

ANKLE ARTHROSCOPY REHABILITATION PROTOCOL

General notes:

Time frames mentioned in this protocol should be considered approximate with actual progression based upon clinical presentation. Physician appointments as well as continued assessment by the treating practitioner should dictate progress.

"As tolerated" should be understood to be with safety; pain, limp, swelling, or other undesirable factors are indicators that you are doing too much too soon. If any of these should occur, decrease activity level, ice and elevate the leg.

Avoid forceful active and passive range of motion and mobilizations of the ankle joint for the first 2 weeks

Carefully monitor the incisions for mobility and signs of scar tissue formation. Regular soft tissue treatments (i.e. scar mobilization and friction massage) may be used to decrease fibrosis.

All exercises should be carefully observed for any signs of compensation or guarding.

Ice should be applied to the knee for 15 to 20 minutes following each exercise, therapy, or training session.

No running, jumping, or ballistic activities for two to four weeks.

Aerobic and general conditioning may be maintained throughout the rehabilitation process.

M.D. appointments at day seven post-op, month one, month two, month four and month six.

Return to sport based on provider team (physician, physician assistant, athletic trainer, therapist) input and appropriate testing.

0 – 3 Weeks:

Weight Bearing:

As tolerated; crutches for protection and edema (swelling) control

Cryotherapy (Ice treatments):

For pain and edema control, six to eight times per day. May also use electric stim, manual therapy/soft tissue treatments

Therapeutic Exercises:

Activities: Toe curls, toe spreads, gentle ankle ROM (range of motion), gastroc/soleus (calf) stretching

Strengthening: Straight leg raises

Proprioception: Weight shifting

Conditioning: Stationary cycling, weight training, or swimming

Manual Therapy:

Soft tissue therapy to increase ROM

3 - 8 weeks:

Weight Bearing:

Increase weight bearing from partial to full as tolerated

Therapeutic Exercises:

Strengthening: Initiate closed chain activities

Proprioception: Weight shifting and balance activities

Conditioning: Continue stationary cycling, UBE, swimming; initiate treadmill walking

Manual Therapy:

Continue soft tissue therapy as necessary

8 - 12 weeks:

Weight Bearing:

Full

Therapeutic Exercises:

Strengthening: Continue closed chain activities, initiate return to sport activities

Proprioception: Continue weight shifting and balance activities, initiate single leg balance and excursion

Conditioning: Cycling outdoors, running on treadmill or outdoors, cutting, plyometric activities, sport-specific activities