



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

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

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)

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

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

THERAPY: 12+ w

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

Selected References:

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