

Ankle Arthroscopy Protocol

Phase 1 (Weeks Two To Four)	Phase 2 (Weeks Four To Eight)
Initial Evaluation	Evaluate
<ul style="list-style-type: none"> ➤ Active range of motion ➤ Edema ➤ Pain ➤ Gait WBAT ➤ Incision healing-sutures removed 	<ul style="list-style-type: none"> ➤ Active ROM ➤ Edema/Pain ➤ Strength ➤ Balance / Proprioception ➤ Gait
Patient Education	Patient Education
<ul style="list-style-type: none"> ➤ Progress gait with shoe as tolerated per MD ➤ DC crutches when patient has non- analgic gait ➤ Address RTW and sport expectations 	<ul style="list-style-type: none"> ➤ Continue gait training as needed ➤ Address concerns for RTW
Therapeutic Exercise	Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Initiate AROM and progress from towel to standing gastroc stretch ➤ Edema control/elevation ➤ Progress closed chain exercises as tolerated (toe raises, Baps board, wt. shifting/squats) ➤ Begin Ankle strengthening (pocketbook, resistive band) when AROM full all planes And Hip/core strengthening ➤ Stationary Bike- light resistance ➤ Consider Aquatics program if land not tolerated 	<ul style="list-style-type: none"> ➤ Continued Ankle strengthening; Hip /core strengthening ➤ Progress to closed chain exercise from stable to unstable surfaces ➤ Begin Single leg dynamic balance activity on stable surface progressing to unstable surface ➤ Continued Cardiovascular training- (Bike/Elliptical/TM) ➤ Progress to running as tolerated
Manual Techniques	Manual Techniques
<ul style="list-style-type: none"> ➤ Retrograde soft tissue mobilization for edema reduction ➤ PROM/joint mobilization as needed 	<ul style="list-style-type: none"> ➤ Retrograde soft tissue mobilization for edema reduction ➤ PROM/joint mobilization as needed
Modalities	Modalities
<ul style="list-style-type: none"> ➤ Modalities may be used as needed for edema and pain reduction 	<ul style="list-style-type: none"> ➤ Modalities may be used as needed for edema and pain reduction
Goals	Goals
<ul style="list-style-type: none"> ➤ Control pain ➤ Reduce edema ➤ Restore normal ROM in all planes ➤ Normal gait with /without an AD 	<ul style="list-style-type: none"> ➤ Normal gait ➤ Restore normal AROM all planes ➤ Restore functional strength ➤ No pain with ADL's

Phase 3 (Weeks Eight To Discharge)
Evaluate
<ul style="list-style-type: none"> ➤ Strength and balance ➤ Address any deficits that may limit return to work or sport goals ➤ HEP compliance ➤ Assess foot/ankle biomechanics and consider orthotics with MD input
Therapeutic Exercise
<ul style="list-style-type: none"> ➤ Progress balance activity to single leg dynamic activity and unstable surfaces ➤ Cardiovascular training –complete agility and running activity as tolerated. ➤ May begin bilateral low level plyometrics as tolerated. ➤ Sports specific training if needed
Manual Techniques
<ul style="list-style-type: none"> ➤ Any as indicated
Modalities
<ul style="list-style-type: none"> ➤ Any as indicated
Goals
<ul style="list-style-type: none"> ➤ Normal strength/balance ankle/LE ➤ Return to work or sport ➤ Independence with HEP

REFERENCES:

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