Is there Anything Wrong with a Simple Brostrom?
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➢ “Brostrom Technique”
  • Karlsson et al: Comparison of Two Anatomic Reconstructions for Chronic Lateral instability of the Ankle Joint. AJSM 1997 25: 48
    o Similar results

➢ Multiple new concepts
  • Li X, et al: Anatomical reconstruction for chronic lateral ankle instability in the high-demand athlete: functional outcomes after the modified Broström repair using suture anchors. AJSM 2009

➢ Ongoing concern
  • Prisk VR, et al: Lateral ligament repair and reconstruction restore neither contact mechanics of the ankle joint nor motion patterns of the hindfoot. JBJS-A. 2010
      o Lax patients had a poor result

➢ “All my Broström repairs do well”
  • Maffulli et al: AJSM 2013
    ❖ Of those participating in sports preop (58%):
      ✓ 16% had decreased their level of activity
      ✓ 26% had abandoned all athletic activity

➢ “I am confident I can move my Broström early”
    ❖ Unprotected motion was associated with significant lengthening consistent with failure of the Broström repair
“My Brostrom is as strong as it needs to be”
- Waldrop et al: Anatomic suture anchor versus the Broström technique for ATFL repair. AJSM 2012
  ✓ Traditional Broström, with or without anchors, is significantly weaker than the native ATFL
  ✓ “As a result, regardless of the repair method, it is necessary to sufficiently protect the repair to avoid premature failure.”

“I immobilize my Broström for 6 weeks”
- Provenzano PP et al J Appl Phys 2003
  ✓ Demonstrated controlled loading and motion during early healing phase results in collagen fibers appropriately oriented to their stress vectors.

We know that:
- Immobilization is detrimental to joints – while early motion improves outcomes
- Early stress damages the repaired ATFL – early stress optimizes collagen quality

What do we do for complicated ankle instabilities?
  ✓ The strength of Brostrom + augmentation = strength of native ATFL therefore it is theoretically safe to advance rehab quickly

Advantage
- Very strong
- Much quicker rehab
- FWB from day one
- Cast/Boot for two weeks
- Start rehab at 2 weeks, but stay in boot for 2-3 weeks
- At 4-5 weeks – out of boot and full rehab
  ❖ See complete rehab protocol on www.tcomn.com

Conclusion
- There is nothing wrong with a simple Broström in a certain percentage of cases.
- Know which patients might not do well and will need augmentation
- Athletic population might elect a procedure that will allow for accelerated rehab and return to play.