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SPORTS MEDICINE SURGERY – HIP ARTHROSCOPY

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– Cutting edge information on the arthroscopic treatment of the hip, knee and shoulder –

REHABILITATION PROTOCOL

Ankle Rehabilitation

(Non-surgical Functional Ankle Training)

Phase I (1 – 5 days post-injury)

- Modalities
 - Prn for pain and swelling (ice, IFC)
 - Consider contrast bath if significant edema
- ROM
 - PROM and stretches
 - AROM in pain-free range
 - Joint mobs to talocrural, subtalar, intermetatarsal and MTP jts.
- Strengthening
 - Isometrics
 - Knee/hip strengthening (open-chain if WB restricted or not tolerated)
- Gait
 - Weight bearing as pain allows. If painful, decrease weight bearing.
 - Begin wt shifting if WB allowed
- Boot/brace wear: as directed by physician

Phase II (5 days – 4 weeks post-injury)

- Modalities: continue prn
- ROM: continue as phase I
- Strengthening/Balance
 - Light manual resistive exercises
 - Progress to Theraband as tolerated

- Knee/hip strengthening, progressing to closed-chain as tolerated (as weight bearing allows)
- Gait
 - Weight bearing as pain allows. If painful, decrease weight bearing.
 - Continue wt shifting, progressing as tolerated
- Boot/brace wear: as directed by physician

Phase III (4 – 10 weeks post-injury)

- Modalities: continue as needed
- ROM: continue as phase II but more aggressive
- Strengthening/Balance
 - BAPS
 - Balance board
 - Progress from double to single leg balance activities
 - Progress with closed-chain strengthening
- Gait: WBAT
- Boot/Brace: D/C'd

Phase IV (10+ weeks post-injury)

- Advance to running and agility drills, plyometrics, sports-specific activities as tolerated
- Functional Testing: less than 25% deficit for non-athletes, less than 20% for athletes

Adapted from:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003
- 2) Zachazewski JE et al. Athletic injuries and rehabilitation. Philadelphia: WB Saunders Co; 1996