

Arthroscopic Ankle Debridement Rehabilitation

Surgery Performed:

- Ankle joint debrided to remove noxious stimuli such as osteophytes, loose bodies or anterior-lateral impingement.

Postoperative Precautions:

Weight-Bearing (WBing) Restrictions

- Week 1-2 – WBing as tolerated in boot
- Week 3-6 – Wean from boot as tolerated

<p>Immediate Post-op (Week 1-2)</p>	<p>No formal PT indicated at this time WBing as tolerated in walking boot Elevate above heart as much as possible to control swelling Active and passive ankle ROM</p>	<p>Goals: Control swelling/edema</p>
<p>Initial Rehab Phase (Week 3-6)</p>	<p><u>Gait/Weight Bearing</u> – Wean from walking boot and restore typical gait pattern in normal shoe Initiate weight shift in frontal/sagittal planes Progress to marching <u>ROM</u> – address any knee and/or hip impairments Regain full and painless AROM Bicycle without resistance until ROM restored Ankle alphabet, circles, BAPS board <u>Strength</u> – address knee and hip impairments PRN Initiate ankle isometrics When AROM is full add light resistance Progress to tband and WB'ing exercise gradually Eventually progress to Wall leans <u>Balance</u> Initiate balance exercises (i.e. rockerboard taps) Progress bilateral to tandem to single-leg <u>Manual Therapy</u> Subtalar and Talocrural joint mobilizations in neutral Soft tissue massage to incision and calf Desensitization of incision/surgical area PRN <u>Modalities</u> TENS, ice, and elevation used for pain and swelling</p>	<p>Goals: Swelling Figure 8 equal bilateral Ankle AROM Full and painfree Strength 5/5 knee and hip FAAM > 80% SLS (% age match norm*) With boot 100% Without boot 50% Return to work</p>

<p>Advanced Phase (Week 6+)</p>	<p><u>Strength</u> Add resistance to exercise bicycle Initiate single leg heel raise</p> <p><u>Balance</u> Continue to progress single-leg stance, add eyes closed, challenged base of support and self-induced perturbations in sagittal and frontal planes</p> <p><u>Functional Movements/Agilities</u> Initiate agility and sport activities Jumping, hopping, agility ladder, jogging</p> <p><u>Manual Therapy</u> Continue as outlined above</p> <p><u>Modalities</u> TENS, ice, and elevation used for pain and swelling</p>	<p>Goals:</p> <p>Strength 5/5 foot/ankle PF – able to complete 15 unilateral heel raises SLS (% age match norm*) Without boot 100% FAAM >95% Return to sport</p>
-------------------------------------	--	---

*Age matched norms for unilateral balance²:

40-49yo = 40sec, 50-59yo = 35sec, 60-69yo = 25sec, 70-79yo = 15sec, 80-89yo = 6sec

Please remember that this protocol outlines guidelines for treatment and the most common exercises utilized following surgery. Sound clinical judgment and impairment based approach, with precautions in mind, should be used in progression of exercises.

References:

1. Logerstedt DS and Smith HL. Postoperative management of the Foot and Ankle. *Postoperative Management of Orthopaedic Surgeries*. APTA Independent Study Course 15.2.2. 2005.
2. Springer BA, Marin R, Cyhan T, Roberts H, Gill NW. Normative Values for the Unipedal Stance Test with Eyes Open and Closed. *Journal of Geriatric Physical Therapy* 30; 1:07 pg 8-15.