



**Matthew Gotlin, MD**  
**159 East 74<sup>th</sup> Street**  
**New York, NY 10021**

**REHAB PROTOCOL: Brostrom-Gould Procedure**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery:** \_\_\_\_\_

**IMMEDIATE PROTECTION PHASE (weeks 0-4)**

- **Goals:**
  - o Protect healing tissue
  - o Decrease pain and inflammation
  - o Retard muscular atrophy
  - o Control weight-bearing forces
- **Weight-bearing:**
  - o Non-weightbearing in splint with 2 crutches for first 2 weeks
  - o Progress to Partial weightbearing (50%) in cam walker at 2 weeks
- **ROM:** none
- **NO INVERSION EXERCISES**
- **Exercises**
  - o No strengthening for first 4 weeks
  - o Begin submaximal isometrics at 4 weeks
  - o Hip abduction/adduction
  - o Straight leg raises into flexion
  - o Remove splint week 2 and place in cam walker

**Phase II –INTERMEDIATE PHASE (Weeks 4-12)**

- **Goals:**
  - o Protect healing tissue
  - o Retard muscular atrophy
  - o Progress weight-bearing tolerance
  - o Begin proprioceptive drills
- **Weightbearing:**
  - o Weight-bearing as tolerated in cam walker weeks 4-8
  - o Discontinue cam walker at end of week 8
  - o Place in air cast for 3 additional weeks

159 East 74th Street  
New York, NY 10021  
Tel: 212-737-3301 Fax: 212-734-0407

2 Overhill Rd, Suite 310  
Scarsdale, NY 10583  
Tel: 914-725-6970 Fax: 914-725-6972

1600 Stewart Ave, Suite 100  
Westbury, NY 11590  
Tel: 516-243-8506 Fax: 212-734-0407

1870 Richmond Road  
Staten Island, NY 10306  
Tel: 718-285-7118 Fax: 212-734-0407

161 Atlantic Avenue  
Brooklyn, NY 11201  
Tel: 212-737-3301 Fax: 212-734-0407

200 West 13<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10077  
Tel: 212-737-3301 Fax: 212-734-0407

9226 Kennedy Boulevard  
North Bergen, NJ 07047  
Tel: 212-737-3301 Fax: 212-734-0407

- **ROM:** begin active and passive dorsiflexion, plantarflexion and eversion
- **No active INVERSION past neutral for 12 weeks**
- Begin strengthening exercises
  - PRE's at 75% of opposite LE (Theraband)
  - Emphasize eversion and peroneal strengthening (Theraband)
  - Continue above exercises and begin bicycle
- **Weeks 6-8**
  - 3-way Theraband isotonic (dorsiflexion, plantarflexion, eversion)
  - Seated proprioceptive drills
  - Leg press
  - Knee extension
- **Weeks 8-9**
  - Vertical squats
  - Side and front lunges
  - Lateral step-ups
- **Weeks 10-12**
  - Standing proprioceptive drills
  - Stair climbing machine
- **Pool Program (optional)**
  - Swimming week 6-8
  - Fast-paced walking week 8-10
  - Running in pool week 10-12

### **Phase III –ADVANCED MOTION AND STRENGTHENING PHASE (Weeks 12-20)**

- **Goals:**
  - Progress to full motion
  - Advance proprioceptive drills
  - Increase strength, power, and endurance
  - Gradually initiate sporting activities
- **Exercises:**
  - Continue strengthening exercises
  - Theraband strengthening inversion/eversion, dorsi/plantarflexion
  - Towel gathering
  - Standing toe-calf raises
  - Bicycle
  - Stair climber
  - Vertical squats
  - Front lunges
  - Proprioceptive training
- **Initiate Plyometric Program**
  - Initiate:
    - Running program
    - Agility drills
    - Sport specific training and drills

### **Phase IV–RETURN TO ACTIVITY PHASE (Months 5-6)**

- **Goals:**



- o Continue to increase strength, power, and endurance of lower extremity
- o Gradual return to sport activities
- **Exercises:**
  - o Begin light running program
  - o Continue isokinetic (light speed, full ROM)
  - o Continue eccentrics
  - o Continue mini squats/lateral step-ups
  - o Continue closed kinetic rehabilitation
  - o Continue endurance exercises

**Phase V –Return to Sports/Activity (Month 6 and Beyond)**

- **Goals:**
  - o Advance rehabilitation to competitive sports
  - o Achieve maximal strength and further enhance neuromuscular coordination and endurance
- **Exercises:**
  - o Continue
    - Strengthening program
    - Closed chain strengthening program
    - Plyometric program
    - Running and agility program
  - o Accelerate sport specific training and drills

**Comments:**

**Frequency:** \_\_\_\_\_ **times per week**

**Duration:** \_\_\_\_\_ **weeks**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_