Ankle Arthroscopy Rehabilitation Protocol

This protocol is based on goal-oriented progression. Each patient is different and should be treated according to their tolerance in therapy. Please feel free to call with any questions. Therapy begins at about 10-14 days post procedure. Weight bearing may be limited if cartilage repair techniques were used to treat OCD of the talus for 6 weeks.

Phase I: Goals: Decrease pain
Decrease edema and inflammation
Increase painfree range of motion and simulate collagen alignment
Prevent kinesthetic shut down
Patient education

Plan:

Modalities as needed: ice; electrical stimulation; phonophoresis; iontophoresis/electrical stimulation

ROM: stretching, self-assisted stretches, joint mobilization/ PROM, AROM in dorsiflexion and plantar flexion only

Strengthening: isometrics, T-Band, manual resistive exercises

Initiate balance and proprioceptive exercise in non-weight bearing positions:

-sitting BAPS drills in dorsiflexion and plantar flexion only

Aquatic therapy if needed to meet above goals

Phase II

Goals:

Increase to full range of motion and diminish swelling Increase strength to good-normal Normalize gait and progress to weight bearing exercise Improve kinesthetic and neuromuscular control

Plan:

Modalities PRN

Stretching in weight bearing and non-weight bearing positions
Strengthening: advance with phase I: calf strengthening with weight and in
weight bearing positions. BAPS sitting and standing, progressive trampoline
(weight shifting and balance activities), initiate hip and knee strengthening
Proprioceptive exercise
Stationary bicycle, advance to EFX, treadmill

Phase Ill

Goals:

Increase strength Increase proprioception Increase endurance Plan:

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