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### Ankle Arthroscopic Debridement

**Precautions:** The patient will be WBAT with crutches.

#### Phase I (1 – 5 days post-op)

- Wound care: Observe for signs of infection and begin scar management techniques when incision is closed. Leave splint on until 1<sup>st</sup> post-operative visit (7-10 days).
- Modalities: prn for pain and swelling (ice, IFC)
- ROM: None
- Gait: TDWB with crutches.
- Boot/Brace/Splint: As directed by MD

#### 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)
  - Consider contrast bath if significant edema
  - ROM: Begin AROM/ PROM
- Strengthening
  - Begin isometrics and progress to active strengthening (i.e. light Theraband) as tolerated
  - Initiate with closed-chain strengthening
- Gait: WBAT wean from crutches by 3 weeks
- Balance/Proprioceptive Activities: Initiate at 6 wks post-op if FWB
  - BAPS
  - Balance board
  - Progress from double to single leg balance activities.

#### Phase III (4 – 10 weeks post-op)

- Wound care: Continue scar management techniques.
- Modalities: prn for pain and swelling (ice, IFC, contrast bath)
- ROM: Continue ROM at 4 wks, then progress to more aggressive as tolerated
- Strengthening
  - Continue isometrics and progress to active strengthening (i.e. Theraband) as tolerated
  - Advance closed chain strengthening.
- Gait: WBAT
- Balance/Proprioceptive Activities:
  - Progress from two legged balance activities to single leg.
  - BAPS

- Balance board
- Progress from double to single leg balance activities.

**Phase IV (10+ weeks post-op)**

- Wound care: continue scar management techniques
- Modalities: continue prn
- ROM: continue as phase III
- Strengthening: continue as phase III
- Balance/Proprioceptive Activities: Progress to single leg if have not already
  - Advance to running and agility drills, plyometrics, sports-specific activities at 12 – 14 weeks depending on M.D. restrictions
  - Functional Testing: less than 25% deficit for non-athletes, less than 20% for athletes

Adapted from:

2) Reider B, Terry MA, Provencher MT. Operative Techniques: Sports Medicine Surgery. 1<sup>st</sup> ed. Philadelphia: Saunders; 2010.