

Early Mobility and Rehabilitation Protocol after Internal Brace Ankle Stabilization

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Chronic lateral ankle instability is a common diagnosis in foot and ankle clinics. Internal Brace (IB) augmentation is a surgical procedure which uses fibertape augmentation of the lateral ankle ligaments. Studies have shown the superiority of fibertape augmentation over traditional lateral ankle stabilization procedures such as the Brostrom or Brostrum-Gould. While there are guidelines for rehabilitation after Brostrom procedures, there are no guidelines on rehabilitation after the Internal Brace. The purpose of the present paper is to outline an early mobility and rehabilitation protocol after Internal Brace augmentation. The Internal Brace procedure has been described elsewhere and the fixation involves placing bone anchors with attached suture tape at each end of the Brostrom repair augmenting the fixation. The post operative protocol specific for this procedure outlines treatment goals, weight bearing status, and physical therapy rehabilitation interventions after IB augmentation. Various studies exist that support the mechanical advantage of the Brostrom with IB over non augmented repair. This technique allows for earlier weight bearing and range of motion which translates into an earlier return to activity and sport.