



Ankle Osteochondral Defect/Chondroplasty

Precautions: The patient will be splinted to restrict ROM, NWB and use 2 crutches to protect repair site.

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)
- Brace/Boot: Worn for up to 4 weeks
- Gait: NWB

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)
- Edema: Consider contrast bath if significant edema
- Brace/Boot: Worn for up to 4 weeks
- Gait: NWB until 6 weeks
- ROM: At 4 weeks, begin gentle, open chain AROM
- Strengthening: Begin isometrics

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

- Wound care: Continue scar management techniques
- Modalities: prn for pain and swelling (ice, IFC, contrast bath)
- Brace/Boot:
 - At 6 weeks post-op, wean from boot
 - By 8 weeks post-op, D/C boot, unless otherwise directed by physician
- Gait:
 - At 6 weeks, initiate WBAT
 - By 8 weeks, FWB
- ROM:
 - Continue AROM/PROM
 - At 6 weeks, progress to more aggressive ROM
 - Joint mobilizations for talocrural and subtalar joints:
 - At 6 weeks, Grade I and II
 - At 8 weeks, Grade II and III
- Strengthening:

- Continue isometrics
- At 6 weeks, progress to active strengthening
- At 8 weeks, initiate theraband
- Progress from 2 legged balance activities to single leg- on various surfaces
- BAPS: begin seated and progress to standing
- Balance board

Phase IV (10+ weeks post-op)

- Wound care: Continue scar management techniques
- Modalities: Continue prn
- Edema:
- Gait:
- ROM: Continue as in phase III
 - Continue AROM/PROM
 - At 6 weeks, progress to more aggressive ROM
 - Joint mobilizations for talocrural and subtalar joints:
 - At 6 weeks, Grade I and II
 - At 8 weeks, Grade II and III
- Strengthening: Continue as in phase III
 - Isometrics, Active strengthening, and Theraband
 - Progress to single leg activities, if haven't already
 - Advance to jogging , agility drills, and plyometrics
 - At 12-15 weeks, advance to sport-specific activities depending on physician restriction
 - Multiplanar; Balance; Fitter
 - Running/cutting drills for sports
- Testing: <25% deficit for non-athletes and <20% deficit 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.