

# **Ankle Arthroscopic Debridement**

Precautions: 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-op physician visit (7 – 10 days), unless performing ROM (starting at 5 days)
- Modalities: prn for pain and swelling (ice, IFC)
- Brace: As directed by physician
- Gait: WBAT
- ROM: None for days 1 5

# 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
- Gait: WBAT
  - By 3 weeks, wean from crutches
- ROM: Begin AROM/PROM
  - Wobble board and BAPS for ROM
- Strengthening:
  - o Begin isometrics and progress to active strengthening (i.e. light theraband) as tolerated
  - o Initiate closed-chain strengthening

#### Phase III (4 weeks – 10 weeks post-op)

- Wound care: Continue scar management techniques
- Modalities: prn for pain and swelling (ice, IFC, contrast bath)
- Gait: FWB
- ROM: Continue ROM at 4 weeks, then progress to more aggressive as tolerated
- Strengthening:
  - Continue isometrics and progress to active strengthening (theraband) as tolerated
  - Advance closed-chain strengthening
- Balance/Proprioceptive Activities initiate at 6 weeks post-op
  - Progress for 2-legged balance activities to single leg
  - o BAPS

 Initiation Date: 04/14/05
 Revised Date: 10/07/05, 08/21/08, 08/24/11, 06/25/14

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o Balance board

# Phase IV (10+ weeks post-op)

- Wound care: Continue scar management techniques
- Modalities: continue prn
- ROM: continues as in phase III
- Strengthening: continues as in phase III
- Balance/Proprioceptive Activities progress to single leg, if not already done
  - At 12-14 weeks, Advance to running and agility drill, plyometrics, sport-specific activities, per physician restrictions
- Testing: Less than 25% deficit for non-athletes, less than 20% deficit for atheletes

Adapted From:

- 1) Reider B, Terry MA, Provencher MT. Operative Techniques: Sports Medicine Surgery. 1<sup>st</sup> ed. Philadelphia: Saunders; 2010.
- 2) Brotzman SB, Wilk KE. Clinical Orthopedic Rehabilitation. 2<sup>nd</sup> Ed. Philadelphia: Mosby, 2003.
- 3) Ferkel RD, Whipple TL (Ed). Arthroscopic Surgery: The Foot and Ankle. Philadelphia: Lippincott Raven; 1996.
- 4) Maxey L, Magnusson J. Rehabilitation for the Postsurgical Orthopedic Patient. St. Louis: Mosby; 2001