



*An Affiliate of Baptist Health Care*

## REHABILITATION PROTOCOL ANKLE ARTHROSCOPY

### **GENERAL GUIDELINES / PRINCIPLES**

- PWB while in boot for 2-4 weeks. Attempt to progress to full weight bearing by week 3-4.
- This protocol, as well as most others, is a general guideline. Patients should not be progressed to the next phase until they demonstrate proper form with all activities and all criteria are met in the current phase.
- When clinically appropriate, properly assess the whole body and incorporate treatment for loss of mobility and stability. Not doing so can prevent optimal outcomes and increase risks of future injuries.

### **IMMEDIATE POST-OPERATIVE PHASE (Week 1)**

- **Goals:**
  - Protect healing tissue
  - Control pain and swelling
  - Control weight bearing forces
  - Independent transfers and ambulation
- **Precautions:**
  - Weight-bearing: PWB with optimal ambulatory assistive device for 2-4 weeks
  - Splint/Brace: Foot is placed into neutral in L & U Splint
- **Treatment:**
  - Transfer and gait training
  - Patient education and independent HEP
  - 4-way SLR
  - AROM Hip and Knee
  - Lower extremity stretching – hamstring, quads, ITB, Hip flexors as needed

### **MODERATE PROTECTION PHASE (Weeks 2-3)**

- **Goals:**
  - Full AROM/PROM
  - Normal Gait
  - Control pain and swelling
- **Precautions:**
  - Weight-bearing: WBAT using assistive device. Discharge assistive device when gait is normal.
  - Splint/Brace: Walking boot for ambulation and sleeping
- **Treatment:**
  - Continue appropriate previous exercises
  - Ankle AROM (i.e. ankle pumps, alphabet, rotations)
  - Light theraband exercises x 4
  - Seated BAPS
  - Stationary bicycle
  - Gastroc/Soleus stretching
  - Scar massage / mobilization
  - Modalities as needed

### **MINIMAL PROTECTION PHASE (Weeks 4-8)**

- **Goals:**
  - Normal Strength
  - Normal Balance
- **Precautions:**
  - Weight-bearing: FWB without use of assistive device
- **Treatment:**
  - Continue previous exercises as appropriate
  - Theraband exercises x 4 – gradually increase resistance
  - Proprioception training
    - Ex: Standing balance, single leg stance activities, medicine ball progressions
  - CKC Exercises
    - Ex: Mini-squats, leg press/total gym, double leg heel-raises, forward/retro/lateral step-downs, Mini-band walking (forward, backward, lateral)
  - Aerobic Conditioning
    - Ex: Elliptical, Stairmaster, Treadmill (forward/backwards)
  - Aquatic Therapy
    - Ex: Deep-water training, Aquatic treadmill (Shoulder to chest level running)

### **ADVANCED STRENGTHENING (Months 2-3)**

- **Criteria for entering Advance strengthening**
  - Minimum 4/5 Ankle Manual Muscle Testing
  - Symmetrical pain-free AROM
  - Pain-free ADL activities
- **Treatment:**
  - Continue previous exercises as appropriate
  - Running progression program
  - Agility Drills / Proprioception
  - Transition to home / gym program

### **DISCHARGE TESTING / PLANNING. RETURN TO SPORT**

- Based on a patient's age, gender, and level that they are returning to (i.e. recreational, amateur, professional) a decision is made to endorse their return to sport/ higher level activity or to ask the patient to refrain from doing so. Currently our criterion includes, but is not always limited to the following.
  - Demonstrate quality and symmetrical movement throughout the body evaluated with comprehensive movement screen or assessment process.
  - Symmetrical and acceptable comprehensive scores on CKC LE testing
- Biomechanical assessment of their performance helps safe return to sport / higher level activity. Patient's may be videoed and analyzed doing activities such as running, jumping, hitting or throwing to see if sound body mechanics are being utilized.
- Not all patients who have undergone ankle arthroscopy are candidates for functional testing. Those undergoing these tests should be chosen with proper consideration given to what they plan to return to and their general fitness level.
- No matter how well a patient is doing with return to sport testing it is prudent to remember how important time is to full healing and safe return to sport / activity.
- Patients often schedule periodically during this phase to assess their progress and properly change their program until they are deemed safe to return to all activities.