



## Brostrom Procedure

### Discharge Instructions-

#### Comfort

- Discomfort increases 1-2 days after surgery due to the 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 3-5 days after surgery, as well as following PT sessions
  - Some patients may be provided an ice machine to go home with
    - This is dependent on the type of surgery you had and insurance approval
    - If you were not provided with an ice machine, regular ice pack/ bag of ice can be used
  - You may use ice 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

#### Medications

*\*\*Your post op medications were sent to the pharmacy we have on file prior to surgery\*\**

- Please reach out to our office if you need a refill of your medication, preferably, 24 hours prior to your last dose to allow time to fill

#### **1. Aspirin 81 mg:** For anticoagulation to help prevent blood clots

- If you are >19yo, you must take one 81mg aspirin once a day for two weeks Do not take aspirin if you are <19yo

#### **2. Meloxicam 15 mg:** For antiinflammation to help pain and swelling

- Take once a day for four weeks as tolerated for post-op inflammation

#### **3. Zofran (Ondansetron) 4 mg:** For nausea – It is common to experience nausea from anesthesia and/ or pain medication in the first few days post op

- You can take 1 tablet every 8 hours as needed for nausea
- It is a dissolving tablet that is to be placed on your tongue – allow it to dissolve, and swallow

#### **4. Norco (Hydrocodone/Acetaminophen) 5-325 mg:** For pain – This is a narcotic medication for pain, to be taken AS NEEDED

- Take 1-2 tablets every 4-6 hours as needed
- After 1-3 days, you can begin to space out the dosing/ discontinue the medication, transitioning to a step-down regimen of Tylenol and ibuprofen as soon as pain allows
- Common side effects such constipation, nausea, and cognitive impairment may occur
- It is very common to use the pain medication only at night to help sleep better or around the time of therapy so you can participate more comfortably

#### **Other medications:** For constipation – over the counter remedies such as Colace (Docusate Sodium) or Miralax as needed

- Both the anesthesia and the pain medication can cause constipation



### Activity

**\*\*PT will start at 2-3 weeks post op (after first post op visit)\*\***

- Non-weightbearing for the first 4 weeks with crutches and splint
  - Need crutches and splint/cast at all times
- Please keep the splint on while sleeping
- No driving until further notice. We will discuss this at your first post-op.

### Wound Care

- You will be placed in a cast or splint post-op. You have an incision at the back of your ankle at the achilles. If you are in a cast, it will be taken off at 2-4 weeks post-op and we will check the incision then.
- **If you are in a cast/splint post-operatively, please do not remove or touch it. It will be removed at your first post-operative appointment by our staff**
  - Do not get the cast/splint wet—this means leaving the leg out for showering, or covering the entire splint with a bag/ plastic wrap/ etc
- If the cast feels too tight, call our office and we can see you earlier than your first post-op visit. We may have to split the cast.
- Do not worry about incision care or looking at the incision, we DO NOT want you removing the dressings
  - We will evaluate the incision at your first post op visit

### 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 to avoid any nausea/ upset stomach

### When to call your physician

***\*\*If you require immediate attention, or feel that you are having a medical emergency please go to the emergency department for urgent work up\*\****

- You develop a temperature over 100.3° F degrees
- You have any drainage at the incision site 5 days or later after surgery
- The surgical area 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 additional questions or concerns. We are happy to talk to you at any time!

### Important contact information

#### **Physician's office phone # (630)-377-1188 [Press 2 to leave a voicemail]**

*Please note- We are either in clinic or surgery and not answering calls in real time – Please leave a detailed message with our clinical voicemail line and we will return all voicemails within one business day. Additionally, the call center can connect you to the PA on call, however, please reserve this option for urgent inquiries only*

Oak Brook- 2425 W. 22nd St. Suite 207A Oak Brook, IL 60523 P: (630) 377-1188 F: (630) 377-7360

Little Village- 2859 S. Pulaski Rd. Chicago, IL 60623 P:(630) 377-1188 F: (630) 377-7360

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St. Charles- 2900 Foxfield Rd. Suite 102 St. Charles, IL 60179 P: (630) 377-1188 F: (630) 377-7360

**Physical Therapy Protocol**

*\*\*PT will start 2-3 weeks post op\*\**

*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