



Dr. Karl M. Schweitzer's Postop Treatment Protocol for Total Ankle Replacement (TAR) Patients

Total Ankle Replacement and Postop Recovery

Patient's dealing with debilitating pain and limited function from end-stage ankle arthritis may opt for surgical intervention for relief of their symptoms and improvement in their overall function. As such, appropriately-indicated patients may be offered a total ankle replacement (TAR). Additional procedures may be performed along with TAR to best ensure its success, such as Achilles lengthening, gastrocnemius recession, ankle ligament reconstruction, and hindfoot/midfoot reconstruction (osteotomy, arthrodesis). These additional procedures may have an impact on the patient's immediate postop recovery and weight-bearing status.

Following TAR, there is typically a period of non-weight bearing and immobilization, followed by progressive weight bearing in a walker boot. While protective in nature, the walker boot can also lead to imbalance with gait due to height differentials between sides, incision breakdown and discomfort from improper fit or application, and compliance issues with its use.

Treatment Protocol

Following TAR, patients undergo the following initial treatment protocol:

Postop Weeks 0 – 2

- Placed into a well-padded splint from surgery
- Maintain touchdown weight-bearing for two weeks

Postop Weeks 2 – 5

- Compression sleeve/sock applied to the operative ankle/leg
- Progressive weight-bearing with TayCo External Ankle Brace applied over a supportive shoe/sneaker
 - Brace maintained in fixed, neutral position
- Remove brace for sleep, when at rest, and for daily ROM exercises (3-4 times/day)

Postop Weeks 5 – 8

- Weight-bearing as tolerated with Tayco External Ankle Brace and shoe
 - Brace unlocked to allow ROM during weight-bearing
- Initiate physical therapy for ROM work, strengthening, gait training

Postop Weeks 8+

- Gradually wean out of brace for ambulation (under guidance of PT)
- Continue PT work and home exercises

If concomitant procedures performed with TAR, such as osteotomies or arthrodesis, then this may prolong the initial period of immobilization and non-weight bearing. However, once weight-bearing is initiated, the Tayco Brace is utilized as per the basic protocol detailed above.





Outcomes

*The **Tayco External Ankle Brace** provides great fit over a supportive sneaker and excellent early, weight-bearing stability to postop TAR patients, starting in the fixed position, then converting to ROM. Compliance is incredibly high, as patients enjoy and prefer the Tayco External Ankle Brace. The brace allows them to wear a shoe/sneaker early in their recovery, keeps them better balanced on walking (i.e. not uneven as they would be in a walker boot), and avoids incision breakdown and irritation, which commonly occurs in walker boots that may not fit properly. The Tayco External Ankle Brace has facilitated the early recovery process for patients following TAR, allowing them to safely and efficiently ambulate, getting them back to the activities they enjoy the most.*

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Dr. Karl Schweitzer is a board-certified, foot and ankle fellowship-trained orthopaedic surgeon at Duke University. He completed his fellowship training at OrthoCarolina, residency training at Duke, and medical school at Jefferson Medical College. He is involved in both the residency and fellowship-training programs at Duke.

