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### Ankle Arthroscopy with Microfracture

Precautions: The patient will be splinted to restrict ROM. The patient will be NWB and use two crutches to protect the repair site and allow the site to heal properly.

#### Phase I (1 – 5 days 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)
- Gait: NWB
- Boot/Brace: Worn up to 4 weeks.

#### 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 gentle, AROM, open chain at 4 weeks.
- Strengthening: Begin isometrics.
- Gait: NWB until 6 weeks.

#### 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 AROM/PROM then progress to more aggressive ROM at 6 weeks.
- Strengthening
  - Continue isometrics and progress to active strengthening at 6 weeks. Initiate Theraband at 8 weeks.
  - Progress with closed-chain strengthening as WB allows
- Gait: Initiate WBAT at 6 weeks, then FWB at 8 weeks.
- Balance/Proprioceptive Activities: initiate at 6 wks post-op if FWB
  - Progress from two legged balance activities to single leg.
  - BAPS: Begin seated; progress to standing.
  - Balance board
- Boot/Brace: Wean from boot at 6 weeks post-op, D/C by 8 weeks unless otherwise directed

by MD

**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 jogging and agility drills, plyometrics, sports-specific activities at 12 – 14 weeks depending on M.D. restrictions
  - Multiplaner; Balance; Fitter.
  - Running/cutting drills for sports
  - Functional Testing: <25% deficit for non-athletes, <20% for athletes

*Adapted from:*

- 1) *Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2nd Ed. Philadelphia: Mosby; 2003*
- 2) *Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincott – Raven; 1996*
- 3) *Maxey L, Magnusson J. Rehabilitation for the Postsurgical Orthopedic Patient. St. Louis: Mosby; 2001*