

ANKLE REHABILITATION GUIDELINES: POST ANKLE ARTHROSCOPY WITH OCD DRILLING

RX:

Physical Therapy: 3 times/ week for 6 weeks

1. ROM and stretching left foot and ankle
2. Instruct in home strengthening program to be performed daily
3. Modalities PRN

PHASE 1 (start 2-4 weeks post-op; start time will vary)

- 1) Visit 1 – Patient is evaluated
 - a) Begin ankle ROM exercises: AROM, alphabet, and ankle circles.
 - b) Gait training, in CAM walker NWB (patient has option to not use home.
 - c) Ice ankle and use compressive stockinette for edema control and educate patient on icing at home.
- 2) Visits 2 and 3
 - a) Continue with ankle ROM exercises as needed.
 - b) Begin gentle ankle strengthening including manual resistance exercises, 4-direction theraband exercises, and seated DF/PF.
 - c) Begin proprioceptive exercises such as the BAPS board, seated only.
 - d) Begin aerobic conditioning such as the bike.
- 3) Visits 4 and 5
 - a) Progress the strengthening exercises.
 - b) Address additional strength deficits of the involved extremity using machines that may include knee extension machine, hamstring curl machine and multi hip machine.

PHASE 2 (6 to 10 weeks post-op)

- 4) Visits 6 and 7
 - a) Gait training in CAM walker WBAT at 6 weeks.
 - b) Begin to discontinue use of CAM walking in therapy as tolerated.
 - c) Begin weight bearing proprioceptive exercises on static and dynamic surfaces to include single limb stance exercises, plyoball and 4-way theraband exercises standing on involved limb.
 - d) Advance strengthening activities to include standing heel raises, squats, lunges and step-ups.
- 5) Visits 8 and 9
 - a) Continue exercise progression with increased weight bearing with activities in single limb stance and with additional weight.
 - b) Advance aerobic conditioning to include the treadmill, stepper, etc.

PHASE 3 (12+ weeks post-op)

- 6) Visits 10 and 11
 - a) Begin sports specific training without the CAM walker (12 weeks post-op).
 - b) Address additional gait deficits and abnormalities.
 - c) Begin sports specific training with sport cord activities including lunges and semicircles.

- d) Progress difficulty of proprioceptive exercises done on dynamic surfaces only.
- 7) Visits 12, 13, 14
 - a) Begin hopping and jumping drills and other plyometric training for return to sports as appropriate.
 - b) Begin running based on MD clearance (3 months post-op).
 - c) Discharge with HEP.

DISCHARGE CRITERIA (10-14 visits)

- 1) Normal gait without assistive device or bracing.
- 2) Minimal to no pain with ADLs.
- 3) Minimal to no joint effusion.
- 4) Adequate neuromuscular control and proprioceptive awareness based on ability to perform stabilization exercises and ability to participate in recreational/sport activities.