

## Rehabilitation Protocol: Pilon Fracture Repair

### Phase 1 (Weeks 0-2)

- **Weightbearing:** Non-weightbearing on the operative limb
- **Splint or Fracture Boot:** Worn full-time
- **Range of Motion:** Avoid ankle range of motion exercises unless otherwise directed by Dr. Gross
- **Therapeutic Exercises**
  - Quad/Hamstring isometrics, heel slides, straight leg raises, co-contractions
  - Isometric hip abduction and adduction exercises

### Phase 2 (Weeks 2-10)

- **Weightbearing:** Continue non-weightbearing
- **Fracture Boot:** Worn for ambulation. Remove boot when at rest/sleeping and for PT.
- **Range of Motion:** Active, Active-Assist, and gentle Passive ankle/foot/toe ROM
- **Therapeutic Exercises**
  - Continue Phase 1 exercises

### Phase 3 (Weeks 10-12)

- **Weightbearing:** 50% Partial weightbearing with crutches/walker
- **Fracture Boot:** Worn for ambulation only
- **Range of Motion:** Okay to become more aggressive with Passive ankle/foot/toe ROM
- **Therapeutic Exercises**
  - May begin low-resistance stationary bicycle
  - Okay to begin blood flow restriction therapy

### Phase 4 (Weeks 12-16)

- **Weightbearing:** Advance to weightbearing as tolerated. Wean from crutches/walker.
- **Fracture Boot:** Wean from boot for ambulation and then discontinue use of the boot
- **Range of Motion:** Maximize ankle/foot/toe ROM
- **Therapeutic Exercises**
  - Begin elliptical trainer, treadmill, and high-resistance stationary bicycle
  - Begin leg presses and open/closed-chain strengthening exercises
  - Emphasize low-impact aerobic activities

### Phase 5 (Weeks 16-26)

- **Range of Motion:** Maximize ankle/foot/toe ROM
- **Therapeutic Exercises**
  - Transition to high-impact activities (jogging/running, etc.)
- Return to sports/athletics once cleared by Dr. Gross