



## **Brostrom Procedure**

### Discharge Instructions

- Comfort
  - Discomfort increases 6-24h after surgery due to anesthetic/nerve block wearing off (if a nerve block was performed). This can be helped by oral pain medication. It is safe and normal.
  - Cold therapy – This will greatly reduce pain and will help with swelling for the first three days. You may use it 20 minutes on, 20 minutes off, as often as you wish. Always keep a cloth barrier, such as a towel, between the cold and your skin.

### Medication

- For constipation – over the counter remedies such as Colace or Miralax as needed. Both the anesthesia and the pain medication can cause constipation.
- For pain – you have been prescribed a narcotic medication for pain. No driving while on this medication. Try to manage your pain with ice and Tylenol and use the narcotic sparingly. You can take the narcotic as prescribed as needed. Common side effects such as constipation, nausea and cognitive impairment may occur. You can step-down to Tylenol as soon as you feel ready.
- For anticoagulation – you should take a baby aspirin (81mg) once a day for two weeks to prevent blood clots.

### Activity

- You will be in cast/splint for 6 weeks after surgery, nonweightbearing on operative extremity for at least 4 weeks
- Physical therapy starts after 6 weeks
- You should continue to move your other limbs

### Wound Care

- You are in a splint with a bandage and ACE wrap. You can loosen the ACE wrap but do not remove the splint or white bandages underneath for 3-5 days after surgery. That means for the first 3-5 days, you should keep the arm dry (use a bag for showering, hold it out, etc.)
  - After 3-5 days, you can take off the bandages but keep the steri-strips on until your first post-op appointment. No soaking or scrubbing the incision. No ointments over the incision.

### Diet

- You may eat anything you like, but it's advisable to choose light, easily digestible foods and to drink plenty of water the day after surgery. Some people experience nausea as a temporary reaction to anesthesia.

### Call your physician if:

- You develop a temperature over 100.3 degrees.
- You notice any drainage of the incisions 5 days or later after surgery.



- The arm becomes hot to the touch, red, intolerably painful, or swells suddenly. (Note some warmth, pain, and swelling are normal.)
- You have persistent pain and / or swelling in your calf.
- You have any questions or concerns. We are happy to talk to you at any time! If it is after hours, our answering service will page the PA on call and he or she will get in touch with you.

## Rehab Protocol

### *Weeks 1-2*

- NWB with assistive device, cast/boot/splint

### *Weeks 3-4*

- NWB with assistive device, transition from splint to boot

### *Weeks 5-6*

- Progress to FWB with boot

### *Weeks 7-12*

- Begin therapy at week 6
- Therapeutic exercises with brace
  - AROM of ankle
    - Beginning with dorsiflexion/plantarflexion, then adding inversion/eversion
  - Exercise bike and elliptical
    - Can progress to treadmill and stair stepper as pt is able
  - Closed chain exercises
  - Proprioceptive training
    - Can progress to varied surfaces and plyoback as pt is able
  - Intrinsic work combining intrinsic with pnf diagonals

### *Weeks 13-24*

- Therapeutic exercises with brace
  - Increase intensity of exercise bike, elliptical
    - Can begin to include jogging and progress to running
      - Running progression
        - 25% forward and backward flat surfaces
        - 50% forward and backward flat surfaces
        - 75% forward and backward flat surfaces
        - 100% forward and backward flat surfaces
        - Weave step beginning at 25% and building up in speed
  - Progress pt into plyometric program
    - Start in AP plane and progress into lateral movements
  - Increase intensity and resistance in closed chain strengthening to include function/activity specific