



ORTHOPEDICS &
SPORTS MEDICINE
BAYCARE CLINIC®

Dr Schock

Arthroscopic Ankle with MFX

Phase 1- Maximum Protective Phase (0-2 weeks)

Goals for phase 1

- Minimize effusion
- Protect incision sight
- Elevate ankle above heart

Criteria for progression to Phase 2

- Minimal swelling
- Pain is controlled

Other considerations

- No ankle PROM/AROM
- Non-weight bearing

Brace

- Remain in boot at all times

Weight bearing

- Non-weight bearing for 8 weeks

PROM

- No PROM until 2 weeks post-op

AROM

- No PROM until 2 weeks post-op

Modalities

- Ice to reduce pain and inflammation
- Elevate ankle above heart



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Phase 2 – Early Range of Motion (Weeks 2-8)

Goals for phase 2

- Minimize effusion
- Begin ROM of ankle
- Begin light strengthening of ankle

Criteria for progression to Phase 3

- Ability to perform active ankle motion all directions

Other considerations

- No ankle inversion or eversion until week 6
- Non-weight bearing

Continue to wear boot outside of therapy

Brace

- Remain in boot at all times except bathing and ROM exercises

Weight bearing

- Continue non-weight bearing until week 8

PROM

- **Weeks 2-6**
 - Initiate gentle dorsiflexion and plantarflexion PROM
 - No inversion or eversion
- **Weeks 6-8**
 - Initiate gentle inversion and eversion

AROM

- **Weeks 2-6**
 - Initiate gentle dorsiflexion and plantarflexion AROM (500-1000 cycles/day)
- **Weeks 6-8**
 - Initiate gentle inversion and eversion AROM

Manual Therapy

- Light scar/incision mobilization once incision is closed – STM, IASTM
- Mobilization of metatarsal, toe and midfoot joints
- Start at 3 weeks
 - Calcaneal distraction (Grades I-IV)
 - Talocrural joint mobilization (Grades I-IV)
 - Distal tib-fib mobilization (Grades I-IV)

Strengthening

- **Weeks 2-6**
 - Initiate core strengthening
 - Hip, glute, quadricep, hamstring strengthening – open chain
- **Weeks 6-8**
 - Initiate gentle ankle isometric strengthening
 - May progress to light therabands, seated BAPS board if isometrics are pain free
 - Foot intrinsic strengthening (towel scrunches, marbles, toe exercises, etc.)
 - May begin stationary biking (no resistance with boot on)
 - Hip, glute, quadricep, hamstring strengthening – continue open chain

Aquatics

May do seated AROM exercises in water but no weight bearing until week 8 post-op



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Phase 3 – Progressive Strengthening and Weight Bearing (Weeks 8-10)

Goals for phase 3

- Full AROM
- Full strengthening
- Full weight bearing in ankle brace

Criteria for progression to Phase 4

- Full weight bearing in ankle brace with minimal pain
- Full AROM

Other considerations

- Progress from non-WB to full-WB from weeks 8-11
- Progress from boot to ankle brace as tolerated by end of week 10-11
- Avoid impact activities for 14 weeks (ie. no treadmill walking, no jogging in pool)

Brace

- Progress from boot to ankle brace as described below.

Weight bearing

- Initiate partial weight bearing with crutches in Hi-Top boot with cams open gradually progressing to full weight bearing in Hi-Top boot with came open. Begin progressive weight bearing without boot and into ankle brace by week 10-11.

AROM/PROM

- Continue AROM as tolerated with goal of regaining full AROM
- End range PROM stretching as tolerated
- Standing gastroc/soleus stretching with body weight

Manual Therapy

Continue previous techniques

Strengthening

- Progress strengthening as tolerated in all directions
 - BAPS board, Heel-toe raises: double leg progressing to single leg, Mini squats: double to single leg, Step ups/downs: all directions

Proprioception

- Balance exercises: double leg progressing to single leg as able
- Foam/Airex pad, dyna discs, ½ foam roller, bosu ball, etc.

Gait Training

- Work on heel-toe gait pattern progressing from boot to ankle brace
- Standing elliptical (no impact)

Aquatics

- Begin pool walking program
- Free to complete weight bearing exercises in water



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**Phase 4 – Advanced Strengthening and Return to Sports/Function
(Weeks 12-24)**

Goals for phase 4

- Return to work
- Return to sport
- Return to function

Criteria for return to work, function, sport

- Sports test and return to sports at 24 weeks
- Physician follow up

Brace

- Continue ankle brace until surgeon approval for d/c of use

Manual Therapy

- Continue joint mobilizations to restore normal accessory motion
- Continue with end range stretching

Strengthening/Proprioception

- Progress strengthening and proprioception as able

Gait Training Advanced

- Initiate pool jogging at 14 weeks based on progress
- Initiate dry land jogging at 16 weeks based on progress

Agility

- Initiate multidirectional agilities at 20 weeks

Work related activities

- Consider referral for work conditioning program depending on patient's work requirements and after discussion with surgeon

This protocol was reviewed and updated by Josh Holochwost DPT and Harold Schock, MD February 2018

Works Cited

1. Inge, C.M. et al. Rehabilitation and return to sports activity after debridement and bone marrow stimulation of osteochondral talar defects. *Sports Medicine*. 2012; 42 (10): 857-870
2. Lee, Dong-Hyun et al. Comparison of early versus delayed weightbearing outcomes after microfracture for small to midsized osteochondral lesions of the talus. *American Journal of Sports Medicine*. 2012; 40: 2023-28