

## **Ankle Arthroscopic Debridement**

\*If surgery was performed by Dr. VanThiel, please see [www.orthoillinois.com/find-a-provider/geoffrey-s-van-thiel-md/therapy-protocols](http://www.orthoillinois.com/find-a-provider/geoffrey-s-van-thiel-md/therapy-protocols) for therapy protocol.

**Precautions:** Patient will be WBAT with crutches

### **Phase I (1 – 5 days post-op)**

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed. Leave splint on until 1<sup>st</sup> post-op physician visit (7 – 10 days), unless performing ROM (starting at 5 days)
- Modalities: prn for pain and swelling (ice, IFC)
- Brace: As directed by physician
- Gait: WBAT
- ROM: None for days 1 - 5

### **Phase II (5 days – 4 weeks post-op)**

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed
- Modalities: prn for pain and swelling (ice, IFC)
  - Consider contrast bath if significant edema
- Gait: WBAT
  - By 3 weeks, wean from crutches
- ROM: Begin AROM/PROM
  - Wobble board and BAPS for ROM
  - Hip/knee AROM
- Strengthening:
  - Begin isometrics and progress to active strengthening (i.e. light theraband) as tolerated
  - Initiate closed-chain strengthening

### **Phase III (4 weeks – 10 weeks post-op)**

- Wound care: Continue scar management techniques
- Modalities: prn for pain and swelling (ice, IFC, contrast bath)
- Gait: FWB
- ROM: Continue ROM at 4 weeks, then progress to more aggressive as tolerated
  - manual mobilizations prn
- Strengthening:
  - Continue isometrics and progress to active strengthening (theraband) as tolerated
  - Advance closed-chain strengthening
- Balance/Proprioceptive Activities – initiate at 6 weeks post-op
  - Progress for 2-legged balance activities to single leg
  - BAPS

- Balance board

**Phase IV (10+ weeks post-op)**

- Wound care: Continue scar management techniques
- Modalities: continue prn
- ROM: continues as in phase III
- Strengthening: continues as in phase III
- Balance/Proprioceptive Activities – progress to single leg, if not already done
  - At 12-14 weeks, Advance to running and agility drill, plyometrics, sport-specific activities, per physician restrictions
- Testing: Less than 25% deficit for non-athletes, less than 20% deficit for athletes

Adapted From:

- 1) Reider B, Terry MA, Provencher MT. Operative Techniques: Sports Medicine Surgery. 1<sup>st</sup> ed. Philadelphia: Saunders; 2010.
- 2) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2<sup>nd</sup> Ed. Philadelphia: Mosby, 2003.
- 3) Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincott – Raven; 1996.
- 4) Maxey L, Magnusson J. Rehabilitation for the Postsurgical Orthopedic Patient. St. Louis: Mosby; 2001
- 5) Ankle and Foot Arthroscopy Rehabilitation Protocol. Dr. Anand Vora, Orthopedic Foot and Ankle Specialist, 2019.