surfaces (e.g. rubberized track, running shoes on dry field, soft treadmill) before advancing to trail running or pavement
- Please clear for/advance to **agility exercises** (plyometrics, jumping, landing, lateral movements, sports-specific exercises) only when op side GS/TA strength = **90%** strength of non-op side
- Will re-assess for full return to sports between 4.5 months - 6 months post-op/post-injury follow-up
 - o Please provide patient w/ most recent PT note, to facilitate MD correlation of PE findings to results of dynamic testing (% strength? Symmetrical balance/performance w/ agilities?)

Thank you for your great care!