

Ankle Osteochondral Defect/Chondroplasty

Precautions:

- The patient will be splinted to restrict ROM, NWB x6 weeks and use 2 crutches to protect the repair site.
- All exercises and treatments should be pain free and not increase symptoms
- Dr. Pacaccio: Unless cleared by surgeon in writing, NO single leg maneuvers and no balance sphere or tri-planar devices
- If cartilage transplantation procedure performed at the same time: please see that protocol as well and follow the more conservative of the two for each phase

Phase I (1 – 5 days 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)
- Immobilization:
 - Dr. Thom: cast x3 weeks
 - CAM boot- worn for up to 4 weeks
- Gait: Until 6 weeks post-op, NWB

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)
- Edema: Consider contrast bath if significant edema is present
- Immobilization:
 - Dr. Thom: cast x3 weeks, then CAM boot x6 weeks, total of 6 weeks NWB
 - worn for up to 4 weeks
- Gait: Until 6 weeks post-op, NWB
- ROM:
 - Drs. Incandela & Thom: At 4 weeks, begin gentle, open chain AROM
 - Dr. Pacaccio: A/PROM DF & PF only
- Strengthening:
 - Drs. Incandela & Thom: begin isometrics

Phase III (4 weeks – 10 weeks)

- Wound care: Continue scar management techniques
- Modalities: prn for pain and swelling (ice, IFC, contrast bath)
- Immobilization:
 - Dr. Thom: cast x6 weeks then CAM boot x3-4 weeks
 - At 6 weeks post-op, wean from CAM boot
 - By 8 weeks post-op, D/C CAM boot, unless otherwise directed by surgeon's office
- Gait:
 - At 6 weeks post-op, initiate WBAT
 - By 8 weeks post-op, FWB
- ROM:
 - Continue AROM/PROM
 - At 6 weeks post-op, progress to more aggressive ROM
 - Joint mobilizations for talocrural and subtalar joints:
 - At 6 weeks post-op, grade I and II
 - At 8 weeks post-op, grade II and III
- Strengthening:
 - Isometrics
 - Drs. Incandela & Thom: continue
 - Dr. Pacaccio: begin
 - At 6 weeks post-op, progress to active strengthening
 - At 8 weeks post-op, initiate theraband
 - Progress from 2 legged balance activities to single leg- on various surfaces
 - BAPS: begin seated and progress to standing
 - Balance board

Phase IV (10+ weeks post-op)

- Wound care: Continue scar management techniques
- Modalities: Continue prn
- ROM: Continue as in phase III
- Strengthening: Continue as in phase III
 - Dr. Pacaccio: At 6 months, advance to running plyometric, and loading activities
 - Progress to single leg activities, if haven't already
 - Advance to jogging, agility drills, and plyometrics



- Drs. Incandela & Thom: At 12-14 weeks post-op, advance to sport-specific activities with surgeon's approval
- Multiplanar, balance, fitter
- Running/cutting drills for sports
- Testing: < 25% deficits for non-athletes and < 20% deficit for athletes

Adapted From:

- 1) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003.
- 2) Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincott-Raven; 1996.
- 3) Maxey L, Magnusson J. Rehabilitation for the Postsurgical Orthopedic Patient. St. Louis: Mosby; 2001.
- 4) Consultation with Dr. Douglas Pacaccio, DPM at Orthollinois

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324 Roxbury Road * Rockford, IL * Phone (815) 484-6990 * Fax (815) 484-6961