**Ankle Arthroscopy/Cartilage Repair/Peroneal Tendon Repair Protocol**

POSTOPERATIVE REHABILITATION

**0-3 w – Boot at night for sleeping**

* Non-weightbearing x 4 days.
* Progress to Weightbearing as Tolerated at 4 days in CAM boot. Knee scooter recommended for mobility assist
* Begin Towel stretches at day 4
* May remove all dressings day 4 and shower. DO NOT SUBMERGE
* 3 times daily x 30 PF/DF (calf pumps) out of boot.
* May ride stationary bike in boot
* NWB Hip and knee exercises allowed

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**CLINICAL**: (3-6 w) WBAT in CAM boot – Boot**. May remove boot for sleeping, bathing and hygiene**

Goals: Decrease pain, Control edema, Increase range of motion and muscle contraction tolerance

**THERAPY**: 3-6 w

* Weightbearing as tolerated for gait, passive and active inversion/eversion
* Progress out of Boot to ASO brace
* Range of motion exercises, Active range of motion in 4 planes
* Progressive resistance exercises of the hip/knee
* Soft tissue mobilization and modalities as needed
* Joint mobilization as indicated

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**CLINICAL**: (6-9 w) WBAT in ASO (ankle stabilizing orthosis), progress from boot. May remove all braces when symptoms subside

Goals: Control edema and pain, Increase strength and tolerance to single-limb stance and advanced activities, Improve proprioception and stability of ankle, minimize gait deviations on level surfaces

**THERAPY**: 6-9 w

* Range of motion exercises: ABCs, calf pumps. 30x – 3 times daily
* Active range of motion of ankle for all ranges against gravity – ***no strengthening with bands***
* Stationary bike and pool therapy if available
* Proprioceptive neuromuscular facilitation. (Balance Exercises on 2 feet/1 foot)

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**CLINICAL**: (9-12 w) **Ankle strengthening and return to sports**

Goals: Full active and passive range of motion, return ankle strength to 80% of uninvolved side, self-management of edema and pain

**THERAPY**: 8-10 w

* Increase elastic band resistance – strengthening against bands
* Balance board exercises
* Ankle brace or wrap only if needed
* Standing bilateral heel raises and squats and lunges
* Isotonics and Isokinetics with therapist if available
* Modalities if indicated
* Begin supervised inline running

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**Clinical: (**W 10-12): Additional appointments only if needed

* Continue therapy only if symptoms persist
* Begin supervised running/cutting exercises
* Transition to desire sport specific training

Goals: Prevent re-injury with return to sport, Return to sport, Discharge to home or gym program

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**THERAPY**: 12+ w

* Advanced exercises: plyometrics, trampoline, box drills, slide board, lateral shuffle,
* figure eight exercises
* Increase demand of pivoting and cutting exercises

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