



REHABILITATION PROTOCOL ANKLE ARTHROSCOPY WITH MICROFRACTURE

GENERAL GUIDELINES / PRECAUTIONS

- Non-weight bearing while in splint and boot for 6 weeks.
- 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 (Post-Op Days 1 – Week 6)

- **Goals:**
 - Protect healing tissue
 - Control pain and swelling
 - Control weight bearing forces
 - Independent transfers and ambulation
 - Full Range of Motion
- **Precautions:**
 - Weight-bearing: NWB with optimal ambulatory assistive device for 6 weeks
 - Splint/Brace: Splint and transition into walking boot
- **Treatment (Days 1-7)**
 - Transfer and gait training with assistive device, NWB on surgical lower extremity
 - Patient education and independent HEP
 - Ankle AROM
 - Ankle pumps, DF/PF, Alphabet
 - 4-way SLR
 - AROM Hip and Knee
 - Lower extremity stretching – hamstring, quads, ITB, Hip flexors as needed
 - Cryotherapy
- **Treatment (Days 8-35)**
 - Continue appropriate previous exercises
 - Gastroc stretch with towel
 - Seated BAPS
 - Stationary bicycle – light resistance
 - 4-way isometric ankle strengthening
 - Aquatic Therapy
 - NWB activities – deep-water running
 - Scar massage / mobilization
 - Modalities as needed

MODERATE PROTECTION PHASE (Weeks 6-12)

- **Goals:**
 - Normal Strength
 - Normal Gait
 - Normal Balance
- **Precautions**
 - Weight-bearing: WBAT using assistive device at least 2 weeks. Discharge assistive device when gait is normal and edema is controlled.
 - Splint/Brace: Walking boot for ambulation x 2 weeks and transition into running shoe.
- **Treatment:**
 - Continue previous exercises as appropriate
 - Theraband exercises x 4 – gradually increase resistance
 - Proprioception training
 - Standing balance, single leg stance activities, medicine ball progressions
 - Heel Raises
 - Double leg and progress to single leg as tolerated
 - CKC Exercises
 - Mini-squats, leg press/total gym, double leg heel-raises, forward/retro/lateral step-downs, Mini-band walking (forward, backward, lateral)
 - Aerobic Conditioning
 - Elliptical, Stairmaster, Treadmill (forward/backwards)
 - Aquatic Therapy
 - Deep-water training, Aquatic treadmill (Shoulder to chest level running)

MINIMAL PROTECTION PHASE (Months 3-4)

- **Goals:**
 - Walk 2 miles at 15 minute/mile pace
- **Treatment:**
 - Continue previous exercises as appropriate
 - Proprioception training
 - Addition of fitter board, BOSU, slide board
 - Aquatic Therapy – unrestricted activities

ADVANCED STRENGTHENING (Months 4-6)

- **Criteria for entering Advance strengthening**
 - Minimum 4/5 Ankle Manual Muscle Testing
 - Symmetrical pain-free AROM
 - Pain-free with all previously listed 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 with microfracture 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.